593-102-031-381

PLACE OF BIRTH

Form V.S. No. 11-C—20m-1-1-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Twin Falls

City of Filer

Registration District No. 50 File No. 32001

No. ____ St.

Primary Registration District No. 2129 Registered No. 109

Hospital ____

FULL NAME OF CHILD ~~Unnamed~~ Ralph Emmett Nichols

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	July 2 1915

FATHER		MOTHER	
FULL NAME	George E. Nichols	FULL MAIDEN NAME	Irene M Chapman
RESIDENCE	Filer Idaho	RESIDENCE	Filer Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7:30 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. C. Parrish M. D.

(Physician or midwife)

Address Filer Idaho

Given names added from a supplemental report.

....., 19....

Registrar

Filed July 10 1915 H. C. Parrish

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JUL 13 1966

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED AUG 30 1966 Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 32001

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Nichols (male child) (Name on Original Certificate) who was born (Was Born or Died) on July 2, 1915 (Date of Event) in Ilo, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Ralph Emmett Nichols

Subscribed and sworn to before me this 27 day of August 1966

S. Lester Von Bargen

Notary Public, residing at Lewiston, Idaho

My commission expires 8-20-69

(Seal)

Signed [signature]

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

3139 10th St. Lewiston

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of NEZ PERCE }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27 day of August 1966

S. Lester Von Bargen

Notary Public, residing at Lewiston Idaho

My commission expires 8-20-69

(Seal)

Signed Bernice Nichols Brie (Sister)

(Signature of Any Credible Person)

Born 1904

1220-3rd St. Lewiston Idaho

(Street Address, City, State)

FORM DH 60-155

CL 8-2-66. nm

-Social Security Card, #519-42-2800 gives full name as Ralph Emmett Nichols - viewed by V.S.

Own Child's Birth Cert. on file: (Idaho Birth) #439056 gives full name of father as Ralph Emmett Nichols - viewed by V.S.

SEP 28 1966

[redacted] .316-226-025-615

Form V. S. No. 11-C—25m-1-1-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32002

County of Idaho

City or Town Ferdinand

Registration District No. 105 — File No. 42

No. ..... St.

Primary Registration District No. 2183 — Registered No. .....

Hospital .....

FULL NAME OF CHILD Twila Loyd Mary Laws

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	6-26-1915

FATHER

FULL NAME Franklin C. Laws

RESIDENCE Ferdinand Ida

COLOR white — AGE AT LAST BIRTHDAY 28 (Years)

BIRTHPLACE N. C.

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Della Gann

RESIDENCE Ferdinand Ida

COLOR white — AGE AT LAST BIRTHDAY 20 (Years)

BIRTHPLACE Idaho

OCCUPATION housewife

Number of child of this mother, including present birth 2nd

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11:30 P.M on the date above stated.

(Signature) H. C. Parrish M. D.

(Physician or midwife)

Address Ida. Idaho.

Filed July 1st 1915 — H. H. Blake Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

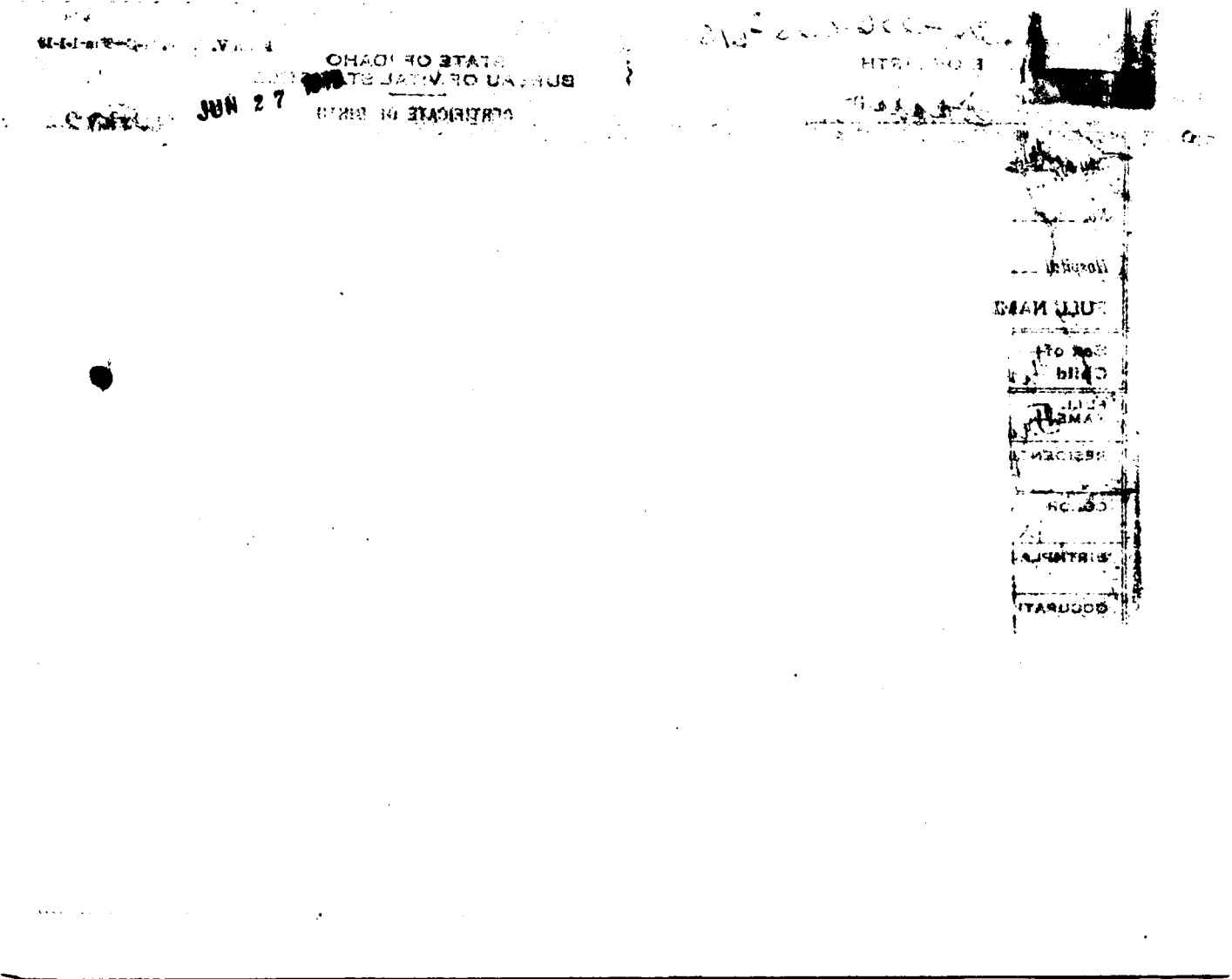
..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



719-109-025-817

Form V. S. No. 11—20m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Cottonwood

No. ..... St.

Hospital .....

Registration District No. 105 — File No. 43 — 32003

Primary Registration District No. 2183 — Registered No. .....

FULL NAME OF CHILD Winton Talbot Gardner

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	June (Month) 9th (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Joseph Lisle Gardner	FULL MAIDEN NAME	Ethel Harrison
RESIDENCE	Cottonwood	RESIDENCE	Cottonwood
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Washington
OCCUPATION	Electrician	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Turner

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Cottonwood, Ida.

Filed July 2 1915 H B Blake Registrar

Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

4136 216-025-669

Form V. S. No. 11—25m-1-1-18

PLACE OF BIRTH

County of Idaho

City of Cottonwood

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 105 — 44 File No. 32004

Primary Registration District No. 2183 — Registered No. .....

FULL NAME OF CHILD Lucile Bernardina Malerich

Sex of Child: Female — Twin, Triplet or other? ..... and Number in order of birth ..... (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth: June 16, 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Edward Malerich	FULL MAIDEN NAME	Magdalena Forssmann
RESIDENCE	Cottonwood	RESIDENCE	Cottonwood
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Ill.	BIRTHPLACE	Ill.
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth: 6 — Number of children of this mother now living, including present birth: 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9.25 P. M. on the date above stated.

*"When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) J. W. Turner, Physician

(Physician or midwife)

Address Cottonwood, Idaho.

Filed July 2 1915 H B Blake Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JAN 3 1975

DECEASED

245-113-025-243

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32005

County of Idaho

~~City of~~ Kentervillen Precinct

Registration District No. 105

File No. 45

No. _____ St.

Primary Registration District No. 2183

Registered No. _____

Hospital _____

FULL NAME OF CHILD Lester Buettner

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	June 13 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Charles Buettner	FULL MAIDEN NAME	Clara Kuehl (Kuehl)
RESIDENCE	Cottonwood Idaho	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	42 (Years)
BIRTHPLACE	Wis	BIRTHPLACE	Wis
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. Buettner

Father (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address Cottonwood Idaho

Filed July 3 1915 H B Blake Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 2 1971

369-203-025-395

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Cottonwood

No. ..... St.

Hospital .....

Registration District No. 105

Primary Registration District No. 2183

File No. 44 32006

Registered No. .....

FULL NAME OF CHILD Rose Anna Lorentz

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		yes	July (Month) 3 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Jacob Lorentz	FULL MAIDEN NAME	Susana Lies
RESIDENCE	Cottonwood Idaho	RESIDENCE	Cottonwood Idaho
COLOR	White	COLOR	W
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	New Prier Minn.	BIRTHPLACE	St Marks Kansas.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) July 3, 1915 at 7 A. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J D Shinnick

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Cottonwood Ida

Filed July 10 1915 H B Blake

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

AUG 2 0 1973

391-113-025-168

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Idaho

City of Cottonwood

No. ..... St.

Hospital Home

AMENDED January 27, 1947

CERTIFICATE OF BIRTH

Registration District No. 105 File No. 32007

Primary Registration District No. 2183 Registered No. .....

FULL NAME OF CHILD Burton Clay Crawford
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	July 13 1915

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME: William Lee Crawford	FULL MAIDEN NAME: Clara Alice Johnson
RESIDENCE: Cottonwood, Idaho	RESIDENCE: Cottonwood, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 47 (Years)	AGE AT LAST BIRTHDAY: 36 (Years)
BIRTHPLACE: Salem, Oregon	BIRTHPLACE: Grangeville, Idaho
OCCUPATION: Grain Buyer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5:30A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wesley F. Orr, M.D.

(Physician or midwife)

Address Cottonwood, Idaho

Filed July 20 1915 H. B. Blake
Registrar.

Given name added from a supplemental report.

....., 192.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington
County of Grays Harbor } ss.

Certificate No. 32007
Date Filed Jan 18, 1947

The undersigned does solemnly swear that certain facts on the certificate of Birth
for Bertur Clay Crawford (Name on Original Certificate) who Was Born (Was Born or Died) on 1[illegible] (Birth or Death) 1915 (Date of Event)
in Cottonwood, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Army Discharge (Bible Record, Insurance Policy, Etc.) prepared on 6 Nov, 1945 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Bertan Clay Crawford	Burton Clay Crawford

Subscribed and sworn to before me this 22 day of January 1947
Daniel Lyle
Notary Public, residing at Peck, Idaho
My commission expires Dec 10, 1949
(Seal)

Signed X W L Crawford
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Peck, Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Nezperce } ss.

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.
Subscribed and sworn to before me this 22 day of January 1947
Daniel Lyle
Notary Public, residing at Peck Ida
My commission expires Dec 10, 1945
(Seal)

Signed X Mrs Clara Crawford
(Signature of Any Credible Person)
Peck Idaho.
(Street Address, City, State)

JAN 23 1947

JAN 23 1947

659-231-041-314

[redacted]F BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32008

County of Teton

City of Victor

No. ..... St.

Hospital .....

Registration District No. 20

File No. .....

Primary Registration District No. 2012

Registered No. .....

FULL NAME OF CHILD Rosa May Ferguson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	July (Month) 31 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	John Ferguson	FULL MAIDEN NAME	Reabana Campbell
RESIDENCE	Victor Idaho	RESIDENCE	Victor
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	
BIRTHPLACE	Muddy, Arizona	BIRTHPLACE	American Fork Utah
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 9

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 830 a M on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Benj. F. Roseman M D

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19....

Address Victor Idaho

Filed July 31 1915 Geo D Chaney

Registrar

Registrar

8-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

745-203
029-459
PLA[redacted]H

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32009

County of Ada

City of Princeton

No. ..... St.

Hospital .....

Registration District No. 65 File No. .....

Primary Registration District No. 2145. Registered No. .....

FULL NAME OF CHILD — Lyndall. Tone. ~~[illegible]~~ Guernsey

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female.	✓		✓	yes.	June 23 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Roy. C. Guernsey.	FULL MAIDEN NAME	— Delphia. Daye Dekune.
RESIDENCE	Pottasch	RESIDENCE	Pottasch
COLOR	white. AGE AT LAST BIRTHDAY 29. (Years)	COLOR	white. AGE AT LAST BIRTHDAY 19. (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Kansas.
OCCUPATION	— Merchant.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1st Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn) at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. J. W. Thompson

M D.
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Pottasch

Filed July 12th 1915 D. J. W. Thompson. Registrar

..... Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 6 1969

493-229-029-168

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Potlatch

No. ..... St.

Hospital .....

Registration District No. 65 File No. 32010

Primary Registration District No. 2145 Registered No. .....

FULL NAME OF CHILD Rose Ella Mills

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	✓		✓	yes	Jan (Month) 29 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	George F. Mills	FULL MAIDEN NAME	Ella Johnston
RESIDENCE	Potlatch	RESIDENCE	Potlatch
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	52	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Wis.	BIRTHPLACE	Iowa
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr J.W. Thompson

M.D. (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Potlatch Idaho

Filed July 31 1915 Dr. J.W. Thompson Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 25 1976

255-214-029-231

Form V. S. No. 11-25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32011

County of Latah

City of Pottatch

No. ..... St.

Hospital .....

Registration District No. 65

File No. .....

Primary Registration District No. 2145

Registered No. .....

FULL NAME OF CHILD Lenora Aleene Bennett

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	✓		✓	yes	July 17 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Lee W. Bennett	FULL MAIDEN NAME	Tina Gladys Blane
RESIDENCE	Pottatch	RESIDENCE	Pottatch
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	N Y	BIRTHPLACE	Ky
OCCUPATION	Chauffeur	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st

Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 9 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J S Leopard M D

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Pottatch Idaho

Filed July 17 1915 J. W. Thompson Registrar

..... Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 7 1958

MAR 9 1943

OCT 22 1962

DUP OF 1915-367532

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 30 [illegible]2
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County LATAH (b) City POTLATCH
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 1 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Ida (b) County Latah
(c) City Potlatch
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** LeNora Aleane Bennett

5. Date of Birth of Child (Month, day, year) July 14 1915

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Lee W. Bennett
11. Color or Race white 12. Age at time of THIS birth 27 yrs.
13. Birthplace Buffalo (City or town) N.Y. (State or foreign country)
14. Exact Occupation Auto Salesman
15. Industry or Business Automobile

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Tina Gladys Blane
17. Color or Race White 18. Age at time of THIS birth 20 yrs.
19. Birthplace Mayfield (City or town) Ky. (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho Wash
County of Latah Spokane

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 47 years of age, that I have known this person for years, and that Dr. LePard (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Tina Bennett Signature

P. O. Address

Subscribed and sworn to before me this 1 day of March 1943

(SEAL) Notary Public, residing at Moscow

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 6 1943 by [illegible], Registrar.

MAR 8 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar ~~for record in~~ the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DUP OF 1915-32011

249-101-029-165
Amended 8-17-65

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 32012
Local Reg. No.
Reg. Dist. No. 65

1. PLACE OF BIRTH
a. COUNTY: Latah
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Potlatch
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho b. COUNTY: Latah
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Potlatch
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Merle b. (Middle): I. c. (Last): Smith

4. SEX: Male
5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____
5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____
6. DATE OF BIRTH (Month) (Day) (Year): Aug. 1, 1915

FATHER OF CHILD

7. FULL NAME a. (First): Jerome b. (Middle): c. (Last): Smith

8. AGE (At time of this birth): 62 YEARS
9. BIRTHPLACE (State of foreign country) (City or Town): Mo.
10. USUAL OCCUPATION: Farmer
11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME a. (First): Isabel b. (Middle): c. (Last): Jones

13. AGE (At time of this birth): 48 YEARS
14. BIRTHPLACE (State or foreign country) (City or Town): Mo.
15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 6
b. How many OTHER children were born alive but are now dead?
c. How many children were stillborn (born dead after 20 wks. pregnancy?)
16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Mrs. N.C. Mendenhall
18. ATTENDANT AT BIRTH: M.D. ____ MIDWIFE X OTHER (Specify) ____
19. ADDRESS: Potlatch
20. DATE SIGNED:
21. DATE REC'D BY LOCAL REG.: Aug. 4, 1915
22. REGISTRAR'S SIGNATURE: Dr. J.W. Thompson
23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphillis performed? YES ____ NO ____ APPROXIMATE DATE ____

Use BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the Registrar in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED AUG 4 1965 Bureau of Vital Statistics

State of ..... } ss. Certificate No. 32012

County of ..... Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Merrell Smith (Name on Original Certificate) who was born (Was Born or Died) on Aug. 1, 1915 (Date of Event)

in Potlatch, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Merrell Smith	Merle I. Smith

Subscribed and sworn to before me this 31st day of May, 1963

Ada Mae Martin

Notary Public, residing at Nordman, Idaho

My commission expires July 2, 1965

(Seal)

Signed Mrs. Naomia McNeil (sister)

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

211 - N. Citrus Ave Escondido Cal.

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.

County of Walla Walla

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th day of May, 1964

Dale M Green

Notary Public, residing at Walla Walla, Washington

My commission expires .....

(Seal)

Signed Maggie Smith Hardin

(Signature of Any Credible Person)

8460 Dallas St.

(Street Address, City, State)

La Mesa, California

FORM DH 60-155 CL 3-1-63. nm

Application to Northern Life Insurance Co., dated March 17, 1947 at Walla, Walla, Washington - gives full name of applicant as Merle Ivan Smith, born ~~Aug. 1, 1947~~ Aug. 1, 1915 at Potlatch, Idaho - viewed by V.S.

Honorable Discharge, U.S. Army, Jan. 8, 1946 gives full name as Merle I Smith, born Aug. 1, 1915 at Potlatch, Idaho - date of enlistment-Oct. 14, 1942 - viewed by V.S.

235-205
031-819

PLACE O[redacted] IDAHO
[redacted]AL STATISTICS
[redacted] OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

County of Lewis

City of Winchester

No.

Hospital

Registration District No. 48

File No. 32013

Primary Registration District No. 2127

Registered No. 21

FULL NAME OF CHILD Dwight Velma Stevens

Sex of Child Female

[redacted] and Number in order of birth (To be [redacted] only in event of plural births)

Legitimate? Yes

Date of Birth 7-5-1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Jno. H. Stevens	FULL MAIDEN NAME	Leatha Harris
RESIDENCE	Winchester	RESIDENCE	Winchester
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 4 30 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elton B. Rogers

Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Winchester, Idaho

19

Filed 7-12-1915 Elton B. Rogers
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 8 1944

JUL 17 1949

613-117-031-766

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Lewis

City of Winchester

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 48

File No. 32014

Primary Registration District No. 217

Registered No. 22

FULL NAME OF CHILD John Reed ~~Jas. R.~~ Watson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	7-17-1915

FATHER		MOTHER	
FULL NAME	Frank W. Watson	FULL MAIDEN NAME	Lola Bowdish
RESIDENCE	Winchester	RESIDENCE	Winchester
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Kansas
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1:30 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Elmer D. Rogers

(Physician or midwife)

Address Winchester

Filed 7-19-1915 Elmer D. Rogers Registrar

S-Y CO. 24695

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

MAR 20 1965

FEB 26 1952

955-125-031-693

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Lewis

City of

No. St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32016

Registration District No. 48 File No.

Primary Registration District No. 2127 Registered No. 24

FULL NAME OF CHILD Raymond Roy Lester Rencehausen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	July 25 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Clyde William Rencehausen	FULL MAIDEN NAME	Gladys Wilson
RESIDENCE	Forest, Idaho.	RESIDENCE	Same
COLOR	AGE AT LAST BIRTHDAY 27 (Years)	COLOR	White AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Idaho
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1 15 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H B Blake

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Address Kenterville Ida

Registrar

Filed 8-7-1915 Ellore B. Rogers Registrar

S-Y CO. 24655

693-125-031-358.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Lewis

City of Winchester

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

CERTIFICATE OF BIRTH

Registration District No. 48 File No. 32017

Primary Registration District No. 2127 Registered No. 25

FULL NAME OF CHILD Albert Lehman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate	Date of Birth (Month) (Day) (Year)
Male			yes	7-25-1913

FATHER	MOTHER
FULL NAME Jess E. Wilker	FULL MAIDEN NAME Ora Lehman
RESIDENCE Winchester	RESIDENCE Winchester
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 34 (Years)	AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE Kansas	BIRTHPLACE Ohio
OCCUPATION Laborer	OCCUPATION Housework

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Elmer B. Rogers

Physician

(Physician or midwife)

Address Winchester

Filed 7-31-1913 Elmer B. Rogers Registrar

S-Y CO. 24658

219-130-031-316

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Lewis

City of Winchester

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32018

Registration District No. 45 File No. .....

Primary Registration District No. 2127 Registered No. 26

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	7-30-1915

FATHER		MOTHER	
FULL NAME	Jno Barr	FULL MAIDEN NAME	Nellie Blanch Barr
RESIDENCE	Winchester	RESIDENCE	Winchester
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Ky	BIRTHPLACE	Mo
OCCUPATION	Lumberman	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 6 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ellen P. Rogers
Physician
(Physician or midwife)

Address Winchester

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 7-31-15 Ellen P. Rogers Registrar

S-Y CO. 24655

PLACE OF BIRTH

234-107
014-266

PLACE OF BIRTH

Form V. S. No. 11—

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32019

County of Canyon

City of Parma

Registration District No. —

File No.

No. — St.

Primary Registration District No. 2007

Registered No. 43

Hospital —

FULL NAME OF CHILD — Wesley Alfred Kluckhohn

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	—		—	Yes	1 - 1 - 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Will O. Kluckhohn	FULL MAIDEN NAME	Winnie Soward
RESIDENCE	Parma	RESIDENCE	Parma
COLOR	W. AGE AT LAST BIRTHDAY 40 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Neb.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Bornalive at 4:15 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R J Cuen

M. D.

(Physician or midwife)

Given names added from a supplemental report.

Address Parma, Idaho

19

Filed Aug 6 1915 Lulu Waldron

Registrar

Registrar

S-Y CO. 24856

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

[redacted]

JUN 26 1962

544-207-014-695

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Parma

No. ..... St.

Hospital .....

Registration District No. 3 File No. 32020

Primary Registration District No. 2007 Registered No. 44

FULL NAME OF CHILD Fenna Numans

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	✓		✓	Yes	7-7-1915

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Geradus B. Numans	FULL MAIDEN NAME	Alida Wiringa
RESIDENCE	Parma	RESIDENCE	Parma
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	East India	BIRTHPLACE	Holland
OCCUPATION	Mail Carrier	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Bornalive at 4:30 a.m. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. J. Clark

M. D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Parma Idaho

Filed Aug 6 1915 Lulu Waldrop

Registrar

Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

NOV 6 1973

STATE
BUREAU OF

CERTIFIC

719-207-014-314

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Roswell Precinct

Registration District No. 3 File No. 32021

No. _____ St.

Primary Registration District No. 2017 Registered No. 42

Hospital _____

FULL NAME OF CHILD Iva Marian Parsons

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
fem.	—	—	—	yes	July (Month) 7 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Dell Parsons	FULL MAIDEN NAME	Lizzie Camp
RESIDENCE	Roswell	RESIDENCE	Roswell
COLOR	w.	COLOR	w.
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	N. Y.	BIRTHPLACE	N. Y.
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. B. Allen, M. D.

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Parma, Ida.

Filed July 17 1915 Lulu Waldron Registrar

_____ Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

c.c. 6/6/41. w.b.

849-208-014-154

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Parma

No. ..... St.

Hospital at Home

Registration District No. 3

File No. 32022

Primary Registration District No. 2007

Registered No. 45

FULL NAME OF CHILD Evelyn Hursey

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	July 8 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Harley J. Hursey	FULL MAIDEN NAME	Hazel B Jemison
RESIDENCE	Parma	RESIDENCE	Parma
COLOR	White	COLOR	W
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Ind.	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3rd

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10-10 A.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Waldorf, M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Parma

Filed July 12, 1915 Lulu Waldorf

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

289-118-014-814

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32023

County of Canyon

City of Parma Precinct

Registration District No. 3 File No.

No. St.

Primary Registration District No. 2007 Registered No. 46

Hospital

FULL NAME OF CHILD Harris Lafayette Shirtz

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	—		—	yes	July 18 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Harris C. Shirtz	FULL MAIDEN NAME	Clara C. Hamilton
RESIDENCE	Parma	RESIDENCE	Parma
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Ida.
OCCUPATION	Farm Laborer	OCCUPATION	housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4:30 P. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. B. Allen, M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address Parma, Ida.

Filed July 22 1915 [illegible]

Registrar Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 7 1975

555-223-014-962.

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

Amended 3/26/68

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Parma Precinct

Registration District No. 9

File No. 32024

No. ..... St.

Primary Registration District No. 2227

Registered No. 47

Hospital .....

FULL NAME OF CHILD ROBERTA Nola McNees

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
fem	—		—	yes	July 23 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Frank E. McNees	FULL MAIDEN NAME	Ora Roberts
RESIDENCE	Parma R. 2.	RESIDENCE	Parma R. 2.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Tenn.	BIRTHPLACE	Kans.
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 12:15 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. B. Allen, M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Parma, Ida.

Filed July 30 1916 Lulu Waldron
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 22 1968

3-26-68

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
MAR 26 1968
Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 32024

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Nola McNees (Name on Original Certificate) who was born (Was Born or Died) on July 23, 1915 (Date of Event)
in Parma, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
First name	Omitted	Roberta

Subscribed and sworn to before me this 26 day of March, 1968

Hazel L. Hurlbert
Notary Public, residing at Eagle, Idaho
My commission expires Sept 28, 1968
(Seal)

Signed Roberta Robert J. Barrett
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

11921 Rothberg Road, Garden Grove, Calif. 92640
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

Own childs birth certificate on file with state of Idaho # 253914 lists name of mother as Roberta Nola McNees.
Viewed by V. S.

MAR 2 6 1968

Montana Driver's License issued July 1, 1954 lists name as Roberta Nola McNees Barrett. License expires July 23, 1956.
Viewed by V. S.

APR 1 5 1977

593-102-032-235

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STAT[illegible]

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

32025

County of Lincoln

City of Shoshone

Registration District No. _____ File No. _____

No. _____, _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital —

FULL NAME OF CHILD I. E. Nickols, Isaac Echol

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
Male	—	2	Yes	June 2, 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Jess R. Nickols	FULL MAIDEN NAME	Nina Steele
RESIDENCE	Shoshone	RESIDENCE	Shoshone
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Virginia	BIRTHPLACE	Virginia
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth _____ Number of children, of this mother, now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 12 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible] Physician

(Physician or Midwife)

Given names added from a supplemental report

_____, 19____ Address _____

_____ 19 15 J L [illegible]

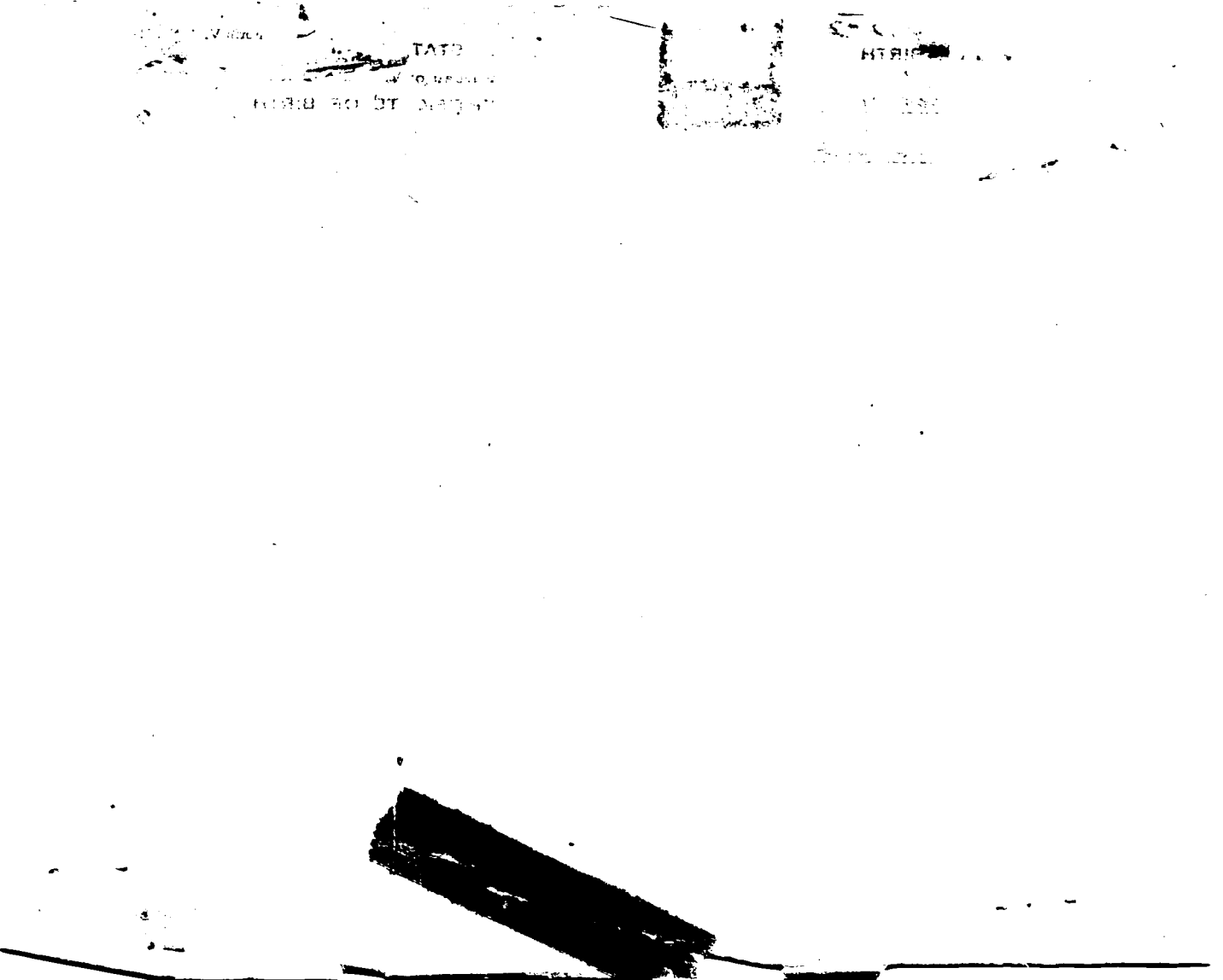
Registrar Registrar

S-Y CO., 15670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



793-101-032

PLACE OF BIRTH

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-20-11

32026

County of Lincoln

City of Shoshone

Registration District No. _____ File No. _____

No. _____, _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital Home

FULL NAME OF CHILD Baby Pickering

Sex of Child	Twin, Triplet, or other	and Number in order of birth	Legitimate?	Date of birth
M	other	1st	yes	Aug 1 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	E. L. Pickering	FULL MAIDEN NAME	Ethel A Gilette
RESIDENCE	Shoshone Ida.	RESIDENCE	Shoshone
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Idaho	BIRTHPLACE	New York
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5 23 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. F. Zeller

M. D.
(Physician or Midwife)

Given name added from a supplemental report

_____, 19____

Address Shoshone, Ida.

Filed Aug 6 1915 J. L. Fuller
Registrar

Registrar

S-Y CO., 15669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

415-205-032-259

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lincoln

City of Shoshone

No. ....., ... St.

Hospital Home

Registration District No. ..... File No. 32027

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Mildred Daniels

Sex of Child	Twin, Triplet, or other?	Number in order of birth	Legitimate?	Date of birth
F	other	3	yes	July (Month) 5 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	J. W. Daniels	FULL MAIDEN NAME	Mildred Bordensee
RESIDENCE	Shoshone	RESIDENCE	Shoshone
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	New York
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. F. Zeller

M.D. (Physician or Midwife)

Given name added from a supplemental report

..... 19.....

Address .....

Registrar

Filed Aug 6 1915 J. L. Fuller Registrar

S-Y CO., 15669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUN 13 1966

349-101-052 555

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lincoln

City of Shoshone

Registration District No. _____ File No. 32030

No. _____, _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Charles Elrod Turnbull

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male	2	Yes	July 1 1915

FATHER		MOTHER	
FULL NAME	Harry Turnbull	FULL MAIDEN NAME	Mona Irene Elrod
RESIDENCE	Shoshone	RESIDENCE	Shoshone
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Colorado	BIRTHPLACE	Indiana
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible] M.D.

Physician (Physician or Midwife)

Given names added from a supplemental report

_____, 19____

Address _____

Filed Aug 3 1915 J L Fuller Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Certified Copy issued Feb. 18, 1941. E.W.

168-207-032-343

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lincoln

City of Marley

No. ....., ... St.

Hospital .....

Registration District No. 6

File No. 32032

Primary Registration District No. 2016

Registered No. .....

FULL NAME OF CHILD Baby Neils Johnson

Sex of Child	Twin, Triplet, or other?	Number in order of birth	Legitimate?	Date of birth
F.	Other	8th	yes	July 7, 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Neils M. Johnson	FULL MAIDEN NAME	Florence Tucker
RESIDENCE	Marley Idaho	RESIDENCE	Marley Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	42 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	North Carolina
OCCUPATION	Farmer & Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 8th

Number of children, of this mother, now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. F. Zeller

(Physician or Midwife)

Given name added from a supplemental report

....., 19.....

Address .....

Filed July 27 1915 J L Furey Registrar

Registrar

8-Y CO., 16869

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

312-108-032-695

PLACE OF BIRTH

Form V. S. No. 11—10m-3-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lincoln

City of Marly

No. ..... St.

Hospital .....

Registration District No. 5 6 File No. 32033

Primary Registration District No. 2016 Registered No. .....

FULL NAME OF CHILD Baby Tabor (Premature)

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
M.	twin	2nd	yes	July 8 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	E. J. Tabor	FULL MAIDEN NAME	Jean Findlay
RESIDENCE	Marley Ida	RESIDENCE	Marley, Ida.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth None

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. F. Zeller

M.D. (Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address .....

Filed July 27 1915 J. L. Tilley Registrar

B-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

D

312-208-032-675

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—Rev. 1915

CERTIFICATE OF BIRTH

County of Lincoln

City of Marley

No. ..... St.

Hospital Home

Registration District No. 6

Primary Registration District No. 2016

File No. 32034

Registered No. .....

FULL NAME OF CHILD Baby Tabor Premature

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.	Twin	1st	yes	July 8 1915

FATHER		MOTHER	
FULL NAME	E. J. Tabor	FULL MAIDEN NAME	Jean Sandlay
RESIDENCE	Marley Ida.	RESIDENCE	Marley Ida.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth None

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Zeller

M. D.
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address .....

Filed July 27 1915 J. L. Lauer Registrar

R-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

463-104-032-967

PLACE OF BIRTH

Form V. S. No. 11—10m-8-15-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32036

County of Lincoln

City of Shoshone

No. ..... St.

Hospital Home

Registration District No. 6 File No. .....

Primary Registration District No. 2016 Registered No. .....

FULL NAME OF CHILD David Clement Molsee

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
M	other	5th	yes	July (Month) 4 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Garland Molsee	FULL MAIDEN NAME	Elizabeth Rogers
RESIDENCE	Shoshone	RESIDENCE	Shoshone
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Ill.	BIRTHPLACE	Indiana
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5th

Number of children of this mother now living, including present birth 4th

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. F. Tiller

M. D.
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address .....

Filed July 27 1915 J. L. Turner Registrar

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 8 1955

OCT 11 1949

385-222-014-168

[redacted]

Form V. S. No. 11-C—20m-8-15-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32037

PLACE OF BIRTH

County of Canyon

City of Fruitland

No. ..... St.

Hospital .....

Registration District No. 6-1 File No. 2

Primary Registration District No. 2130 Registered No. 16

FULL NAME OF CHILD Thebo Belva LaVerne

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl	—		—	yes	July 22 1913

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Horton Thebo	FULL MAIDEN NAME	Caroline E. Johnson
RESIDENCE	Fruitland Idaho	RESIDENCE	Fruitland, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Oregon	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 1/2 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Crispin Wright

Physician

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address .....

Filed Aug 10 1915 Crispin Wright Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

2/15/41 L. B.

165-209-014-685

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

CERTIFICATE OF BIRTH

32038

County of Canyon

City of near Fruitland

Registration District No. 51 File No. 2

No. ____ St.

Primary Registration District No. 2130 Registered No. 12

Hospital ____

FULL NAME OF CHILD ESTELLA MAY JONES

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem.			Yes	July 9 1915

FATHER		MOTHER	
FULL NAME	Danah Jones	FULL MAIDEN NAME	Lillian May Winters
RESIDENCE	near Fruitland Ida.	RESIDENCE	with husband
COLOR	Whi te	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Neb.	BIRTHPLACE	Kan.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6.10 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H

Phys.
(Physician or midwife)

Address Payette Idaho

Given names added from a supplemental report.

....19....

Registrar

Filed Aug 10 19 15 Crispin Wright
Registrar

S-Y CO. 24685

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 9 1946

PLACE OF BIRTH: 2½ mi S E

(a) County Canyon (b) City Fruitland

(c) Street Address or R.F.D. No.

(d) Name of Hospital of Maternity Home:

(e) Mother's stay **BEFORE** delivery:

In Hosp. or Mat. Home ..... days.

In **THIS** county ..... years ..... months ..... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in th

(a) State Idaho (b) County Canyon

(c) City 2½ mi SE Fruitland

(d) Street Address or R.F.D. No.

(e) How long has **MOTHER** lived in Idaho?

(f) Mother's mailing address (For registration notice):

(Street or R. F. D.) (Postoffice)

3. **RESIDENCE OF FATHER** Fruitland Ida

FULL NAME OF CHILD Estella May Jones

5. Date of Birth (Month, day, year) July 9 1915

Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

FULL NAME Danah Jones

Color or Race White

12. Age at time of THIS birth 22 yrs.

Birthplace Nebraska
(City or Town) (State or foreign country)

Exact Occupation Farmer

Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lillian May Winters

17. Color or Race White

18. Age at time of THIS birth 18

19. Birthplace Kansas
(City or Town) (State or foreign countr

20. Exact Occupation Housewife

21. Industry or Business

Name prophylactic used to prevent Ophthalmia Neonatorum Silloid

Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

(c) Born alive and now dead 0 (d) Stillborn 0

I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 6.10 a. M. on the

and at the place stated above, and that personal particulars were furnished by Lillian May Winters (First name) (Last name), wh

related to this child as Mother (Mother, etc.)

APR 13 1976

(a) ..... (b) .....
(Date received) (Registrar's signature)

Given name added on ..... by .....
(Registrar's Signature)

25. Attendant's **OWN signature** J R Woodward

(D.O., Midwife,

Payette Idaho and address

Date 3/6/42

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur einafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the ding physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars :ed by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date h;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nu seholder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private ations in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth hav irred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signatur :e a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than s after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that p e.

SEC. 38-223. * * * * *, any physician or midwife in attendance upon a case of confinement, or any other per rged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to fil per certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a m ieanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

Pregnancy: Complications of.....

.....

.....

Labor: Complications: .....

.....

..... Induced?.....

.....

Was there an operation for delivery?.....

State all operations:.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delive

.....

(4) Signature of Physician:

.....

915-223-014-419

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Fruitland

No. ..... St.

Hospital .....

Registration District No. 61 File No. 2 32039

Primary Registration District No. 2130 Registered No. 13

FULL NAME OF CHILD Faye Rands

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Girl	twin	1	yes	July 23 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

	FATHER		MOTHER
FULL NAME	Frank Dow Rands	FULL MAIDEN NAME	Bernice Darrell
RESIDENCE	Fruitland	RESIDENCE	Fruitland
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	South Dakota	BIRTHPLACE	Texas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10:15 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Crispin Wright
Physician
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed Aug 10 1915 Crispin Wright
Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

915-223-014-419

Form V. S. No. 11-C—20m-6-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32040

County of Canyon

City of Fruitland

Registration District No. 51 File No. 2

No. ..... St.

Primary Registration District No. 2130 Registered No. 14

Hospital .....

FULL NAME OF CHILD Fern Eva Rands

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl	Twin	1	yes	July 13 1915

FATHER		MOTHER	
FULL NAME	Francis Doro Rands	FULL MAIDEN NAME	Bernice Darrell
RESIDENCE	Fruitland, Ida	RESIDENCE	Fruitland
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	South Dakota	BIRTHPLACE	Texas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10.30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Crispin Wright

Physician

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address .....

Filed Aug 10 1916 Crispin Wright

Registrar

B-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

342-231-014-759

PLACE OF BIRTH

County of Canyon

City of Fruitland

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-Rev-6-15-12

CERTIFICATE OF BIRTH

Registration District No. 5'1 File No. 2 32041

Primary Registration District No. 2130 Registered No. 15'

FULL NAME OF CHILD Helen Marie Tussing

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Girl	—	—	yes	July (Month) 31 (Day) 191 5' (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Cary I. Tussing	FULL MAIDEN NAME	Cordia Geisler
RESIDENCE	Fruitland, Ida	RESIDENCE	Fruitland Ida
COLOR	W.	COLOR	White
AGE AT LAST BIRTHDAY	25' (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Payette, Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Crispin Wright
Physician
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address .....

Filed Aug 10 1916 Crispin Wright
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

842-204-044-863

PLACE OF BIRTH AMENDED - 6/14/50

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

No. ____ St.

Registration District No. 86 File No. 32042

Hospital ____ Primary Registration District No. 2112 Registered No. 1

FULL NAME OF CHILD Edith Lucille Hust
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	7 - 4, 1915

What bactericidal solution was used in eyes? ____

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Carrel P. Hust	FULL MAIDEN NAME	Monna Holman
RESIDENCE	Weiser, Idaho	RESIDENCE	Weiser, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Stone County, Mo.	BIRTHPLACE	Kansas
OCCUPATION	Rancher	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 7 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ernest O. Fuiney

Physician
(Physician or midwife)

Address ____

Give names added from a supplemental report.

____, 192____

____
Registrar.

Filed 7/14/15 W. R. Hamilton
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 32042
Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Mother's Name	Elizabeth Holman	Monna Holman
unnamed	th	Edith Lucille

Subscribed and sworn to before me this 13 day of June, 19 [illegible]

Mabel F. Elder
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed Mrs Carrel P. Hurst
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

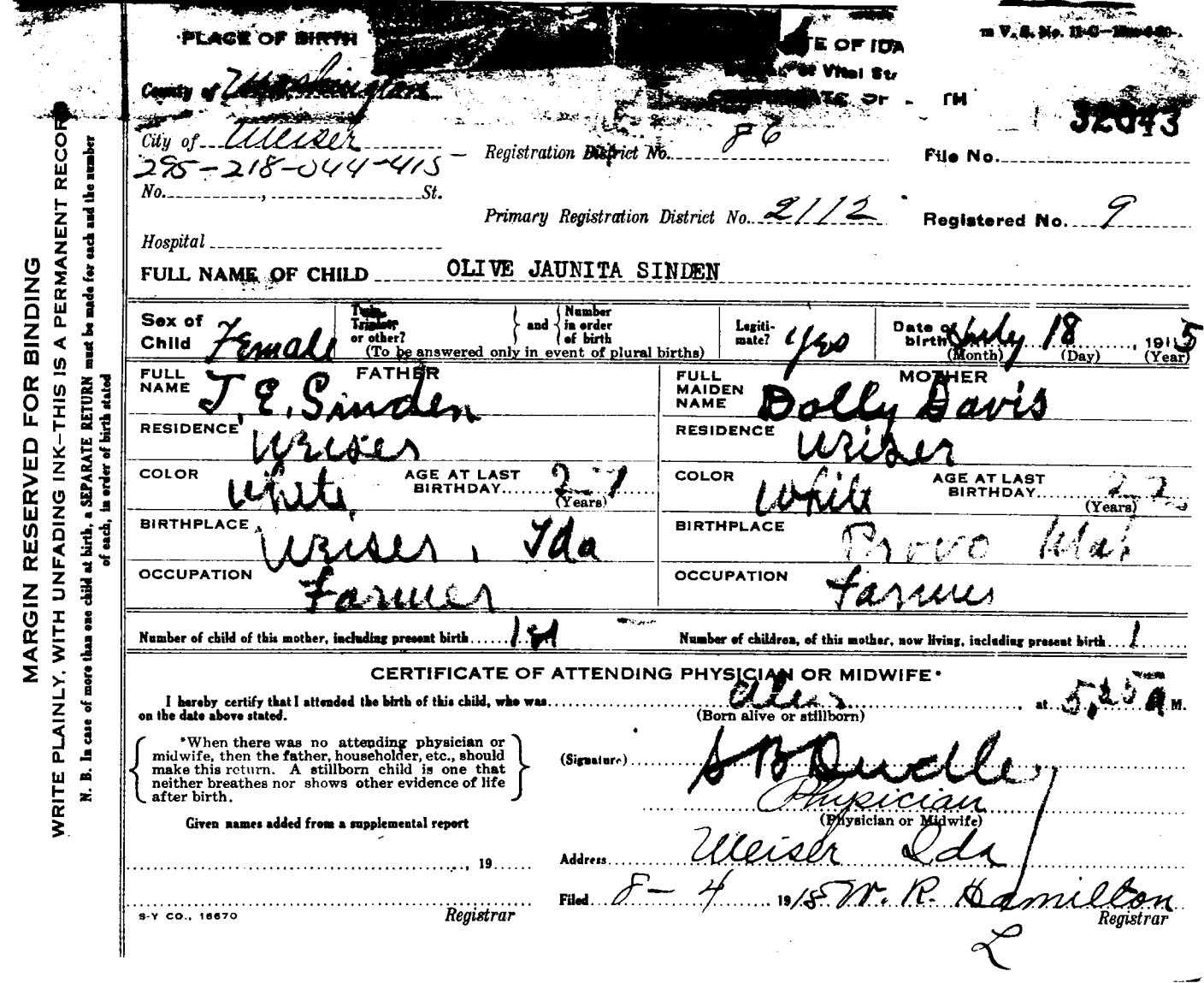
The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH [redacted] E OF IDA

[redacted] Vital St

[redacted] TH

m V. S. No. 11-C—[illegible]

County of Washington

City of Weiser — Registration District No. 86 — File No. 32043

No. 295-218-044-415, St.

Primary Registration District No. 2112 — Registered No. 9

Hospital

FULL NAME OF CHILD OLIVE JAUNITA SINDEN

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
Female		Yes	July 18, 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	J. E. Sinden	FULL MAIDEN NAME	Dolly Davis
RESIDENCE	Weiser	RESIDENCE	Weiser
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Weiser, Ida	BIRTHPLACE	Provo Utah
OCCUPATION	Farmer	OCCUPATION	Farmer

Number of child of this mother, including present birth 1st — Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 5:25 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S B Dudley

Physician (Physician or Midwife)

Given names added from a supplemental report

Address Weiser Ida

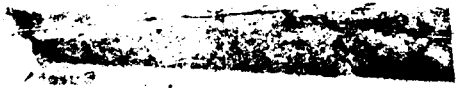
..., 19...

Filed 8-4 1918 W. R. Hamilton Registrar

Registrar

S-Y CO., 16670

L



MAY 26 1952

MAY 27 1952

986-230-044-165

1037

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

No. 4 & County St.

Hospital

Registration District No. 86

File No. 32044

Primary Registration District No. 1010

Registered No. 8

FULL NAME OF CHILD Viola Junita Rhodes

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	#		8	Yes	7 (Month) 30 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John F. Rhodes	FULL MAIDEN NAME	Sarah Fanny Jones
RESIDENCE	Weiser, Idaho	RESIDENCE	Weiser, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	41 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Illinois
OCCUPATION	Cabinet Maker	OCCUPATION	House-wife

Number of child of this mother, including present birth 8

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3 p.m. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. B. Shirley, M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Weiser, Idaho

Filed ..... 19....

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

469-127-044-759

1036

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
[redacted]REAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Barton's Ranch

Registration D[redacted] 86

File No. 32045

No. ..... St.

Primary Regis[redacted]rict No. 2112

Registered No. 4

Hospital .....

FULL NAME OF CHILD Arlo Edwar[redacted]rrison

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	#		Yes	7 (Month) 27 (Day) 1915 (Year)

(To be answered only in event o[redacted]ns)

FATHER		MOTHER	
FULL NAME	William Arlo Morriso[redacted]	FULL MAIDEN NAME	Alma Edna Perkins
RESIDENCE	Washington County	RESIDENCE	Washington County
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	2[redacted] (Ye[redacted]	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	South Dakota	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	House-wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11.45 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report.

..... 19...

Address Weiser, Idaho

Filed 7-29 1915 M. R. Hamilton

Registrar

Registrar

6-Y CO. 24655

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

354-124-049-235

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Washington

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. _____ File No. 32046

No. 816 E. Liberty St.

Primary Registration District No. 1010 Registered No. 6

Hospital _____

FULL NAME OF CHILD HOWARD DELBERT Temple

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	—		—	yes	July 24 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Howard Temple	FULL MAIDEN NAME	Maud Alma Steele
RESIDENCE	Weiser Idaho	RESIDENCE	Weiser Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Caldwell Co Mo	BIRTHPLACE	Davis Co. Mo
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 12 30 a M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. M. Walesheim

physician
(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Address Weiser Idaho

Filed 7-31 1915 W. R. Hamilton
Registrar

Registrar

S-Y CO. 24655

L

692-212-044-299

1035

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-1-1-1

32047

County of Washington

City of Weiser

Registration District No. 86 File No.

No. 6 & County St.

Primary Registration District No. 1010 Registered No. 3

Hospital

FULL NAME OF CHILD Beatrice Fisher

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Female	#	7	Yes	7 (Month) 12 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	James M. Fisher	FULL MAIDEN NAME	Wilhelmina Kirk
RESIDENCE	Weiser, Idaho	RESIDENCE	Weiser, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	64 (Years)	AGE AT LAST BIRTHDAY	44 (Years)
BIRTHPLACE	Scotland	BIRTHPLACE	Scotland
OCCUPATION	Capitalist	OCCUPATION	House-wife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11.15a.m. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. H. Shirley, M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address Weiser, Idaho

Filed July 19 15

Registrar

Registrar

S-Y CO. 24655

OCT 19 1954

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

[illegible] OF BIRTH

[illegible] IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

No. 619-204-044-369 St.

Registration District No. 86

File No.

Primary Registration District No. 1010

Registered No.

Hospital

FULL NAME OF CHILD Mabel Lenora Warren

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
Female			July 4 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Edwards Warren	FULL MAIDEN NAME	Anna May Cornell
RESIDENCE	440 E. Fourth St	RESIDENCE	440 E. Fourth St
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Eng.	BIRTHPLACE	Canada
OCCUPATION	Tailor	OCCUPATION	Wife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive July 4, 1915 at 9:20 A.M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary E Werts

~~(Physician or~~ Midwife)

Given names added from a supplemental report

[illegible] Weiser Idaho

[illegible] Hamilton

Registrar

L

SEP 17 1941

3104 C

Use only BLACK Ink or BLACK record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

SEP 9 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No. 2

1. **PLACE OF BIRTH**
   (a) County Washington (b) City Weiser
   (c) Street Address or R.F.D.No. 440 E. 4th
   (d) Name of Hospital or Maternity Home: at Home
   (e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county ..... years ..... month Home days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Wash.
   (c) City Weiser
   (d) Street Address or R.F.D.No. 440 E. 4th
   (e) How long has **MOTHER** lived in Idaho? 9 yrs.
   (f) Mother's mailing address .....

3. **RESIDENCE of FATHER** (city, state) as above

4. **FULL NAME OF CHILD** Mabel Lenora Warren

5. Date of Birth (Month, day year) 7.4.1915

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? ✓

FATHER OF CHILD

10. FULL NAME John Edwards Warren
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Clayhyden Devon, Eng. (City or town) (State or foreign country)
14. Exact Occupation Tailor
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna May Cornell Whore
17. Color or Race
18. Age at time of THIS birth 41 yrs
19. Birthplace Sarnia Ont. Canada (City or town) (State or foreign country)
20. Exact Occupation
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7 (c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 11-10 a.M. on the date and at the place stated above, and that personal particulars were furnished by John E. Warren (First name) (Last name) who is related to this child as Father (Mother, etc.)

SEP 9 1941

26. (a) ..... (Date received) (b) ..... (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature John Edwards Warren [redacted]
and address ..... Date .....

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with)
..... as ....., whose birth certificate
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ....., who attended
(Name of attendant at birth)
said birth ..... and that this birth **has not been previously recorded.**
(Is now deceased (or) cannot be located)

.....Signature

.....P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) .....Notary Public residing at .....

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

689-113-044-168

Form V. S. No. 11-C—25m-1-1-15

PLACE OF BIRTH

County of Washington

City of Weiser

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32049

Registration District No. 86 File No. _____

Primary Registration District No. 2112 Registered No. 5

FULL NAME OF CHILD Raymond Dennis White

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	July 13 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John A. White	FULL MAIDEN NAME	Flora Johnson
RESIDENCE	Weiser Idaho	RESIDENCE	Weiser Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Nebr.
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3:30 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. M. Waterhouse
physician
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address Weiser Idaho

Filed July 31 1915 W. R. Hamilton
Registrar

L

S-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

251-209-028-964

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32051

County of Kootenai

City of Dudley

No. _____ St.

Hospital Home

Amended 7/14/75

Registration District No. 126 Harrison

File No. _____

Primary Registration District No. 2204

Registered No. 49

FULL NAME OF CHILD Dorothy Rachel Beamis

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	July (Month) 9 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Clark Albert Beamis	FULL MAIDEN NAME	Jennie Roundtree
RESIDENCE	Rose Lake Idaho	RESIDENCE	Rose Lake Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	60 (Years)	AGE AT LAST BIRTHDAY	42 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Illianois
OCCUPATION	Farmer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 10

Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12.25 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs C. E. Norton, Nurse (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address Dudley Idaho

Filed July 4 1915 R.S. Jensen Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
JUN 27 9 28 AM '75
BUREAU OF
VITAL STATISTICS

State of ..... } ss.
County of ..... }

Certificate No. 32051

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth
for Unnamed Beamis (female) who was born on July 10, 1915
(Name on Original Certificate) (Was Born or Died) (Birth or Death) (Date of Event)
in Dudley, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by ..... prepared on ..... , are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Dorothy Rachel Beamis
date of birth	July 10, 1915	July 9, 1915
father's name	Carl A. Beamis	Clark Albert Beamis

Subscribed and sworn to before me this 22nd day of August, 1974

Peggy L Phillips

Notary Public, residing at Spokane, Wa

My commission expires 10-15-77

(Seal)

Signed Mabel Esther Wolfe
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

W. 817 Nora Avenue
(Street Address, City, State)

Spokane Wash 99205

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Spokane }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22nd day of August, 1974

Peggy L Phillips

Notary Public, residing at Spokane, Wa

My commission expires 10-15-77

(Seal)

Signed Mabel Esther Wolfe
(Signature of Any Credible Person)

W. 817 Nora Avenue
(Street Address, City, State)

Spokane, Wash. 99205

FORM DH 60-155 CI. 6/26/74 nm

Souvenir for at Close of school gives name as Dorothy Beamis. from Fourth of July Canyon Dist No. 44. dated Sept. 4, 1922 to May 3, 1923. Teacher Olive Baughin, Teacher. school board C. A. Beamis. viewed by V. S.

JUL 14 1975

Family Bible record gives names as Clark A. Beamis, father. child's name given as Dorothy R. Beamis born July 9, [redacted]. viewed by V S

1915

Letter from Teahcer Mrs, Olive L. Baughn Beamis. gives name as Dorothy Rachel Beamis. father's name given as Clark A. Beamis. viewex by V. S.

713-117-028-791

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32052

County of Kootenai

City of Dudley

No. ..... St.

~~Hospital~~ Home

Registration District No. ~~Harrison~~ 126 File No. .....

Primary Registration District No. 2204 Registered No. 50

FULL NAME OF CHILD Evert arthur Palmer.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	April 17 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Arthur Homer Palmer	FULL MAIDEN NAME	Maud Opal Pratt
RESIDENCE	Medimont	RESIDENCE	Medimont
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Florence, Marion Co. Kans.	BIRTHPLACE	Gary, adair Co. Mo.
OCCUPATION	Farmer	OCCUPATION	Housekeeper.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8 a.M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs C. E. Norton Nurse
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Dudley Ida

Filed Aug 4 1915 R. S. Jensen
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

613-212-028-957

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Kootenai

City of Chatcolet

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32053

Registration District No. 126 File No. .....

Primary Registration District No. 2204 Registered No. 51

FULL NAME OF CHILD Walters

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	Single		12	yes	July 12 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	James William Walters	FULL MAIDEN NAME	Oline Rega
RESIDENCE	near Chatcolet Ida	RESIDENCE	near Chatcolet Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	49	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Marion County Ia	BIRTHPLACE	Lane County Ore
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 12 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive July 2, 1915 (Born alive or stillborn) at 7 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Didier M.D.

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address Harrison Ida

Filed Aug 4 1915 R. S. Jensen Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 27 1967

113

685-226-028-319

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32054

County of Kootenai

City of Harrison

No. _____ St.

Hospital _____

Registration District No. 126

File No. _____

Primary Registration District No. 2204

Registered No. 52

FULL NAME OF CHILD Wheeler

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	Single		first	yes	July 26 1905

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Leonard Howard Wheeler	FULL MAIDEN NAME	Ruth Eleanor Garlock
RESIDENCE	Harrison Idaho	RESIDENCE	Harrison Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Philbrook Minn	BIRTHPLACE	Pillsbury Minn
OCCUPATION	Telegrapher O.W.R.R.Co.	OCCUPATION	Housewife

Number of child of this mother, including present birth One

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive July 26, 1905 at 2 00 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) K W Bidwell M.D.

Physician
(Physician or midwife)

Address Harrison Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Aug 4 1905 R S Jensen Registrar

S-Y CO. 24656

942-105-028-253

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Kootenai

City of Harrison

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 126 File No. 32055

Primary Registration District No. 2204 Registered No. 53

FULL NAME OF CHILD Howard William Russell

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Boy	Single	3d	Yes	July (Month) 5th (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Walter Butler Russell	FULL MAIDEN NAME	Lulu Mae Kelly
RESIDENCE	Harrison, Ida.	RESIDENCE	Harrison, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	East Concord, Vermont,	BIRTHPLACE	Camas Prairie Ida.
OCCUPATION	Lumberman	OCCUPATION	Housewife Private life

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive July 5, 1915 at 7 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F W Didier MD
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Harrison Ida

Filed Aug 4 1915 R E Jensen
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

11-7-41

569-227-028-415

114

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Kootenai

City of Harrison

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32056

Registration District No. 126 File No. .....

Primary Registration District No. 2204 Registered No. 54

FULL NAME OF CHILD Evelyn Luella Norton

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	Single	first	yes	July 27 1915

FATHER		MOTHER	
FULL NAME	Joy Henry Norton	FULL MAIDEN NAME	Dora Ethyle Davis
RESIDENCE	Harrison	RESIDENCE	Harrison Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Orleans County NY	BIRTHPLACE	Fairfield Wash
OCCUPATION	Setter in Mill	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) in July 27 1915, at 10 45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Didier M.D.

Physician (Physician or midwife)

Address Harrison Ida

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Aug 4 1915 R. L. Jensen Registrar

S-Y CO. 20174

Form V. S. No. [illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

JUL 24 1946

259-204-028-355

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Kootenai

City of Springston

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 126 File No. 32057

Primary Registration District No. 2264 Registered No. 55

FULL NAME OF CHILD Marjorie Naomi Kerr

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	—	2	Yes	July 4 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John Kerr	FULL MAIDEN NAME	Mary L. Leonard
RESIDENCE	Springson Ida	RESIDENCE	Springston Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Glasco Scotland	BIRTHPLACE	Bristol Tenn.
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive July 4 1915 at 10 P. M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Kinney

Physician

(Physician or midwife)

Given names added from a supplemental report.

..... 19...

Address Harrison Ida

Filed Aug 4 1915 R. S. Jensen

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

412-216-128-863

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Kootenai

City of Harrison

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 126 File No. 32058

Primary Registration District No. 2207 Registered No. 56

FULL NAME OF CHILD RUBY ETTA MASH

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	—	7	Yes	July 16 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John H Mash	FULL MAIDEN NAME	Ida Holestine
RESIDENCE	Harrison Ida.	RESIDENCE	Harrison Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Ino.	BIRTHPLACE	Ino.
OCCUPATION	Fireman	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive July 16 1915 at 32 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Tinney

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Harrison Ida.

Filed Aug 4 1915 R. S. Jensen
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington }
County of King } ss.

Certificate No. 32058

Date Filed Feb 25

The undersigned does solemnly swear that certain facts on the certificate of Ruby Etta Mash (Birth or Death)
for Ruby Mash (Name on Original Certificate) who born (Was Born or Died) on July 16, 1915 (Date of Event)
in Harrison, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on July 16, 1915 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Ruby Etta Mash

Subscribed and sworn to before me this 25
day of Feb, 1943.
Ernest F. Reynolds
Notary Public, residing at Seattle, Wash
My commission expires Sept. 25th 1943
(Seal)

Signed Jessie M. Reynolds
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
9625-13th S.W. Seattle, Wash.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Wash. }
County of King } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25
day of Feb, 1943.
Ernest F. Reynolds
Notary Public, residing at Seattle, Wash
My commission expires Sept. 25-43
(Seal)

Signed X Mattie L. Tucker
(Signature of Any Credible Person Other Than Previous Year)
9625-13th S.W. Seattle, Wash.
(Street Address, City, State)

MAR 17 1979

MAR 1 1948

366-125-028-958

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Harrison

No. _____ St.

Hospital _____

Registration District No. 124 File No. 32059

Primary Registration District No. 2204 Registered No. 57

FULL NAME OF CHILD Alice Leroy Cowin

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	—	2	Yes	July 25 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	George Cowin	FULL MAIDEN NAME	Myrtle Mae Reynolds
RESIDENCE	Rockford Bay Ida	RESIDENCE	Rockford Bay
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Mo	BIRTHPLACE	Mo.
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was July 25 1915 alive at 5 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Finney M D
Physician
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Harrison Ida.

Filed Aug 4 1915 R S Jensen
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

JUL 6 1954

JUN 16 1964

412-131-028-412

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Koolenai

City of Harrison

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

32060

Registration District No. 126 File No. .....

Primary Registration District No. 2204 Registered No. 58

FULL NAME OF CHILD John Robert Mason

Sex of Child: Male	Twin Triplet or other? — and Number in order of birth: 1 (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth: July 31 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John R Mason	FULL MAIDEN NAME	Della Masters
RESIDENCE	Harrison Ida.	RESIDENCE	Harrison Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Neb.	BIRTHPLACE	Kans.
OCCUPATION	Civil Engineer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive July 31 1915 at 12 N. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Finney M.D.

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Harrison Ida.

Filed Aug 4 1918 R. S. Jensen
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

819-104-029-286

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE [redacted]
BUREAU OF [redacted]STICS

CERTIFICATE OF BIRTH

32061

County of Latah

City of Bovill

No. # St.

Hospital #

Registration District No. 66

File No. 10

Primary Registration District No. 2146

Registered No.

FULL NAME OF CHILD Allen Hart

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	7 (Month) 4 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Curtis Hart	FULL MAIDEN NAME	Hazel Shook
RESIDENCE	Bovill	RESIDENCE	Bovill
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Montana
OCCUPATION	Locomotive Fireman	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. C. Gibson

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Address Bovill Idaho

Filed 7/14 1915

J. L. Shampine
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

319-209-029-249

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. 18 No. 11-C-2 18

32062

County of Latah.

City of Bovill

No. # St.

Hospital #

Registration District No. 66 File No. 11

Primary Registration District No. 2146 Registered No.

FULL NAME OF CHILD Shirley Louise Larkin

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of Birth 7/9/1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Chas Larkins	FULL MAIDEN NAME	Lucy Smith
RESIDENCE	Bovill.	RESIDENCE	Bovill
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Canada	BIRTHPLACE	Nebraska
OCCUPATION	Stationary Engineer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive ~~or stillborn~~), at M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. C. Gibson

Physician (Physician ~~or midwife~~)

Given names added from a supplemental report.

Aug 9 1915

J. L. Shampine Registrar

Address Bovill - Idaho

Filed 7/15 1915

J. L. Shampine Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

154-203-007-155

PLACE OF BIRTH

STATE OF IDA[redacted]
BUREAU OF VITAL S[redacted]

Form [redacted]. S. No. 11-C—25m-1-1-18

CERTIFICATE OF BIRTH

32063

County of Blaine

City of Manard

No. _____ St.

Hospital _____

Registration District No. 58 File No. _____

Primary Registration District No. 2138 Registered No. _____

FULL NAME OF CHILD Mary Anderson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	7 (Month) 3 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Wesley Anderson	FULL MAIDEN NAME	Velma Jenkins
RESIDENCE	Manard, Ida	RESIDENCE	Manard, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Wash	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 A. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D P Higgs

MD (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Soldier Ida

Filed 7-4 1915 D P Higgs Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 1915 - 304602 name change

812-118-007-296

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32064

County of Blaine

City of Blaine

No. ..... St.

Hospital .....

Registration District No. 58 File No. .....

Primary Registration District No. 2138 Registered No. .....

FULL NAME OF CHILD John Fredrick Hassell

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	7 (Month) 18 (Day) 1914 (Year)

FATHER		MOTHER	
FULL NAME	Adolph Hassell	FULL MAIDEN NAME	Nellie Kroner
RESIDENCE	Blaine Idaho	RESIDENCE	Blaine Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Colo.	BIRTHPLACE	Nebr.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. O. Higgs

M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Soldier Ida

Filed 7 19 1914 D. O. Higgs
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 20 1942

SEP 11 1975

JAN - 5 1988

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-1-1-18

CERTIFICATE OF BIRTH

32065

County of Blaine

City of Soldier

942-119-007-863

No. ..... St.

Registration District No. 58

File No. .....

Primary Registration District No. 2138

Registered No. .....

Hospital .....

FULL NAME OF CHILD Jim Rudbottom RUBOTTOM

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	7 (Month) 19 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	N Rudbottom RUBOTTOM	FULL MAIDEN NAME	Maud Holliday
RESIDENCE	Soldier, Ida	RESIDENCE	Soldier Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Ill	BIRTHPLACE	Mo.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D P Higgs

Md (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Soldier Ida

Filed 7-20 1915 D P Higgs

Registrar

Registrar

S-Y CO. 24655

K

MAR 9 1948

DECEASED

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 32065
Local Reg. No.
Reg. Dist. No.

X 1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County BLAINE (b) City SOLDIER
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: AT HOME
(e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County BLAINE
(c) City SOLDIER
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) SAME AS ABOVE

4. **FULL NAME OF CHILD** JIM RUBOTTOM

5. Date of Birth of Child (Month, day, year) JUL. 19 - 1915

6. Sex MALE

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** NORVAL H. RUBOTTOM
11. Color or Race WHITE
12. Age at time of THIS birth 39 yrs.
13. Birthplace KANSAS, JOHNSON CO. (City or town) (State or foreign country)
14. Exact Occupation LIVE STOCK RANCHMAN
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** MAUDE B. HOLLIDAY
17. Color or Race WHITE
18. Age at time of THIS birth 32 yrs.
19. Birthplace MISSOURI, PIKE COUNTY (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN (Born alive, ~~stillborn~~) at 10 A. M. on the date and at the place stated above, and that personal particulars were furnished by NORVAL H. RUBOTTOM (First name) (Last name) who is related as FATHER (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of CALIFORNIA
County of ALAMEDA } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the FATHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 32 1/2 years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Norval H. Rubottom Signature
Oakland, Cal. P. O. Address

Subscribed and sworn to before me this 14th day of Feb., 1946
(SEAL)
Sumner E. Cahill, Notary Public, residing at Oakland, Alameda Co., Cal.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on (SUMNER E. CAHILL) by ; Registrar

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

315-123-007-386

PLACE OF BIRTH

County of Blaine

City of Baldwin

No. _____ St.

Hospital _____

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 38 File No. 32066

Primary Registration District No. 2138 Registered No. _____

FULL NAME OF CHILD Unnamed Grossature

Sex of Child	Twin, Triplet, or Other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	7 23 1913

FATHER	MOTHER
FULL NAME Jo Lawman	FULL MAIDEN NAME Leola Crawley
RESIDENCE Baldwin Idaho	RESIDENCE Baldwin Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 23 (Years)	AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Ill	BIRTHPLACE Mo
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10.0 A.M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. Ortega

(Physician or midwife)

Address Baldwin Ida

Given names added from a supplemental report.

_____ 19____ _____ Registrar

Filed 7-24-1913 D. Ortega Registrar

S-Y CO. 24685

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

D

753-124-007-314

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32[illegible]7

County of Blaine

City of Soldier

No. ..... St.

Hospital .....

Registration District No. 58 File No. .....

Primary Registration District No. 2138 Registered No. .....

FULL NAME OF CHILD Henry? Peck

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	7 (Month) 24 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Wm Peck	FULL MAIDEN NAME	Laura Lambeth
RESIDENCE	Soldier Ida	RESIDENCE	Soldier Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8 P. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D B Higgs

M D
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Soldier Ida

Filed 7-25 1915 D B Higgs
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 10 1984

JAN 30 1985

915-124-007-286

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32068

County of Blaine

City of Hill City

No. _____ St.

Hospital _____

Registration District No. _____ File No. _____

Primary Registration District No. _____ Registered No. _____

FULL NAME OF CHILD Reginold Clark Ransom

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	July 24 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Howard Ransom	FULL MAIDEN NAME	Grace Shores
RESIDENCE	Hill City 4 miles East	RESIDENCE	Hill City 4 mi. East
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Santa-Barbara Co Cal.	BIRTHPLACE	Bentonville Ark
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3 a. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O E Bloom
M. D.
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Hill City

Filed 7-28 1915 D P Higgs
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

715-126-007-453

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32069

County of Blaine

City of Magic

No. _____ St.

Hospital _____

Registration District No. 38 File No. _____

Primary Registration District No. 2138 Registered No. _____

FULL NAME OF CHILD Dennis Pal Freyman

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	7 (Month) 26 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	B D Palfreyman	FULL MAIDEN NAME	Lou Metcalf
RESIDENCE	Magic Ida	RESIDENCE	Magic Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D Higgs

MD (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Soldier, Ida

Filed 7-27 1915 D Higgs Registrar

Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

397-131-007-795

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32070

County of Blaine

City of Soldier

No. ..... St.

Hospital .....

Registration District No. 38 File No. .....

Primary Registration District No. 2138 Registered No. .....

FULL NAME OF CHILD Homer Lee Lightfoot

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	7 (Month) 31 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Henry Lightfoot	FULL MAIDEN NAME	Katie Prinity
RESIDENCE	Soldier Ida	RESIDENCE	Soldier Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Iowa
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D B Higgs

M D (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Soldier Ida

Filed 7-31 1915 D B Higgs Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 27 1950

689-204-016-494

For [redacted] -25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32071

County of Cassia

City of Marion

No. ..... St.

Hospital .....

Registration District No. 120 File No. III

Primary Registration District No. 8199 Registered No. 58

FULL NAME OF CHILD ULEA VENETTA Whitby

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
female	X		X	yes	8-4-1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Thomas Whitby	FULL MAIDEN NAME	Clara Drummond
RESIDENCE	Marion	RESIDENCE	Marion
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 4:09 M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E P Olohane MD

(Physician or midwife) Oakley

Given names added from a supplemental report.

..... 19....

Address .....

Filed 8/12 1915

E P Olohane
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 23 1952

AUG 10 1977

DECEASED

415-222-016-343

Form V. S. No. 11-C 25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32072

County of Bingham

City of Oakley

Registration District No. 170 File No. 44

No. ____ St.

Primary Registration District No. 2199 Registered No. 54

Hospital ____

FULL NAME OF CHILD Dorothy Irene Davidson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	X	X	Yes	7-22-15

FATHER		MOTHER	
FULL NAME	C. Earl Davidson	FULL MAIDEN NAME	Lillian Tucker
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Nebraska	BIRTHPLACE	Utah
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 3:25 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. P. Oldham M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Oakley

Filed Oct 10 1915 E. P. Oldham
Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 1 9 1965

864-216-016-235

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Cassia

City of Oakley

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32073

Registration District No. 120 File No. 14

Primary Registration District No. 299 Registered No. 56

FULL NAME OF CHILD Young

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	X	X	yes	7 (Month) - 16 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Charles R Young	FULL MAIDEN NAME	Leah Stewart
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Minnesota	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 40 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E P Olshaw

MD

(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Address Oakley

Filed 8/10 1915

E P Olshaw

Registrar

S-Y CO. 24655

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 4 1970

481-105-016-967

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32074

County of Oussin

City of Churchill

Registration District No. 120 File No. 111

No. ..... St.

Primary Registration District No. 799 Registered No. 55

Hospital .....

FULL NAME OF CHILD Arthur Jess Dhallin

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	X		X	Yes	4 - 5 - 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Arthur J. Dhallin	FULL MAIDEN NAME	Drusy E Rogers
RESIDENCE	Churchill	RESIDENCE	Churchill
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Washington	BIRTHPLACE	Wash.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 1:50 P M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E P O Cohen M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Oak Jay

Filed 8/10 1915

E P O Cohen

Registrar

S-Y CO. 24655

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 1 3 1972

c.c. 6/10/41. m.h.

396-202-016-399

Form V. S. No. 2C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32075

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

Registration District No. 120 File No. 14

Primary Registration District No. 2199 Registered No. 54

FULL NAME OF CHILD Wanda Fae Crofts

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	X		X	yes	7 - 2 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Henry Crofts	FULL MAIDEN NAME	Lola Cribs
RESIDENCE	Cottonwood nr. Oakley	RESIDENCE	Cottonwood nr Oakley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8 45 9 M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E M Oldham
Mid
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Oakley

Filed 8/10 1915

E M Oldham
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Canyon }

Certificate No. 32075

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Unnamed (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on July 2, 1915 (DATE OF EVENT)
in Caldwell, Ida. (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Family Bible (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Wanda Fae Crofts

Subscribed and sworn to before me this 1 day of ..., 19 ...

Notary Public, residing at ...

My commission expires ...
(SEAL)

Signed Mrs Lala E Crafts
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ... } ss.
County of ... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ...
day of ..., 19 ...

Notary Public, residing at ...

My commission expires ...
(SEAL)

Signed ...
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on ... By ...
(REGISTRAR'S SIGNATURE)

AUG 1 0 1967

219-202-042-619

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. [redacted]

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

32077

County of Twin Falls

City of Kimberly

Registration District No. 36

File No.

No. , St.

Primary Registration District No.

Registered No. 2

Hospital

FULL NAME OF CHILD ~~Unnamed~~ Alma Edwyna Barsalou

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
Female		yes	July (Month) 2 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	William Barsalou	FULL MAIDEN NAME	Mary Fairchild
RESIDENCE	Goldburg	RESIDENCE	Goldburg
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Oregon
OCCUPATION	Stock raising	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) No physician in attendance (Physician or Midwife)

Given names added from a supplemental report

Reported by Dr A. G. Byrd - Kimberly Ida

Address

, 19

Filed July 10 1915 Dr J. N. Davis

Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

231-202-014-367

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-3-1912

CERTIFICATE OF BIRTH

32078

County of Canyon

City of Middleton

Registration District No. 3 File No.

No. St.

Primary Registration District No. 2005 Registered No. 111

Hospital No.

FULL NAME OF CHILD Ruth Elizabeth Stark.

Sex of Child	Twin Triplet or other? — and Number in order of birth — (To be answered only in event of plural births)	Legitimate? yes.	Date of Birth July (Month) 2 (Day) 1915 (Year)
Female			

FATHER		MOTHER	
FULL NAME	Chas. Stark.	FULL MAIDEN NAME	Lottie Cox.
RESIDENCE	Middleton	RESIDENCE	Middleton
COLOR	W AGE AT LAST BIRTHDAY 26 (Years)	COLOR	W AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE	Michigan	BIRTHPLACE	Neb.
OCCUPATION	Electrician	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. S. J. Miller

(Physician or midwife)

Given names added from a supplemental report

19

Address Caldwell Ida

Filed 7-28- 1915 John P. Meyer Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

PLACE OF

STATE OF IDAHO
BUREAU OF VITAL STATIS

CERTIFICATE OF BIRTH

AUG 6 1952

613-105-014-213

PLACE OF BIRTH

County of Canyon

City of Middleton

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32079

Registration District No. 3 File No. .....

Primary Registration District No. 2005 Registered No. 112

FULL NAME OF CHILD Glen Herbert Watkins

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
M	S	4	Yes	July (Month) 5 (Day) 1914 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Peter Watkins	FULL MAIDEN NAME	Elizabeth Ballantine
RESIDENCE	Middleton Id	RESIDENCE	Middleton Id
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY (Years)	52	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	England	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10:45 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Gee M D

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Caldwell Idaho

Filed 7-9- 1915 John P. Meyer Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED MAR 30 9 58 AM '73 VITAL STATISTICS BUREAU OF

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Canyon }

Certificate No. 32079

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Watkins (Male) (Name on Original Certificate) who was born (Was Born or Died) on July 5, 1915 (Date of Event) in Middleton, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Glen Herbert Watkins

Subscribed and sworn to before me this 17th day of March 19 73

Notary Public, residing at Caldwell, Idaho

My commission expires 9-24-74

(Seal)

Signed [signature] (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rt. 1 - Middleton, Ida. 83644 (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Canyon }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17th day of March 19 73

Notary Public, residing at Caldwell, Idaho

My commission expires 9-24-74

(Seal)

Signed Robert Bruce (Signature of Any Credible Person)

115 East Second St. Middleton, Idaho (Street Address, City, State)

FORM DH 60-155

CL 3/14/73 nm

Honorable Discharge issued by the Army of the U.S. gives name as Glen Watkins # 39525451 Private in 162nd Inf. Issued by Carl E. Hammerness Lt. Col. Commander. July 17, 1945.
Viewed by V.S.

MAY 11 1973

Application for ins. gives name as Glen Herbert Watkins. The Franklin Life Insurance Co. Application made May 14, 1935. # 446657.
Viewed by V.S.

863-205-014-381

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Canyon

City of Caldwell Rus. 4

No. ....., ... St.

Hospital .....

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

32080

Registration District No. 3 File No. .....

Primary Registration District No. 2005 Registered No. 113

FULL NAME OF CHILD Holton

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
Female		Yes	July 5 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wm P. Holton	FULL MAIDEN NAME	Hattie Champany
RESIDENCE	Caldwell, Rt 4,	RESIDENCE	Caldwell Rt 4
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Vermont	BIRTHPLACE	Vermont
OCCUPATION	Farmer	OCCUPATION	HW

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 4:30 P. M., on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. D. Farmer

Physician

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Caldwell Idaho

Filed 8-2- 1915 John P. Meyer

Registrar

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

994-206-014-619

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Canyon

City of Middleton

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 3 File No. 32081

Primary Registration District No. 2005 Registered No. 114

FULL NAME OF CHILD Vivian May Zimmerman

Sex of Child: Female

Twin, Triplet or other? ..... and Number in order of birth ..... (To be answered only in event of plural births)

Legitimate? yes

Date of Birth: July 6, 1914 (Month) (Day) (Year)

FATHER

FULL NAME: Otto N. Zimmerman

RESIDENCE: Middleton Idaho

COLOR: White AGE AT LAST BIRTHDAY: 28 (Years)

BIRTHPLACE: Missouri

OCCUPATION: Nurseryman

MOTHER

FULL MAIDEN NAME: Elva May Warner

RESIDENCE: Middleton

COLOR: White AGE AT LAST BIRTHDAY: 20 (Years)

BIRTHPLACE: Colorado

OCCUPATION: Housewife

Number of child of this mother, including present birth: 1st

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12— M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Maurice H. Tallman M.D.

(Physician or midwife)

Address Boise Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 7-8-1914 John L. Meyer Registrar

S-Y CO. 24655

AUG 2 7 1943

FEB 17 1953

141-209-037-143

This belongs to Canyon Co.

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32082

County of Owyhee

City of Homedale

No. ..... St.

Hospital .....

Registration District No. 3 File No. .....

Primary Registration District No. 2005 Registered No. 115

FULL NAME OF CHILD Martha Jean Adams

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
F	S	6	yes	July (Month) 9 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Gerard B. Adams	FULL MAIDEN NAME	Eva Julian
RESIDENCE	Homedale Id	RESIDENCE	Homedale Id
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	52	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	New York N.Y.	BIRTHPLACE	Cherry Creek Nev
OCCUPATION	Ferryman	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Gill

Caldwell, Idaho (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed 7-9- 1915 John S. Meyer Registrar

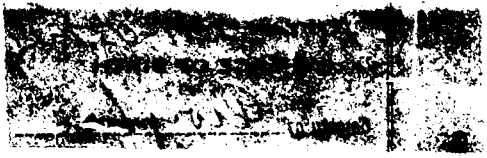
Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



12/29/76

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Owyhee }

Certificate No. 32082

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Adams (Name on Original Certificate) who was born (Was Born or Died) on July 9, 1915 (Date of Event)

in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed Adams	Martha Jean Adams

Subscribed and sworn to before me this 29th day of December, 1976

Margaret L. Davis

Notary Public, residing at Boise

My commission expires Lifetime

(Seal)

Signed Thomas G. Adams

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Owyhee }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd day of January, 1977

Lillie Bedwell

Notary Public, residing at Homedale

My commission expires 4-1-77

(Seal)

Signed Anna E. VanDerhoff

(Signature of Any Credible Person)

Route 1

Homedale, Id 83628

(Street Address, City, State)

Notification of birth registration from Idaho gives child's nameas Larry Dale Bahem #243132. born June 5, 1936 at Caldwell,Idaho. Father'sname as Arthr Bahem and mother's name as Martha Adams, ~~Fix~~x~~Me~~.Viewed by V. S. JAN 2 6 1977

Life ins. policy from Occidental Life Ins. Co. ofCalif. gives namas Martha Jean Bahem. No. 1163417. born 7-9-14. dated Sept. 29, 1936. viewed by V. S.

Onw son's birth certif on file in Idaho gives nameasErnest Kenneth Bahem born Cec 5, 1932 at ~~Lx~~ caldwell, Idaho. father's nameas ~~Arh~~ Arthur Bahem and mother's name as Martha Jean Adams. viewd by V. S.

295-115-014-363

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32083

County of Canyon

City of Caldwell

No. ..... St.

Hospital No.

Registration District No. 3 File No. .....

Primary Registration District No. 1005 Registered No. 116

FULL NAME OF CHILD Beryl Kingsbury

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	yes	July (Month) 15 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	B. L. Kingsbury	FULL MAIDEN NAME	Ida Colby.
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa.
OCCUPATION	Painter	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. S. J. Miller

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Caldwell Ida.

Filed 7-28- 1915 John S. Meyer Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 32083

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Kingsbury (male child) (Name on Original Certificate) who was born (Was Born or Died) on July 15, 1915 (Date of Event)
in Caldwell, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Beryl Kingsbury

Subscribed and sworn to before me this 10 day of January, 1966.

Notary Public, residing at Caldwell, Idaho

My commission expires Sept 30, 1968

(Seal)

Signed Mrs Elsie Kingsbury
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1013 Fillmore St Caldwell Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of
....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

Social Security Card, dated Nov. 30, 1936 #519-09-0101 gives full name as Beryl Kingsbury - viewed by V.S.

JAN 1 0 1966

New York Life Insurance Co. Policy, dated April 19, 1938, policy no. 17 055 483, gives full name of insured as Beryl Kingsbury, age 23 - viewed by V.S.

168-117-014-466

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

near City of Caldwell

No. ..... St.

Hospital Canyon

Registration District No. 3 — File No. 32084

Primary Registration District No. 2005 — Registered No. 117

FULL NAME OF CHILD Johnson

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
M.	S	7	yes	July 17 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	J. Robert Johnson	FULL MAIDEN NAME	Effie J. Moore
RESIDENCE	near Caldwell	RESIDENCE	near Caldwell
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	52	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Iredell Co N. Carolina	BIRTHPLACE	Roseburg Oregon
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 — Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Gee M.D.

(Physician or midwife)

Address Caldwell Idaho

Given names added from a supplemental report

..... 19.....

Filed 7-24- 1915 John S. Meyer

..... Registrar — Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

619-221-014-853

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32085

County of Canyon

City of Caldwell

No. ..... St.

Hospital .....

Registration District No. 3 File No. .....

Primary Registration District No. 1005 Registered No. 118

FULL NAME OF CHILD GARNETTE ELLEN WARREN

Sex of Child	Twin Triplet - or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	other	1st	yes	July 21 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Charles Garnett Warren	FULL MAIDEN NAME	Modrall - Helen
RESIDENCE	Caldwell Ida. ~~Charles Garnett Warren~~	RESIDENCE	Caldwell Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Nebraska City Nebr.	BIRTHPLACE	Mo.
OCCUPATION	Machinist	OCCUPATION	Housekeeper

Number of child of this mother, including present birth One

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive on July 21st at 12 A.M. M 15 on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Kurry

Physician

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Caldwell Idaho

Filed 7-28-1915 John S. Meyer

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 32065

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Ellen Garnette Warren (Name on Original Certificate) who Born (Was Born or Died) on July 21, 1915 (Date of Event)
in Caldwell, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Garnette Ellen Warren

Subscribed and sworn to before me this 21st
day of May 1943.
Bert Gilbertson
Notary Public, residing at Los Angeles
My commission expires My Commission Expires May 11, 1947
(Seal)

Signed Mrs. Chas. S. Warren,
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
7822 S. Seville Huntington Park
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21st
day of May 1943.
Bert Gilbertson
Notary Public, residing at Los Angeles.
My commission expires My Commission Expires May 11, 1947
(Seal)

Signed Chas S Warren
(Signature of Any Credible Person Other Than Previous Year)
7822 SEVILLE AVE HUNTINGTON PARK,
(Street Address, City, State) CALIF.

JUN 14 1943

NOV 23 1973

225-121-014-154 name added 8/22/80

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32086

County of Canyon

City of Caldwell

No. ..... St.

Hospital No. 1

Registration District No. 3 File No. .....

Primary Registration District No. 1005 Registered No. 119

FULL NAME OF CHILD Raymond H. Skemp

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	yes.	7 (Month) 21 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	B W Skemp	FULL MAIDEN NAME	Becky Anderson
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Minn	BIRTHPLACE	Norway
OCCUPATION	P. O. Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9 35 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. F. M. Cole

..... BM.
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address Caldwell Ida

Filed 7-28- 1915 John S. Meyer
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

[redacted]

10/1/76

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss. Certificate No. 32086

County of ..... Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Skemp (Name on Original Certificate) who was born (Was Born or Died) on July 21, 1915 (Date of Event)

in Caldwell, Idaho. (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed Skemp	Raymond H. Skemp
Mother's name	Becky Anderson	Betsy Ar ersen

Subscribed and sworn to before me this 29 day of July 1980

[signature]

Notary Public, residing at 100 S Marion

My commission expires 8-29-81

(Seal)

Signed Raymond Harold Skemp

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.

County of .....

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed Roger B. Skemp

(Signature of Any Credible Person)

400 18th St L5 Vero Beach, Fl

(Street Address, City, State)

FORM DH 60-155

School record from Wisconsin City of Superior gives namas Raymond Skemp. enrolled in school Aug 31 1925. age: 10 years old, born July 21,1915. ~~XXXXXXXXXXXXXXXXX~~ viewed by V. S.

AUG 22 1980

Honorable Discharge from the US Army gives name as Ramond H. Skemp dated Oct 12 1945. born July 21 1915. at Caldwell Idaho. viewed by V. S.

719-124-014-685

PLACE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 32087

Primary Registration District No. 1005 Registered No. 120

FULL NAME OF CHILD Park, Frank George

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	S		3	Yes	7 (Month) 24 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Eugene E. Park	FULL MAIDEN NAME	Margaret I. Whelchel
RESIDENCE	Caldwell Idaho	RESIDENCE	Caldwell Idaho
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Edna Kans	BIRTHPLACE	Payette Valley Id
OCCUPATION	Barber	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8:50 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Gue M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Caldwell Idaho

Filed 7-24- 1915 John S. Meyer
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho } ss.
County of Gem }

Certificate No. [illegible]
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Baby Frank George Park (Name on original certificate) who was Born (Was born or died) on July 29th 1910 (Date of event)
in Caldwell, Idaho (Place of event) are ~~erroneous~~ or were omitted; and that, to the best of his knowledge, the true
facts as shown by State Record but with no given name (Bible record, insurance policy, etc.) prepared on ..... (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.	FROM (As on original)	TO (The correct facts)
Frank George Park	Park	Frank George

Subscribed and sworn to before me this 29th
day of July 1940
A. L. Clark
Notary Public, residing at Emmett
My commission expires Jan 5, 1943
[SEAL]

Signed Emmett E Park
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)
R D 1 Emmett Ida
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of Idaho } ss.
County of Gem }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30th
day of July 1940
A. L. Clark
Notary Public, residing at Emmett
My commission expires Jan 5 1943
[SEAL]

Signed Rufus V. Eaton
(Signature of any credible person other than the previous affiant)
Box 505
(Street Address, City, State)
Emmett Idaho.

Received for filing on ..... by .....
(Registrar's signature)

JAN 6 1943

493-224-014-463

PLACE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

Hospital .....

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

32088

Registration District No. 3 File No. .....

Primary Registration District No. 2005 Registered No. 121

FULL NAME OF CHILD Helen Juanita Miller

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	July 24 1915

	FATHER	MOTHER
FULL NAME	J. GLENN Miller	FULL MAIDEN NAME Cora BELLE Dotson
RESIDENCE	Caldwell R.F.D.	RESIDENCE Caldwell R.F.D.
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	24 (Years)	27 (Years)
BIRTHPLACE	Utah	Iowa
OCCUPATION	Farmer	H.W.

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 8:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. L. Garrard

Physician (Physician or Midwife)

Address Caldwell Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed 8-2-1915 John S. Meyer Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

K

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Canyon

Certificate No. 32088
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for no name given (Name on original certificate) who was born (Was born or died) on July 24, 1915 (Date of event)
in Caldwell, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Boble Record (Bible record, insurance policy, etc.) prepared on July 24, 1915 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	no name given	Helen Juanita Miller
Father		J. Glenn Miller
Mother		Cora Belle Dotson Miller

Subscribed and sworn to before me this 6th
day of October, 1941
Emma E Thompson
Notary Public, residing at Caldwell, Idaho
My commission expires Oct. 5, 1945
[SEAL]

Signed Cora Belle Dotson Miller
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Caldwell, Idaho RFD 4
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Canyon

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th
day of October, 1941
Emma E Thompson
Notary Public, residing at Caldwell, Idaho
My commission expires Oct. 5, 1945
[SEAL]

Signed Mrs. Myrtle Lotter
(Signature of any credible person other than the previous affiant.)

319 No. Kimball
Caldwell, Idaho
(Street Address, City, State)

Received for filing on By
(Registrar's signature)

JUL 9 1973

Note date of birth (J.S.M.)

Form V. S. No. 11-C—20m-2-15-12

[redacted] OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32089

County of Owyhee

City of Homedale

No. 194-227-037-418 St.

Hospital

Registration District No. 3 File No.

Primary Registration District No. 2005 Registered No. 122

FULL NAME OF CHILD June A. Armstrong

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
F. M.	S.	1	yes	6 (Month) 27 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	James Armstrong	FULL MAIDEN NAME	Edna Lavina Day
RESIDENCE	Wilder Idaho	RESIDENCE	Wilder Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Flesherton Ontario Canada	BIRTHPLACE	Hawley Minnesota
OCCUPATION	Teamster for U.S.R.S.	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1:15 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Grey M.D.
(Physician or midwife)

Given names added from a supplemental report

Address Caldwell Idaho

19

Filed 7-9- 1915 John S. Meyer
Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECEASED

3 27 74

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS MAR 27 3 36 PM '74

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 32089

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Armstrong (Name on Original Certificate) who was born (Was Born or Died) on June 27, 1915 (Date of Event) in Homedale, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Omitted	June Aminda Armstrong

Subscribed and sworn to before me this 27 day of March, 1974

Notary Public, residing at Boise, Idaho

My commission expires Sept 18, 1977

(Seal)

Signed Melvin A. Platt

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

917 Orchard St Nampa Ida

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

.....

(Street Address, City, State)

Own childs birth certificate Glenda Kay Platt born January 21, 1942 at Boise, Idaho State File # 337067 gives mothers name as June Armstrong. Viewed by VS

MAR 27 1974

Savings account book # 000125 - The Idaho First National Bank-first deposit made Nov. 14, 1968 June A. or Melvin C. Platt Rt. 5 Nampa, Idaho. Viewed by VS

133-225-04-244

[redacted] OF BIRTH

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

Hospital No.

Registration District No. 3 File No. 32090

Primary Registration District No. 1005 Registered No. 123

FULL NAME OF CHILD LOUISE IDA ALLEN

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	yes.	July 25, 1915

FATHER		MOTHER	
FULL NAME	Floyd Allen	FULL MAIDEN NAME	Pearl Budden
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Idaho.
OCCUPATION	Laborer in Ice Plant	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. S. J. Miller

(Physician or midwife)

Address Caldwell Ida.

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 7-28- 1915- John S. Meyer Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Ada } ss.

Certificate No. 32090

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed (Name on Original Certificate) who Born (Was Born or Died) on July 27, 1915 (Date of Event)
in Caldwell, Ida (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Parents (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Omitted	Louise Ida Allen
Dat of Birth	July 27, 1915	July 25, 1915

Subscribed and sworn to before me this 20th
day of March, 1942.
Winifred M. Gray
Notary Public, residing at Boise, Idaho
My commission expires Oct 26, 1943
(Seal)

Signed Mrs Floyd Allen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Route #3 - Caldwell, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Ada } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20th
day of March, 1942.
Winifred M. Gray
Notary Public, residing at Boise, Idaho
My commission expires Oct 26 1943
(Seal)

Signed Floyd Allen
(Signature of Any Credible Person Other Than Previous ~~Year~~)
Route #3 Caldwell, Idaho.
(Street Address, City, State)

465-227-014-764

Form V. S. No. 11-C—20m-2-15-1

PLACE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 32091

Primary Registration District No. 1005 Registered No. 124

FULL NAME OF CHILD Donnell, Eunice M.

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
F	S	S	yes	July 27 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Peter Donnell	FULL MAIDEN NAME	Jennie Gould
RESIDENCE	Caldwell Idaho	RESIDENCE	Caldwell
COLOR	W. AGE AT LAST BIRTHDAY 34 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 36 (Years)
BIRTHPLACE	Scotland	BIRTHPLACE	Boonton N.J.
OCCUPATION	Chemist at creamery	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10:15 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Gue M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Caldwell Idaho

Filed 7-30- 1915 John S. Meyer Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 26 1915

437-229-014-271

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32092

County of Canyon

City of Caldwell Reg-

Registration District No. 3 File No.

No. St.

Primary Registration District No. 2005 Registered No. 125

Hospital Canyon

FULL NAME OF CHILD McPherson

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
F.	S.	2	yes	July (Month) 29 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Doyle McPherson	FULL MAIDEN NAME	Amelia Spatth
RESIDENCE	Near Caldwell	RESIDENCE	near Caldwell
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Colorado	BIRTHPLACE	St Louis
OCCUPATION	Apiast	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10:15 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Gue M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed 7-30-1915 John S. Meyer Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

231-230-014-249

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of near Caldwell

Registration District No. 3

File No. 32093

No. ..... St.

Primary Registration District No. 2005

Registered No. 126

Hospital .....

FULL NAME OF CHILD ALICE MAY Stafford

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
F	S	3	yes	July (Month) 30 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Louis Stafford	FULL MAIDEN NAME	Leora Burnett
RESIDENCE	near Caldwell Id	RESIDENCE	Caldwell Id
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Scott Co Iowa	BIRTHPLACE	Boulder Co Colo
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3:47 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Gue M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Caldwell, Idaho.

Filed 7-30- 1915 John S. Meyer Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECEASED

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 32093

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (BIRTH OR DEATH)
for ..... (NAME ON ORIGINAL CERTIFICATE) who ..... (WAS BORN OR DIED) on ..... (DATE OF EVENT)
in ..... (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	unnamed	Alice May Stafford

Subscribed and sworn to before me this 6th
day of March, 19 42
Maurice E. Coe
Notary Public, residing at Boise Idaho
My commission expires 6-24-45
(SEAL)

Signed L V Stafford
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
Boise Idaho Rt 3
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Ada } ss.

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.
Subscribed and sworn to before me this 6th
day of March, 19 42
Maurice E. Coe
Notary Public, residing at Boise Idaho
My commission expires 6-24-45
(SEAL)

Signed Leora C Stafford
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
Boise Ida. R 3
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

MAR 6 1947

281-204-014-483

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 21-B—Rev. 6-15-33

CERTIFICATE OF BIRTH

County of Canyon.

City of Caldwell R.D. Registration District No. 3 File No. 32094

No. ..... St.

Primary Registration District No. 2004 Registered No. 127

Hospital No.

FULL NAME OF CHILD Edna Marie Shaffer

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	——	——	yes.	Aug 4 1913

FATHER	MOTHER
FULL NAME Henry Shaffer	FULL MAIDEN NAME Nellie Miller
RESIDENCE Caldwell R.D.	RESIDENCE Caldwell R.D.
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 32 (Years)	AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE Ohio.	BIRTHPLACE Ind.
OCCUPATION Rancher	OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10 20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr F M Cole

(Physician or midwife)

Address Caldwell Ida.

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 8-5- 1913 John S. Meyer Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF ILLINOIS
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of

235-104-014-944

[redacted]

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Notus.

No. ..... St.

Hospital No.

Registration District No. 3 File No. 32095

Primary Registration District No. 2005 Registered No. 128

FULL NAME OF CHILD Robert Blessinger

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	yes.	Aug 4 1915

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME B. H. Blessinger	FULL MAIDEN NAME Golda Rudisell
RESIDENCE Notus	RESIDENCE Notus.
COLOR W AGE AT LAST BIRTHDAY 27 (Years)	COLOR W AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Idaho	BIRTHPLACE Idaho.
OCCUPATION Merchant.	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 11 20 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. H. M. Cole

(Physician or midwife)

Address Caldwell Ida

Given names added from a supplemental report

..... 19.....

Filed 8-5- 1915 John L. Meyer
Registrar

..... Registrar

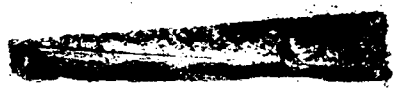
8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 15 1944



553-127-021-266

Form V. S. No. 11-C—25m-1-1-13

[redacted]ACE OF BIRTH

Franklin

City of Weston

No. five miles west of town St.

Hospital —

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32096

Registration District No. 27 File No.

Primary Registration District No. 2119 Registered No. 199

FULL NAME OF CHILD Kofoed Nelson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	—		—	yes	June 27th 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Guy Henry Nelson	FULL MAIDEN NAME	Thora Kofoed
RESIDENCE	Ranch 5 miles west of town	RESIDENCE	Ranch near Weston
COLOR	White	COLOR	white
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Weston Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth first Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive June 27th 1915 at 9:10 P. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. P. G. Gouley M.D.
(Physician or midwife)

Given names added from a supplemental report.

Address Weston, Idaho

19

Filed 8/10 1915 D. A. Cullen
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

595-103-021-266

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Franklin

City of Weston

No. Ranch two miles south of town ~~St.~~

Hospital —

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32097

Registration District No. 27 File No.

Primary Registration District No. 2119 Registered No. 198

FULL NAME OF CHILD Burton Nielsen

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	—		—	yes	July 3rd 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	James Nielsen	FULL MAIDEN NAME	Caroline Kofoed
RESIDENCE	Ranch near Weston Ida	RESIDENCE	Ranch near Weston
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Weston, Idaho	BIRTHPLACE	Weston, Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth Seventh Number of children of this mother now living, including present birth six

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, July 3rd 1915 at 3:40 a. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. P. G. Gouley M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Weston, Idaho

Filed 8/10 1915 D. A. R. Quelle
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 14 1944

238-131-021-789

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Franklin

City of Cedarville

No. _____ St.

Hospital _____

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32098

Registration District No. 27 File No. _____

Primary Registration District No. 2119 Registered No. 197

FULL NAME OF CHILD Verlan Schvaneveldt

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	July 31 1915

FATHER		MOTHER	
FULL NAME	Erasmus Schvaneveldt	FULL MAIDEN NAME	May Phillips
RESIDENCE	Cedarville, Idaho.	RESIDENCE	Cedarville, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Brigham, Utah	BIRTHPLACE	Brigham, Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8

Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10:00 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Arthur N. Curtis, M. D.

(Physician or midwife)

Address Weston, Idaho.

Filed 8/10 1915 D. A. Rulon Registrar

8-Y CO. 24655

Form V.S. No. [illegible]-10

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

CE OF BIRTH

8

Amended 4-22-57

PLACE OF BIRTH

639-225-021-297

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Franklin

No. ..... St.

Registration District No. 27 File No. 32100

Hospital ..... Primary Registration District No. 219 Registered No. 185

FULL NAME OF CHILD Margressia Oliverson
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes	July 25, 1915

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	William Oliverson	FULL MAIDEN NAME	Eva Biggs
RESIDENCE	Franklin, Idaho	RESIDENCE	Franklin, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Franklin, Idaho	BIRTHPLACE	Franklin, Idaho
OCCUPATION	Laborer	OCCUPATION	Laborer

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11:20 p. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 192.....

..... Registrar.

(Signature) R. W. Quick

Physician
(Physician or midwife)

Address Preston, Idaho

Filed 8-10-15 192 Dr. A. B. Calter
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 32100
Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Mary Oliverson (Name on Original Certificate) who was born (Was Born or Died) on July 25, 1915 (Date of Event) in Franklin (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Marriage License (Bible Record, Insurance Policy, Etc.) prepared on Nov. 29, 1932 (Give Date), are:

U. S. Savings Bond Nov. 1945

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
	Viewed by V. S.	
Child's Name	Mary Oliverson	Margressia Oliverson

Subscribed and sworn to before me this 22 day of April, 1957
[illegible]
Notary Public, residing at [illegible]
My commission expires Sept 25, 1960
(Seal)

Signed Harold Manning
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
2700 natl Ave, National City, Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22 day of April, 1957
[illegible]
Notary Public, residing at [illegible] Idaho
My commission expires Sept 25, 1960
(Seal)

Signed Sophia Manning
(Signature of Any Credible Person)
~~2700~~ 630 West 1 north
(Street Address, City, State)
Salt Lake City Utah

FORM DPH 55.155

192-116-021-893

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Franklin

City of Franklin

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form No. 11-C—25m-1-1-13

CERTIFICATE OF BIRTH

Registration District No. 27 File No. 32101

Primary Registration District No. 2119 Registered No. 184

FULL NAME OF CHILD Henry Hill Arscott

Sex of Child Male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth 7-16 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wm. Henry Arscott	FULL MAIDEN NAME	Agnus Jane Hill
RESIDENCE	Franklin	RESIDENCE	Franklin
COLOR	W. AGE AT LAST BIRTHDAY 31 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE	England	BIRTHPLACE	Utah
OCCUPATION	Miner	OCCUPATION	Housework

Number of child of this mother, including present birth One

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7:20 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. W. Quick

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Preston, Ida.

Filed 8/10 1915 Dr A R Cutler
Registrar

Registrar

B-Y CO. 24655

MARGI

WRITE PLAINLY WITH

N. B. In case of more than

915 - 201-003-613

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Cleveland

No. ..... St.

Hospital .....

Registration District No. 27 File No. 32103

Primary Registration District No. 2119 Registered No. 186

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Female	Twin	1	Yes	July 1 (Month) (Day) 1915 (Year)

FATHER	MOTHER
FULL NAME: Milo Ransom	FULL MAIDEN NAME: Mary Walton
RESIDENCE: Cleveland, Idaho.	RESIDENCE: Cleveland, Idaho.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 20 (Years)	AGE AT LAST BIRTHDAY: 17 (Years)
BIRTHPLACE: Cleveland, Idaho.	BIRTHPLACE: Cleveland, Idaho.
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5:35 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. States

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Preston, Idaho.

Filed 8/10 19 13 D. A. R. Curtis
Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Franklin

City of Preston

No. 967-103-021-449 St.

Hospital

Registration District No. 27

Primary Registration District No. 2119

File No. 32104

Registered No. 188

FULL NAME OF CHILD Jack Roper

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	July 3 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Suel Roper	FULL MAIDEN NAME	Grace Murdock
RESIDENCE	Preston, Idaho.	RESIDENCE	Preston, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Hyde Park, Utah.	BIRTHPLACE	Logan, Utah.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8:40 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G W States

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Preston, Idaho.

Filed 8/10 1915 D A R Cutler Registrar

Registrar

S-Y CO. 24655

APR 11 1974

11-27-41

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-13

PLA[redacted]

STATE OF IDAHO
[redacted]U OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of [redacted]

City of Treasureton

No. 318-211-003-819 St.

Hospital

Registration District No. 97

File No. 32105

Primary Registration District No. 2119

Registered No. 183

FULL NAME OF CHILD Eva Taylor

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	July 11 1915 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME W. R. Taylor	FULL MAIDEN NAME Susanne Harris
RESIDENCE Treasureton, Idaho.	RESIDENCE Treasureton, Idaho.
COLOR White AGE AT LAST BIRTHDAY 47 (Years)	COLOR White AGE AT LAST BIRTHDAY 46 (Years)
BIRTHPLACE Kaysville, Utah.	BIRTHPLACE Kaysville, Utah.
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 14

Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5:10 A.M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. States

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Address Preston, Idaho.

Filed 8/10 1915 D. A. R. Cullen Registrar

Registrar

S-Y CO. 24655

[redacted]

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
NOV 13 10 45 AM '75

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 32105

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Taylor (Name on Original Certificate) who was born (Was Born or Died) on July 11, 1915 (Date of Event)

in Treasureton (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	omitte d	Eva Taylor

Subscribed and sworn to before me this 5th day of [illegible], 19[illegible]

[illegible]

Notary Public, residing at [illegible]

My commission expires [illegible]

(Seal)

Signed Carol Harker Miles

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of

....., 19.....

.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

.....

(Street Address, City, State)

Certificate of Blessing issued by the L.D.S.Church on October 3, 1915, # 95 gives name as Eva Taylor daughrer of William B. Taylor and Suaan Harris. Born July 11 1915 at treasureton. Blessed October 3, 1915.
Viewed by V.S.

NOV 13 1975

Certificate of Baptism and Confirmation issued by Preston 2nd Ward certifies that Eva Taylor daughter of Wm. R. Taylor and Susanne Harris was born July 11, 1915 at Treasureton, Idaho. Baptized July 15, 1923, in l.d.s. Church.
Viewed by V.S.

713-102-021-266

[redacted]CE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

No. ..... St.

Hospital .....

Registration District No. 27 File No. 32106

Primary Registration District No. 2119 Registered No. 181

FULL NAME OF CHILD Irel Patterson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	July (Month) 2 (Day) 1915 (Year)

FATHER	MOTHER
FULL NAME: William M. Patterson	FULL MAIDEN NAME: Sarah A. Booth
RESIDENCE: Preston, Idaho.	RESIDENCE: Preston, Idaho.
COLOR: White — AGE AT LAST BIRTHDAY: 38 (Years)	COLOR: White — AGE AT LAST BIRTHDAY: 37 (Years)
BIRTHPLACE: Bloomington, Idaho.	BIRTHPLACE: Manchester, England
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5: P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. Slates

Physician, (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Preston, Idaho.

Filed 8/10 1915 Dr A R Cutler Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

617-[illegible]-022-619

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

No. ..... St.

Hospital .....

Registration District No. 27 File No. 32107

Primary Registration District No. 2119 Registered No. 195

FULL NAME OF CHILD Ma ALBERT WANNER WAGSTAFF

Sex of Child: Male	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth July 8-1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	W. A. Wagstaff	FULL MAIDEN NAME	Mary Warner
RESIDENCE	Glendale Ida,	RESIDENCE	Glendale Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	55	AGE AT LAST BIRTHDAY (Years)	42
BIRTHPLACE	England	BIRTHPLACE	Germany
OCCUPATION	Farmer	OCCUPATION	Housewife.

Number of child of this mother, including present birth II

Number of children of this mother now living, including present birth II

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. G. Parkinson

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Preston Ida

Filed 8/10 1915 Dr A R Cutler Registrar

Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
Bureau of Vital Statistics

JUN 26 194

229-109-021-154

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

No. ..... St.

Hospital .....

Registration District No. 27 File No. 32108

Primary Registration District No. 2119 Registered No. 194

FULL NAME OF CHILD James I. Skiles

Sex of Child: Male	Twin / Triplet / or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth: July 9. 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Chas. Skiles	FULL MAIDEN NAME	Amy Anderson
RESIDENCE	Preston	RESIDENCE	Preston Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Kansas City Kas.	BIRTHPLACE	Grantsville Ut.
OCCUPATION	Farmer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 3 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. L. Parkinson

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Preston Ida

Filed 8/10 1915 D. A. Cullen
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 7 1942 3.40 cc

MAY 28 1942
JUN

319-103-021-381

PLACE OF BIRTH

County of Franklin

City of Riverdale

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32109

Registration District No. ..... File No. .....

Primary Registration District No. ..... Registered No. 193

FULL NAME OF CHILD Willis Ray Caziar

Sex of Child: Male	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth May 3. 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Delbert Caziar	FULL MAIDEN NAME	Mable Chapman
RESIDENCE	Riverdale Ida.	RESIDENCE	Riverdale Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	North Ogden Ut,	BIRTHPLACE	Preston Ida.
OCCUPATION	Farmer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 3 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. G. Parkinson

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Preston Ida

Filed 8/10 1915 Dr. A. R. Dutton
Registrar

Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

514-224-021-754

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32110

County of Franklin

City of Preston

No. ..... St.

Hospital .....

Registration District No. 27 File No. .....

Primary Registration District No. 2119 Registered No. 192

FULL NAME OF CHILD Donna Geddes Eames

Sex of Child: Female	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth: July 26 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Aerial G. Eames	FULL MAIDEN NAME	Edna Geddes
RESIDENCE	Preston Ida.	RESIDENCE	Preston Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Preston, Idaho ~~North Powder Oreg.~~	BIRTHPLACE	~~Preston Ida.~~ North Powder, Oregon
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth: I

Number of children of this mother now living, including present birth: I

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 1 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. L. Parkinson

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Preston Ida

Filed 8/10 1915 Dr. A. R. Cullen Registrar

Registrar

8-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

Certified copy issued 2-19-1941. dp

536-222-021-294

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Winder

No. _____ St.

Hospital _____

Registration District No. 27 File No. 32111

Primary Registration District No. 2119 Registered No. 191

FULL NAME OF CHILD Philis Elwood

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	July 22 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	G. W. Elwood	FULL MAIDEN NAME	Vivian Simmons
RESIDENCE	Winder Ida.	RESIDENCE	Winder Ida.
COLOR	White — AGE AT LAST BIRTHDAY 23 (Years)	COLOR	White — AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE	HydePark UT	BIRTHPLACE	Hyde Park Ut.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. G. Parkinson

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Preston Ida.

Filed 8/10 1915 Dr. A. R. Cutler Registrar

_____ Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

619-213-021-967

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32112

County of Franklin

City of Preston

No. ..... St.

Hospital .....

Registration District No. 27 File No. .....

Primary Registration District No. 2119 Registered No. 198

FULL NAME OF CHILD DUELLA FARMER

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	June 13 1915

FATHER		MOTHER	
FULL NAME	LeRoy Farmer	FULL MAIDEN NAME	Hatty Roper.
RESIDENCE	Preston Ida.	RESIDENCE	Preston Ida.
COLOR	White AGE AT LAST BIRTHDAY 23 (Years)	COLOR	White. AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE	So. Jorden Ut.	BIRTHPLACE	Preston
OCCUPATION	Sailsman	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 4 a.m. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. G. Parkinson

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Preston Ida

Filed 8/10 1915 Dr A R Cullen Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

168-129-021-253

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

No. ..... St.

Hospital .....

Registration District No. C 27

File No. 32113

Primary Registration District No. 2119

Registered No. 189

FULL NAME OF CHILD Laurence Donald Johnson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male.		Yes	June 29 1915

FATHER		MOTHER	
FULL NAME	Laurence E Johnson	FULL MAIDEN NAME	Marie Beckstead
RESIDENCE	Preston Ida.	RESIDENCE	Preston
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Preston	BIRTHPLACE	Whitney
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 5:30 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G G Parkinson

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Preston Ida

Filed 8/10 1915 Dr A R Cutler Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

7-11-41

652-111-021-519

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32114

County of Franklin

City of Glendale

No. ..... *St.*

Hospital .....

Registration District No. 27 **File No.** .....

Primary Registration District No. 2119 **Registered No.** 201

FULL NAME OF CHILD Dee Vail Webster

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	7 (Month) 11 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Dentine Webster	FULL MAIDEN NAME	Amy L. Vail
RESIDENCE	Glendale, Idaho.	RESIDENCE	Glendale, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Franklin, Idaho.	BIRTHPLACE	Riverdale, Idaho.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6:30P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Preston, Idaho

Filed 8/10 1915 [signature] Registrar

..... Registrar

S-Y CO. 24685

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 14 1949

769-203
029-462

PLACE OF BI[redacted]

No. 11-C—20m-2-15-1[redacted]

STATE OF IDAH[redacted]
BUREAU OF VITAL STAT[redacted]

CERTIFICATE OF BIRTH

County of Lato[redacted]

City of Kendrick

Registration District No. 63

File No. [redacted]115

No. ..... St.

Primary Registration District No. 2143

Registered No. 78

Hospital .....

FULL NAME OF CHILD Doris Jane Porter

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Aug (Month) 3rd (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Glenn-Samuel Porter	FULL MAIDEN NAME	Josephine-Mo[redacted] ~~Porter~~
RESIDENCE	Kendrick Idaho	RESIDENCE	Kendrick Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Michigan	BIRTHPLACE	Weippe Idaho
OCCUPATION	Banker	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1:40 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Rothwell M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Kendrick Idaho

Filed Aug 10 1915 J E Hoyt Registrar

..... Registrar

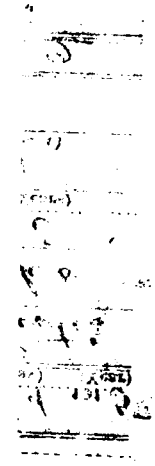
CO. 20174

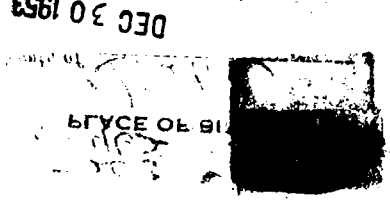
MARGIN RESERVED FOR BINDING

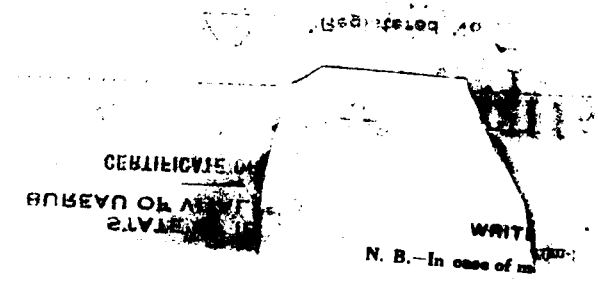
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified copy issued October 23, 1940. E.W.







319-215-025-495

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Latah

City of Kendrick

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 63 File No. 32116

Primary Registration District No. 2143 Registered No. 79

FULL NAME OF CHILD Mary Elizabeth Carlson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	Aug 15 1913

FATHER

FULL NAME Elmer Kaleb Carlson

RESIDENCE Kendrick Ida

COLOR W AGE AT LAST BIRTHDAY 30 (Years)

BIRTHPLACE Minn.

OCCUPATION Merchant

MOTHER

FULL MAIDEN NAME Helen Marie Minague

RESIDENCE Kendrick Ida

COLOR W AGE AT LAST BIRTHDAY 30 (Years)

BIRTHPLACE Minn.

OCCUPATION Housewife

Number of child of this mother, including present birth One

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4:15 P M on the date above stated.

(Born alive or stillborn)

(Signature) John E. Hoyt M D

(Physician or midwife)

Address Kendrick Ida

Filed Aug 16 1913 J. E. Hoyt Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y CO. 24655

PLACE OF BIRTH

SEP 17 1941

414-207-029-719

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Lolah

City of Kendrick

No. ..... St.

Hospital .....

Registration District No. 63 File No. : 32117

Primary Registration District No. 243 Registered No. 80

FULL NAME OF CHILD Olive Jane Madden

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			yes	Aug 7 1915

FATHER

FULL NAME Lewis B Madden

RESIDENCE Kendrick Ida

COLOR W AGE AT LAST BIRTHDAY 61 (Years)

BIRTHPLACE Ohio

OCCUPATION carpenter

MOTHER

FULL MAIDEN NAME Mary Garver

RESIDENCE same

COLOR W AGE AT LAST BIRTHDAY 46 (Years)

BIRTHPLACE Indiana

OCCUPATION housewife

Number of child of this mother, including present birth 11

Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John E. Hoyt M D

(Physician or midwife)

Address Kendrick Ida

Given names added from a supplemental report.

..... 19.....

Filed Aug 10 1915 J E Hoyt Registrar

..... Registrar

S-Y CO. 24695

STATE OF ID
BUREAU OF VITAL

F BIRTH

967-203
034-367

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32119

County of Minidoka

City of Rupert

Registration District No. 19 File No.

No. St.

Primary Registration District No. 2015 Registered No. 60

Hospital

FULL NAME OF CHILD Ethel May Rogers

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female	II	yes	Aug (Month) 3 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Paul Rogers	FULL MAIDEN NAME	Mossie Cope
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Tenn	BIRTHPLACE	Tenn
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth II Number of children of this mother now living, including present birth II

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 11 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Address Rupert

Filed 8-31 1915 E H Elmore
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

234-105-034-768

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32119

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

Registration District No. 19 File No. .....

Primary Registration District No. 2015 Registered No. 61

FULL NAME OF CHILD ~~Harward~~ Herbert Keith Stump

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of Birth
Male	II (To be answered only in event of plural births)	yes	Aug (Month) 5 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Bert Stump	FULL MAIDEN NAME	Ruth Poindexter
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Idaho
OCCUPATION	Laborer.	OCCUPATION	Housewife

Number of child of this mother, including present birth II Number of children of this mother now living, including present birth II

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 8 a. m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. Groom

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Rupert

Filed 8-31 1915 E H Elmore
Registrar

Registrar

S-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 11 1942

455-222-034-294

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32120

Registration District No. 19 File No. .....

Primary Registration District No. 2015 Registered No. 62

FULL NAME OF CHILD Anna May Duns

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female	V	Yes	Aug 22 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Frank Duns	FULL MAIDEN NAME	Jennie Simpson
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Ill.	BIRTHPLACE	Scotland
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth VI Number of children of this mother now living, including present birth VI

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 11 a.m. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Scoon

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Rupert

Filed 8 - 31 1915 E. H. Elmore

Registrar Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

795-121-034-365

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minnedoka

City of Rupert

No. ..... St.

Hospital .....

Registration District No. 19 File No. 32121

Primary Registration District No. 2015 Registered No. 63

FULL NAME OF CHILD Everett Ward Green

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male		VI	Yes	Aug 21 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Ward E Green	FULL MAIDEN NAME	Armenta Long
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	N.Y.	BIRTHPLACE	Kans
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth VI Number of children of this mother now living, including present birth V

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Rupert

Filed 8-31 1915 E H Elmore
Registrar

S-Y CO. 24689

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

357-125-034-514

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Minidoka

City of Minidoka

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 19 File No. 32122

Primary Registration District No. 2201 Registered No. 64

FULL NAME OF CHILD Robert Vaughn Leger

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		yes	Aug. (Month) 25 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Robert Roy Leger	FULL MAIDEN NAME	Stella Vaughn
RESIDENCE	Minidoka	RESIDENCE	Minidoka
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Nebr.	BIRTHPLACE	Nebr.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E H Elmore

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Rupert

Filed 8-31-15 E H Elmore Registrar

_____ Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 3 1942

693-230-034-265

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minedoka

City of Rupert

No. ..... St.

Hospital .....

Registration District No. 19 File No. 32123

Primary Registration District No. 2015 Registered No. 65

FULL NAME OF CHILD Aline Wilson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female	T	Yes	Aug (Month) 30 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Allie Wilson	FULL MAIDEN NAME	Pearl Bonerots
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Ind
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth T

Number of children of this mother now living, including present birth T

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 8 P. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. V. Groom

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Rupert

Filed 9-7 1915 E. H. Elmore
Registrar

Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

319-231-034-393

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Misidoka

City of Rupert

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 19 File No. 32124

Primary Registration District No. 2015 Registered No. 66

FULL NAME OF CHILD Audrey Maurietta Carlson

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of Birth
Female	I	Yes	Aug. 31 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	David Carlson	FULL MAIDEN NAME	Gace Titus
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Nebr	BIRTHPLACE	Iowa
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth I Number of children of this mother now living, including present birth I

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2 a. m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Groom

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Rupert

Filed 9-1 1915 E. H. Elmore
Registrar

Registrar

8-Y CO. 24685

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 2 9 1942

551-212-034-719

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Minidoka

City of Eden

No. ..... St.

Hospital .....

Registration District No. 19 File No. 32125

Primary Registration District No. 2015 Registered No. 67

FULL NAME OF CHILD Finis

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Aug 12 1915

FATHER		MOTHER	
FULL NAME	W. J. Evans	FULL MAIDEN NAME	Alice Harrison
RESIDENCE	Milner Ida	RESIDENCE	Milner Ida.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	56
COLOR	White	AGE AT LAST BIRTHDAY (Years)	41
BIRTHPLACE	North Carolina	BIRTHPLACE	North Carolina
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2:30 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) W. P. Scruggs M. D.

(Physician or midwife)

Address Eden Ida

Filed 9-1 1915 Ett Elmore Registrar

8-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

433-228-034-249

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Minidoka

City of Eden

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 19 File No. 32126

Primary Registration District No. 2015 Registered No. 68

FULL NAME OF CHILD Gertrude Camille McClain

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural birth)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Aug 28 1915

FATHER		MOTHER	
FULL NAME	Robert McClain	FULL MAIDEN NAME	Margaret May Smith
RESIDENCE	Eden Ida.	RESIDENCE	Eden Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Penn.	BIRTHPLACE	Nova Scotia
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1 a. m. on the date above stated.
(Born alive or stillborn)

(Signature) W. P. Scroggs M.D.

(Physician or midwife)

Address Eden Ida.

Filed 9-1-1915 E. V. Edmonson
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y CO. 24688

255-213-034-653

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32127

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

Registration District No. 19 File No. .....

Primary Registration District No. 2015 Registered No. 55

FULL NAME OF CHILD Lois Louise Beech

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			2	yes	7 13 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Thomas F. Beech	Huldah Nelson
RESIDENCE	Rupert	Rupert
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	29	30
BIRTHPLACE	Idaho	Iowa
OCCUPATION	Sheep Buyer	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 7.45 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) E. T. Edmonson

Physician

(Physician or midwife)

Address Rupert Ida

Filed 8-31 1915 E. T. Edmonson Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 15 1943

669-219-034-255

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

No. _____ St.

Hospital _____

Registration District No. 19 File No. 38128

Primary Registration District No. 2015 Registered No. 56

FULL NAME OF CHILD Helen Workman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F		14	yes	7 – 19 – 1913

FATHER		MOTHER	
FULL NAME	Jacob L. Workman	FULL MAIDEN NAME	Margaret Leavitt
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	41 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Blacksmith	OCCUPATION	Housewife

Number of child of this mother, including present birth 14 Number of children of this mother now living, including present birth 13

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3:35 a. m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. N. Edmore

Physician (Physician or midwife)

Address Rupert Ida

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed 8-31-1915 E. N. Edmore Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

366-129-016-355

[redacted]

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Cassia

City of Jackson

No. ..... St.

Hospital .....

Registration District No. 19 File No. 32129

Primary Registration District No. 2015 Registered No. 57

FULL NAME OF CHILD Ralph Edwin Cowgill

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number and in order of birth	Legitimate?	Date of Birth
Male		T	yes	July 19 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Archie Cowgill	FULL MAIDEN NAME	Maggie Reem
RESIDENCE	Jackson	RESIDENCE	Jackson
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Neb.	BIRTHPLACE	Colo
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth T

Number of children of this mother now living, including present birth T

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 3 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Groom

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Rupert Ida

Filed 8-31 1915 E. H. Elmore
Registrar

Registrar

S-Y CO. 24659

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 21 1972

FEB 21 1944

415-119-016-395

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Marshfield

Registration District No. 19 File No. 32130

No. ..... St.

Primary Registration District No. 2015 Registered No. 58

Hospital .....

FULL NAME OF CHILD Kenneth Forrest Daniels

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male	II	Yes	July (Month) 19 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Albert Daniels	FULL MAIDEN NAME	Jennie Tremp
RESIDENCE	Marshfield	RESIDENCE	Marshfield
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	N.H.	BIRTHPLACE	Mass
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth II

Number of children of this mother now living, including present birth II

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Swoon

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Rupert

Filed 8-31 1915 E. H. Elmore
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

962-126-034-455

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

Registration District No. 19 File No. 32131

Primary Registration District No. 2015 Registered No. 59

FULL NAME OF CHILD Elmer C. Rosecrans Jr.

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of Birth
Male	(To be answered only in event of plural births) III	Yes	July 26 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Elmer C. Rosecrans	FULL MAIDEN NAME	Hattie Bennery
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	West
OCCUPATION	Stock Buyer	OCCUPATION	Housewife

Number of child of this mother, including present birth III Number of children of this mother now living, including present birth III

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 6 a. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Groom

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Rupert

Filed 8-31 1915 E. H. Elmore
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

3/26/41 Z.J.

236-121-034-348

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

Registration District No. 19 File No. 32132

Primary Registration District No. 2015 Registered No. 47

FULL NAME OF CHILD James William Kloepfer

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male	II	Yes	June 21 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wm. H. Kloepfer	FULL MAIDEN NAME	Rachel Fuhrman
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Mont	BIRTHPLACE	Utah
OCCUPATION	Brick Mason	OCCUPATION	Housewife

Number of child of this mother, including present birth II

Number of children of this mother now living, including present birth II

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 6 A. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Rupert

Filed 8-31 1915 E H Elmore
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 12 1963

459-120-034-458

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form No. 11-C—25m-1-1-18

Registration District No. 19 File No.

No. St.

Primary Registration District No. 2015 Registered No. 48

Hospital

FULL NAME OF CHILD LAWSEN LAWRENCE MEREDITH

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of Birth
Male	VII	Yes	June 20 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Lawrence Meredith	FULL MAIDEN NAME	Lillian DeHart
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Iowa.	BIRTHPLACE	Iowa.
OCCUPATION	Auto Salesman.	OCCUPATION	Housewife

Number of child of this mother, including present birth VII Number of children of this mother now living, including present birth VII

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 9. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Groom.

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Address Rupert.

Filed 8-31 1915 E. H. Elmore

Registrar Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of San Bernardino }

Certificate No. 32133

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Lawrence J. Meredith, Jr. (Name on Original Certificate) who was born (Was Born or Died) on June 20, 1915 (Date of Event) in Rupert, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of her knowledge, the true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on June 22, 1915 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Lawrence J. Meredith Jr.	Lawsen Lawrence Meredith
name of father	Lawerence Merideth	Lawrence Meredith

Subscribed and sworn to before me this 17th day of February, 1942

W. F. Lewis

Notary Public, residing at San Bernardino Co.

My commission expires April 7, 1945 (Seal)

Signed Lillian May Meredith
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

20 East Pearl Ave., Redlands, California (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of San Bernardino }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17th day of February, 1942

W. F. Lewis

Notary Public, residing at Redlands, said County

My commission expires April 7-1945 (Seal)

Signed Florence Cook
(Signature of Any Credible Person Other Than Previous Year)

Box 1073 Palm Springs Calif
(Street Address, City, State)

MAR 1 1 1974

469-204-034-122

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 19 File No. 32134

Primary Registration District No. 2015 Registered No. 49

FULL NAME OF CHILD Minnie Morris

Sex of Child female | Twin, Triplet or other? (To be answered only in event of plural birth) | and Number in order of birth 1 | Legitimate? Yes | Date of Birth June 5 (Month) (Day) 1915 (Year)

FATHER	MOTHER
FULL NAME Elbert Morris	FULL MAIDEN NAME Minnie Abbott
RESIDENCE Rupert	RESIDENCE Rupert
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 38 (Years)	AGE AT LAST BIRTHDAY 37 (Years)
BIRTHPLACE Utah	BIRTHPLACE Utah
OCCUPATION Carpenter	OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 5:45 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Address Rupert

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 8-31 1915 [signature] Registrar

6-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of twin-born one child at birth, a SEPARATE BIRTH [illegible] of each, in order of birth dated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Minidoka

City of Minidoka Dom

Registration District No. 19 File No. 32[illegible]

No. _____ St.

Primary Registration District No. 2015 Registered No. 50

Hospital _____

FULL NAME OF CHILD Edward Fitzgerald Dibble

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male	VI	Yes	May (Month) 30 (Day) 191[illegible] (Year)

FATHER		MOTHER	
FULL NAME	Barry Dibble	FULL MAIDEN NAME	Belle Butler
RESIDENCE	Minidoka	RESIDENCE	Minidoka
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	3[illegible] (Years)
BIRTHPLACE	Minn	BIRTHPLACE	Wis
OCCUPATION	Electrical Eng.	OCCUPATION	Housewife

Number of child of this mother, including present birth VI Number of children of this mother now living, including present birth VI

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Groom

Physician
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Rupert

Filed 8-31 1915 E. H. Elmore
Registrar

Registrar

8-Y CO. 24665

356-121-034-235

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

Registration District No. 19 File No. 32136

Primary Registration District No. 2015 Registered No. 51

FULL NAME OF CHILD Keith E. Lewis

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	6	yes	6 21 1915

FATHER		MOTHER	
FULL NAME	William K. Lewis	FULL MAIDEN NAME	Alice Stevenson
RESIDENCE	Rupert, Ida	RESIDENCE	Rupert, Ida
COLOR	White	COLOR	white
AGE AT LAST BIRTHDAY (Years)	46	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Iowa	BIRTHPLACE	Kansas
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4:30 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E H Elmore

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Rupert Ida

Filed 8-31 1915 E H Elmore Registrar

Registrar

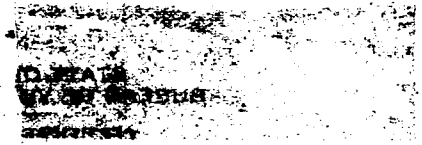
S-Y CO. 24855

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

6-27-41



AMENDED 12-19-57

PLACE OF BIRTH

289-129-034-286

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 19 File No. 32137

Primary Registration District No. 2015 Registered No. 52

FULL NAME OF CHILD Ray Carwin Phibbs

(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	June 29, 1915

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME: Jno. R. Phibbs	FULL MAIDEN NAME: Bertie Bronscome
RESIDENCE: Rupert, Idaho	RESIDENCE: Rupert, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 27 (Years)	AGE AT LAST BIRTHDAY: 21 (Years)
BIRTHPLACE: W. Virginia	BIRTHPLACE: W. Virginia
OCCUPATION: Laborer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192....

..... Registrar.

(Signature) C. P. Groom

Physician (Physician or midwife)

Address Rupert, Idaho

Filed 8-31-1915 192.. E. H. Elmore Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

RECEIVED
DEC 19 1957
Division of Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of .....

Certificate No. 32137

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Alexander William Phibbs (Name on Original Certificate) who born (Was Born or Died) on June 29, 1915 (Date of Event) in Rupert (Place of Event) Parents Names - Jno. R. & Bertie Bronscome are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Insurance Policy (Bible Record, Insurance Policy, Etc.) prepared on April 20, 1946 (Give Date), are: Marriage License Nov. 29, 1935 - viewed by v.s.

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Alexander William Phibbs	Ray Carwin Phibbs

Subscribed and sworn to before me this 18th day of November, 1957

Notary Public, residing at Salt Lake City, Ut
My commission expires Dec 5, 1960
(Seal)

Signed [signature]
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

[illegible] Salt Lake Utah
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Salt Lake

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18th day of November, 1957

Notary Public, residing at Salt Lake City, Ut
My commission expires Dec 5, 1960
(Seal)

Signed Walter E Holt
(Signature of Any Credible Person)

331 Reed Ave Salt Lake City 16 Utah
(Street Address, City, State)

FORM DPH 55.155

L 9-24-57 1 copy paid

195-223-034-755

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Kiamona Kimama

Registration District No. 19 File No. 32138

No. ..... St.

Primary Registration District No. 2015 Registered No. 53

Hospital .....

FULL NAME OF CHILD Francis Grace ARNHOLTZ

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of Birth
Female	(To be answered only in event of plural births) III	Yes	June 23 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Fritz ARNHOLTZ	FULL MAIDEN NAME	Deane Jenske
RESIDENCE	Kimama	RESIDENCE	Kimama
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Canada
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth III Number of children of this mother now living, including present birth III

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fritz Arnholtz

Father
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Kamama Aldendorf

Filed 8-31 1915 E H Elmore
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

767-230-016-795

[redacted] OF IDAHO
VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

CERTIFICATE OF BIRTH

County of Cassia

City of Jackson

No. ..... St.

Hospital .....

Registration District No. 19 File No. 32139

Primary Registration District No. 2015 Registered No. 54

FULL NAME OF CHILD Mamie Pope

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F				yes	6 30 1915

FATHER	MOTHER
FULL NAME Wallace K. Pope	FULL MAIDEN NAME Mary S. Prescott
RESIDENCE Jackson Ida	RESIDENCE Jackson
COLOR White AGE AT LAST BIRTHDAY 29 (Years)	COLOR White AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Idaho	BIRTHPLACE Idaho
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or Stillborn) at 5 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. E. E. Elmore

Physician

(Physician or midwife)

Address Rupert Ida

Given names added from a supplemental report, ... 19.....

..... Registrar

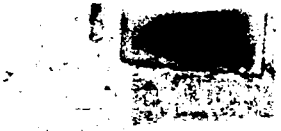
Filed 8-31-15 E. E. Elmore Registrar

8-Y CO. 24689

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



867-125-034-231

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Minidoka

City of Eden

No ....., ... St.

Hospital .....

Registration District No 19 File No. 32140

Primary Registration District No. 2015 Registered No. 41

FULL NAME OF CHILD Robert Franklin Hogue

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
Male		Yes	June 25 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Frank Hogue	FULL MAIDEN NAME	Pearl Blair
RESIDENCE	Eden	RESIDENCE	Eden
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Arkansas	BIRTHPLACE	Illinois
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 a. m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. P. Scroggs M. D.

Eden Ida

Given names added from [redacted] ...cian or Midwife)

[redacted] E. H. Elmore

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

962-128-034-619

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Minidoka

City of Eden

No ....., ... St.

Hospital .....

Registration District No. 19 File No. 32141

Primary Registration District No. 2015 Registered No. 37

FULL NAME OF CHILD Henry Roberts

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Mch 28 1915

FATHER		MOTHER	
FULL NAME	Herbert E. Roberts	FULL MAIDEN NAME	Evelyn Fair
RESIDENCE	Eden	RESIDENCE	Eden
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Kansas	BIRTHPLACE	Minn.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. P. Scroggs M.D.

(Physician or Midwife)

Address Eden Ida.

Given names added from a supplemental report

....., 19.....

Filed 8-31 1915 Dr. E. H. Elmore Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

255-124-034-816

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Minidoka

City of Hazelton

No ____, ____ St.

Hospital ____

Registration District No 19 — File No. 32142

Primary Registration District No. 2015 — Registered No. 38

FULL NAME OF CHILD Paul B. Seely

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				Yes	May 24 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	R. Bruce Seely	Pauline Haffner
RESIDENCE	Hazelton Ida.	Hazelton Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	35	32
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9:40 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. P. Scruggs M. D.

(Physician or Midwife)

Address Edy Ida.

Given names added from a supplemental report

....., 19.....

Registrar

Filed 9-31 1915 E. H. Elmore

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

415-222-034-493

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Minidoka

City of Eden

No ....., ... St.

Hospital .....

Registration District No. 19 File No. 32143

Primary Registration District No. 2015 Registered No. 39

FULL NAME OF CHILD Verna Mary Davis

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—	—	Yes	Mch 22 1915

FATHER		MOTHER	
FULL NAME	Leroy Davis	FULL MAIDEN NAME	Minnie Miller
RESIDENCE	Eden Idaho.	RESIDENCE	Eden Idaho.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	22
COLOR	White	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Arkansas	BIRTHPLACE	N. Mexico.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. P. Scroggs M.D.

(Physician or Midwife)

Given names added from a supplemental report

..... 19.....

Address Eden Idaho

Filed 8-31 1915

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

12

DECEASED

714-22[redacted]-352

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Minidoka

City of Eden

No. ....., ... St.

Hospital .....

Registration District No. 19 File No. 32144

Primary Registration District No. 2015 Registered No. 40

FULL NAME OF CHILD Hazel Helena Paul

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	May 29 1915

FATHER		MOTHER	
FULL NAME	Herbert Paul	FULL MAIDEN NAME	Ruth Leslie
RESIDENCE	Eden Ida	RESIDENCE	Eden Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. P. Scrogge M.D.

(Physician or Midwife)

Given names added from a supplemental report

....., 19....

Address Eden Ida

Filed 8-31 1915 E H Elmore

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

[redacted] FEB 4 1975

MAY 26 1945

843-126-034-632

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Minidoka

Registration District No. 19 File No. 32145

No. ..... St.

Primary Registration District No. ~~2015~~ 2201 Registered No. 42

Hospital .....

FULL NAME OF CHILD Jno. Lomer Hull, Jr.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male	I	Yes	May 26 1916 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Jno. L. Hull	FULL MAIDEN NAME	Helen Elson
RESIDENCE	Minidoka	RESIDENCE	Minidoka
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Conn.
OCCUPATION	R. R. Conductor	OCCUPATION	Housewife

Number of child of this mother, including present birth I

Number of children of this mother now living, including present birth I

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. P. Groome

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Rupert

Filed 8-31 1916 E. H. Elmore
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 10 1942

OCT 18 1941

255-121-034-965

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Hayburn

No. ..... St.

Hospital .....

Registration District No. 19 File No. 32146

Primary Registration District No. 2015 Registered No. 43

FULL NAME OF CHILD Frank Lyle Keef Jr.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	I	Yes	May 21 1915

FATHER		MOTHER	
FULL NAME	Lyle F Keef	FULL MAIDEN NAME	Florence Avery
RESIDENCE	Hayburn	RESIDENCE	Hayburn
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	17
BIRTHPLACE	Nebraska	BIRTHPLACE	Nebraska
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth I

Number of children of this mother now living, including present birth I

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Groom

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Rupert

Filed 8-31 1915 E. H. Elmore
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

854-114-034-269

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32147

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

Registration District No. 19 File No. .....

Primary Registration District No. 2015 Registered No. 44

FULL NAME OF CHILD Clarence Franklin Hedrick

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of Birth
Male	II (To be answered only in event of plural births)	Yes	May 14 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wallace Hedrick	FULL MAIDEN NAME	Winnie Barber
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Wash	BIRTHPLACE	Wash
OCCUPATION	Living man	OCCUPATION	Housewife

Number of child of this mother, including present birth II Number of children of this mother now living, including present birth II

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 8 P. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Groom

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Rupert

Filed 8 - 31 1915 E. H. Elmore
Registrar

Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

9-3-41

JAN 6 1949

259-105-034-269

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

Registration District No. 19 File No. 32148

Primary Registration District No. 2015 Registered No. 45

FULL NAME OF CHILD Thomas Jefferson Bertoch

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male	iii	Yes	May 5 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Daniel H Bertoch	FULL MAIDEN NAME	Mary Borger
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	48 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Ida
OCCUPATION	Laborer	OCCUPATION	Housefe

Number of child of this mother, including present birth iii Number of children of this mother now living, including present birth iii

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Groom

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Rupert

Filed 8-31 1915 E. H. Elmore Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 7 1948

553-213-034-655

Form V. S. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Hospital ..... ELDORA MATILDA

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 19 File No. 32149

Primary Registration District No. 2015 Registered No. 46

FULL NAME OF CHILD ~~Matilda~~ L Nelson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female	III	Yes	May 13 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wm C Nelson	FULL MAIDEN NAME	May Fenton
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Colo	BIRTHPLACE	Ark
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth III Number of children of this mother now living, including present birth I

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 9 a. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Loom

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Rupert

Filed 8-31 1915 Ett Elmore
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of IDAHO } ss.
County of MINIDOKA }

Certificate No. 32149

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH) for Matilda L. Nelson (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on May 13th 1915 (DATE OF EVENT) in Rupert, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by family bible (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Matilda l.	Eldora Matilda Nelson

Subscribed and sworn to before me this 13th day of February, 19 43

Notary Public, residing at Rupert

My commission expires March 15th 1944
(SEAL)

Signed W C Nelson (father)
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Rupert, Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(SEAL)

Signed
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on By
(REGISTRAR'S SIGNATURE)

JAN 8 1971

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... Certificate No. .....

County of ..... ss. Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of .....

for ..... who ..... on FEB 16 1943 .....

(NAME ON ORIGINAL CERTIFICATE) (DATE OF BIRTH)

in ..... are erroneous or were omitted and that, to the best of his knowledge the

(PLACE OF EVENT)

true facts as shown by ..... prepared on ....., are:

(CITY OR COUNTY, BURIAL PERMIT, ETC.) (GIVE DATE)

FACTS TO BE CORRECTED	FROM	TO
(NAME OF CHILD, DATE OF BIRTH, ETC.)	(ACTUAL CORRECTION)	(HIS CORRECTED FACTS)

Subscribed and sworn to before me this .....

Date of ..... 19 ..... Signed .....

(SIGNATURE OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A BIRTH RECORD OR OTHER PERSON IF CORRECTING A DEATH RECORD OR OTHER PERSON IF SOLD)

Notary Public residing at .....

My commission expires .....

(PRINT ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of .....

County of ..... ss.

[THIS AFFIDAVIT MUST ALSO BE EXECUTED.
(SEE CHAPTER 135, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....

Date of ..... 19 ..... Signed .....

(SIGNATURE OF ANY ONE OF PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public residing at .....

(STREET ADDRESS, CITY, STATE)

My commission expires .....

Received for filing on ..... 3 .....

(REGISTRAR'S SIGNATURE)

245-231-035-791

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE C[redacted]
BUREAU OF V[redacted]TICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Gifford

No. ..... St.

Hospital .....

Registration District No. 92 File No. 32150

Primary Registration District No. 2170 Registered No. 31

FULL NAME OF CHILD Madeline Garnet Bundy

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	S	X	Yes	8 31 1915

FATHER	MOTHER
FULL NAME: Archie A. Bundy	FULL MAIDEN NAME: Earnie Graebner
RESIDENCE: Gifford	RESIDENCE: Gifford
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 23 (Years)	AGE AT LAST BIRTHDAY: 24 (Years)
BIRTHPLACE: Idaho	BIRTHPLACE: Minn
OCCUPATION: Liveryman	OCCUPATION: housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born living at 1 A. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E.E.Watts

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 8/31 19 15 E.E.Watts

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

JUL 12 1968

699-202-041-699

[redacted]

No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATI[redacted]

CERTIFICATE OF BIRTH

County of Teton

City of Felt city

Registration District No. 77

File No. 32152

No. ..... St.

Primary Registration District No. 2176

Registered No. .....

Hospital .....

FULL NAME OF CHILD Ella May Wright

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Girl	✓			Yes	August 2 1918 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	J. C. Wright	FULL MAIDEN NAME	Marrs Wright
RESIDENCE		RESIDENCE	Mo. Cabo
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Kirth Car	BIRTHPLACE	
OCCUPATION	Farming	OCCUPATION	House wife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at ..... M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) ✗ John R. Jones

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed Aug 1 [illegible]

..... Registrar

S-Y CO. 24665

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 11 1955

JAN 6 1953

499-107-041-315

[redacted] S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Teton

City of

No. St.

Hospital

Registration District No. 77 File No. 32153

Primary Registration District No. 176 Registered No.

FULL NAME OF CHILD FRED G. DRIGGS

Sex of Child	~~Twin Triplet~~ or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	1	12	yes	Aug 7 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Benj. W Driggs	FULL MAIDEN NAME	Elizabeth Langton
RESIDENCE	Driggs Ida	RESIDENCE	Driggs Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	44 (Years)
BIRTHPLACE	Pleasant Grove Utah	BIRTHPLACE	Manchester England
OCCUPATION	Atty	OCCUPATION	Housewife

Number of child of this mother, including present birth 12 Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 12 M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) RW Born MD

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Registrar

Filed Aug [illegible] Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }ss.
County of Teton

Certificate No. 32153

SEP 25 1942

Date Filed 9/21/42

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Fred G. Driggs (Name on Original Certificate) who was born (Was Born or Died) on August 7, 1915 (Date of Event)

in Driggs, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Fred G. Driggs

Subscribed and sworn to before me this 21st. day of September 19 42.

Signed Byron Driggs.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Driggs Idaho

My commission expires April 14 1945
(Seal)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }ss.
County of

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19 .

Signed (Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at

My commission expires
(Seal)

(Street Address, City, State)

SEP 30 1942

Amended 1-30-59

PLACE OF BIRTH

449-208-041-259

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Teton

City of _____

No. _____ St.

Registration District No. 77 File No. 32154

Hospital _____ Primary Registration District No. 2176 Registered No. _____

FULL NAME OF CHILD Venice Murdock

(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes	Aug. 8, 1915

What bacteriocidal solution was used in eyes? _____

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Albert Murdock	FULL MAIDEN NAME	Ellen Berger
RESIDENCE	3 miles So. - Driggs	RESIDENCE	Driggs
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Charleston, Utah	BIRTHPLACE	Millville, Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 10 P. M. on the date above stated.

(Signature) Dr. R.W. Born

(Physician or midwife)

Address _____

Filed 8/10/1915 C. Cherrington

Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

_____, 192....

_____

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Statement from Driggs, Idaho School Records, Jan. 13, 1928 gives name as Venice Murdock - viewed by V.S. and Family Record, appears old gives name as Venice Murdock - viewed by V.S.

REC'D JAN 28 1959

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS
Bureau of Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Utah
County of Wasatch } ss.

Certificate No. 32154

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Murdock (Name on Original Certificate) who born (Was Born or Died) on Aug. 8, 1915 (Date of Event)
in Teton County, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Venice Murdock

Subscribed and sworn to before me this 12th day of December, 1958.

Mary L. Simmons
~~Notary Public~~, residing at Deputy Clerk
~~My commission expires~~
(Seal)

Signed Ella M. Simmons X
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

158 W. 3rd, Downtown Helper City Utah
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bannock } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th day of January, 1959.

Notary Public, residing at Pocatello, Idaho
My commission expires December 15-1960
(Seal)

Signed Orra M. Stewart
(Signature of Any Credible Person)

1605 East Center Poc. Ida.
(Street Address, City, State)

MISC 12-2-58. one copy rd.

386-206-041-465

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Teton

City of Felt

No. ..... St.

Hospital .....

Registration District No. 77

File No. 32155

Primary Registration District No. 2176

Registered No. .....

FULL NAME OF CHILD Martha Wilson Thompson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Aug. (Month) 6 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	David Thompson	FULL MAIDEN NAME	Martha Wilson Donaldson
RESIDENCE	Teton Co, Idaho	RESIDENCE	Teton Co., Idaho
COLOR	white	COLOR	
AGE AT LAST BIRTHDAY	58 (Years)	AGE AT LAST BIRTHDAY	43 (Years)
BIRTHPLACE	Scotland	BIRTHPLACE	Scotland
OCCUPATION	Mining	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11:10 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John R. Jones

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Felt Idaho

Filed 8/10 [illegible] Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Wash } ss.
County of King. }

Certificate No. 32155

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Martha Wilson Thompson (Name on Original Certificate) who born (Was Born or Died) on August 3 1915 (Date of Event)
in Felt Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record of Baptism (Bible Record, Insurance Policy, Etc.) prepared on Aug 6, 1916 (Give Date) By Rev. E R Linnell at Felt Ida., are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Martha Thompson	Martha Wilson Thompson
mother's maiden name	not given	Martha Wilson Donaldson

Subscribed and sworn to before me this 28
day of Nov., 1942

Notary Public, residing at Seattle

My commission expires 6-2-44
(Seal)

Signed John C Thompson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

2538-E-172nd seattle Wash.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

DEC 19 1942

795-217-041-413

PLACE OF BIRTH

County of Teton

City of

No. St.

Hospital

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32156

Registration District No. 77 File No.

Primary Registration District No. 2176 Registered No.

FULL NAME OF CHILD Queen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	1	3	Yes	AUG 17 1915

FATHER		MOTHER	
FULL NAME	Harmon C Green	FULL MAIDEN NAME	Mary Dally
RESIDENCE	Alta Idaho	RESIDENCE	Alta Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Nonan Idaho	BIRTHPLACE	Summit Utah
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6 P M on the date above stated.
(Born alive or stillborn)

(Signature) A W Barn MD

(Physician or midwife)

Address

Filed 8/28 15 [signature] Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

S-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

213-218-041-363

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Teton

City of

No. St.

Hospital

Registration District No. 77 File No. 32157

Primary Registration District No. 2176 Registered No.

FULL NAME OF CHILD P. Bachman, Vera Roselva

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	1		3	Yes	AUG 18 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Emmet A Bachman	FULL MAIDEN NAME	Esther R Coleman
RESIDENCE	Old Hayden Ida	RESIDENCE	Old Hayden Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Louisville Ida	BIRTHPLACE	Smithfield Utah
OCCUPATION	Farmer	OCCUPATION	Farmer

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2 30 p M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R W Born MD

(Physician or midwife)

Given names added from a supplemental report.

Address

19

Filed 8/28 1915

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ~~IDAHO~~ Calif } ss. Certificate No. 32157

County of ~~DRIGGS~~ Los Angeles } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of BIRTH (Birth or Death)

for VERA ROSELVA BACHMAN (Name on Original Certificate) who BORN (Was Born or Died) on AUG-18-1915 (Date of Event)

in TETONIA (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by INSURANCE POLICY (Bible Record, Insurance Policy, Etc.) prepared on MAY 23, 1928 - BENEFICIAL LIFE OF UTAH. (Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed Bachman	Vera Roselva Bachman

Subscribed and sworn to before me this 20th day of April, 1945

M. Lowden

Notary Public, residing at Los Angeles Calif

My commission expires My Commission Expires May 8, 19[illegible]

(Seal)

Signed Ethel Andrews Mother

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

2200 Cowles ave. L.A. Calif

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.

County of }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this

day of , 19

Notary Public, residing at

My commission expires

(Seal)

Signed

(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

MAY 13 1945

389-220-041-993

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

amended 3/9/79

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32158

County of Teton

City of Tetonia

No. ..... St.

Hospital .....

Registration District No. 77

File No. .....

Primary Registration District No. 2174

Registered No. .....

FULL NAME OF CHILD Marie Christensen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	Aug (Month) 20 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Peter Christensen	FULL MAIDEN NAME	Lucy Ricks
RESIDENCE	Tetonia, Idaho	RESIDENCE	Tetonia
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Logan, Utah	BIRTHPLACE	Rexburg Idaho
OCCUPATION	Blacksmith	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Caroline Rammell
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed 8/28 19 [illegible] Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 2 2 1970

6=8-72=

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 32158

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Lorne Christensen (Name on Original Certificate) who was born (Was Born or Died) on August 20, 1915 (Date of Event)
in Tetonia (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs aname	Lorne	Marie

Subscribed and sworn to before me this 8th day of June, 19 72

Florence Courtright

Notary Public, residing at Provo

My commission expires 4-20-72

(Seal)

Signed Lillian Miner

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

622 N. 447 E. So. Salt Lake Utah 84107

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

.....

(Street Address, City, State)

Church birth certificate, dated December 5, 1915, lists name as Marie Christensen, born August 20, 1915, in Tetonia, Idaho to N. Peter Christensen and Lucy Ricks.
viewed by vs March 9, 1979

Certificate of baptism and confirmation, dated Sep. 7, 1924, lists name as Marie Christensen, born August 20, 1915, in Tetonia, Idaho, to N. Peter Christensen and Lucy Ricks.
viwed by vs March 9, 1979.

419-122-041-419

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Teton

City of Driggs

No. ..... St.

Hospital .....

Registration District No. 77 File No. .....

Primary Registration District No. 2176 Registered No. 32159

FULL NAME OF CHILD Wm K Marker

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	1		1	no.	Aug (Month) 22 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	unknown	FULL MAIDEN NAME	Abigail Marker.
RESIDENCE		RESIDENCE	Driggs - Idaho.
COLOR	AGE AT LAST BIRTHDAY ..... (Years)	COLOR	white AGE AT LAST BIRTHDAY 16 (Years)
BIRTHPLACE		BIRTHPLACE	Driggs - Idaho.
OCCUPATION		OCCUPATION	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 12 49 P. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. K. Jacoby

(Physician [illegible])

Given names added from a supplemental report.

..... 19....

Address Driggs - Idaho

Filed 8/28 [illegible]

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

893-105-041-493

Form V. S. No. 11-C—25m-1-1

PLACE OF BIRTH

County of Teton

City of Driggs

No. ..... St.

Hospital Home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 77 File No. 32160

Primary Registration District No. 2174 Registered No. .....

FULL NAME OF CHILD Wayne John Hill

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	1	2	Yes	July 5 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John W Hill	FULL MAIDEN NAME	Iva Dickson
RESIDENCE	Driggs	RESIDENCE	Driggs
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	England	BIRTHPLACE	England
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2 30 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R W Born M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19...

Address .....

Filed July 10 1915 [illegible] Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 5 1975

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED BUREAU OF VITAL STATISTICS JUN 4 12 00 PM '75

State of UTAH } ss. Certificate No. 32160

County of SALT LAKE } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Hill (Male) (Name on Original Certificate) who was born (Was Born or Died) on July 5, 1915 (Date of Event)

in Driggs, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Wayne John Hill

Subscribed and sworn to before me this 22 day of May, 1975

[signature]

Notary Public, residing at SALT LAKE CITY UTAH

My commission expires SEPT 1, 1977

(Seal)

Signed Ethel Hill Lee

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

4491 W 4895 So. Kearns Utah

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.

County of }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of

, 19

Notary Public, residing at

My commission expires

(Seal)

Signed

(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155 CL 5/5/75 100 pd [illegible] # 7177

Family record gives name as Wayne John Hill son of John W. and Ivy Hill . born July ~~15~~ 5, 1915. viewed by V. S.

JUL 17 1975

Marriage Certificate from Utah gives names as Wayne John Hill and Betty Louise Hopkins, dated Jan 9, 1953. viewed by V. S.

815-208-041-154

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Teton

City of

No. St.

Hospital

Registration District No. 77 File No. 32161

Primary Registration District No. 2176 Registered No.

FULL NAME OF CHILD Ruby Hansen

Sex of Child	~~Twin Triplet~~ or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	1	2	Yes	July 8 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	David Hanson	FULL MAIDEN NAME	Adeline Anderson
RESIDENCE	Clawson Ida	RESIDENCE	Clawson Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Providence Utah	BIRTHPLACE	Logan Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10a m on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R W Bom M

(Physician or midwife)

Given names added from a supplemental report.

19

Address [redacted]

Filed

Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

236-220-004-249

PLACE OF BIRTH amend 7-6-93 dl

STATE [redacted]
BUREAU OF [redacted]
CERTIFI[redacted]

162

County of Teton Bear Lake

City of Driggs

No. ..... St.

Hospital .....

Registration District No. 77

Primary Registration District No. 2174

File No. .....

Registered No. .....

FULL NAME OF CHILD Stone, Goldie Grace

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female		5	Yes	July 20 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	George E Stone	FULL MAIDEN NAME	Bessie Smith
RESIDENCE	x Montpelier Ida	RESIDENCE	Chapin Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	x Chapin Ida	BIRTHPLACE	Fairfield Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9 [illegible] M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R W Born M

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed July [illegible]

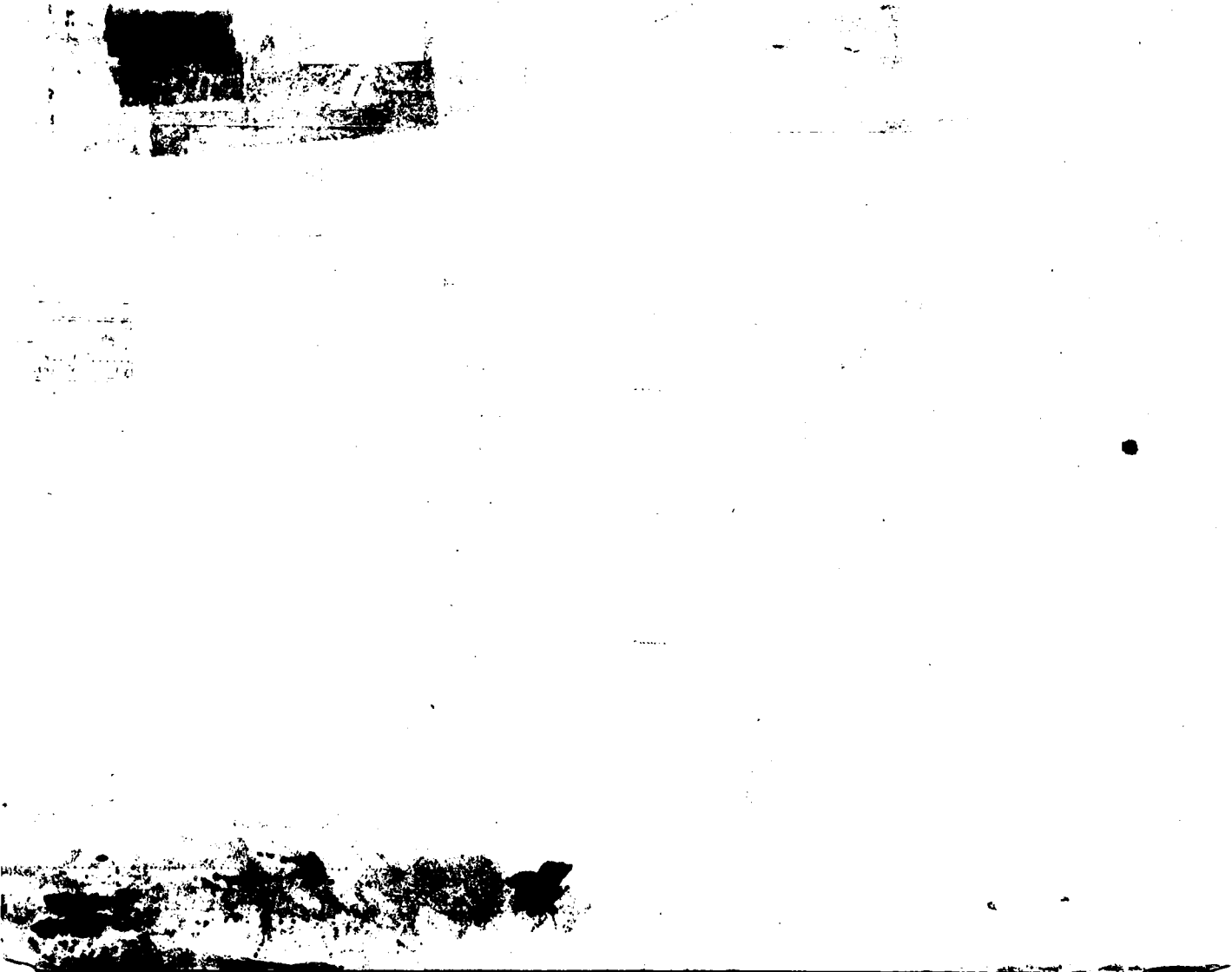
..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



5-27-83

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____
County of _____ } ss.

Certificate No. 32162
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Stone (Name on Original Certificate) who was born (Was Born, Died, etc.) on July 20, 1915 (Date of Event)

in Bear Lake County (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed Stone	Goldie G Stone
birth place	Bear Lake County	Driggs (Teton)

Subscribed and sworn to before me this _____ day of
_____, 19___.
Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

X Goldie G Stone Miller
Signature of Applicant
X 357 Hanson Idaho Falls Idaho
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bonneville } ss.

(Must be completed __)
(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd day of
June, 19 83
Notary Public, Melissa Cartwright
Residing at Idaho Falls
My commission expires 11/1/87
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

lcc pd

Marriage Certificate lists Gerald Lee Miller and Goldie Grace Stone married April 2, 1969 in Bonneville County. Viewed by V.S. Marriage license lists Goldie as being born in Driggs, Idaho. JUL 6 1983

Blessing Record from LDS Church gives Goldie Grace Stone born July 20, 1915 to George E And Bessie Smith Stone and was blessed April 2, 1916. Viewed By V.S.

Family Record lists Goldie Grace Stone born July 20, 1915 in Teton County to George Edgar Stone and Bessie Smith. Baptismal date recorded as June 27, 1926. Viewed by V.S.

491-22-041-745

Form V. S. No. [redacted]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32163

County of Teton

City of Cedron

No. ..... St.

Hospital .....

Registration District No. 77 File No. .....

Primary Registration District No. 2176 Registered No. .....

FULL NAME OF CHILD Lavina Drake

Sex of Child: female | Twin, Triplet or other? (To be answered only in event of plural births): and | Number in order of birth: second | Legitimate? yes | Date of Birth: July (Month) 22 (Day) 191[illegible] (Year)

FATHER

FULL NAME: Merrel F. Drake

RESIDENCE: Cedron

COLOR: white | AGE AT LAST BIRTHDAY: 27 (Years)

BIRTHPLACE: Cassia Co Ida.

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Effie E. Bundy

RESIDENCE: Cedron

COLOR: white | AGE AT LAST BIRTHDAY: 22 (Years)

BIRTHPLACE: Rexburg Ida

OCCUPATION: House keeper

Number of child of this mother, including present birth: 2

Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8.30 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Susan M. Jones

midwife
(Physician or midwife)

Address Victor Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed [illegible]

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

D

DUP 001915-277412

864-225-041-997

Form V. S. No. 11-[illegible]-25m-1-1-1[illegible]

PLACE OF BIRTH

County of Teton

City of Driggs

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 77 File No. 32164

Primary Registration District No. 2176 Registered No. _____

FULL NAME OF CHILD Alaire Young

Sex of Child	~~Twin~~ Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	1	12	Yes	July 25 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	George Spencer Young	FULL MAIDEN NAME	Martha Rigby
RESIDENCE	Driggs	RESIDENCE	Driggs
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	41 (Years)
BIRTHPLACE	Salt Lake City Utah	BIRTHPLACE	Newton, Utah
OCCUPATION	Dairyman	OCCUPATION	Housewife

Number of child of this mother, including present birth 12 Number of children of this mother now living, including present birth 12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (born alive or stillborn) 11 05 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mo Born MD

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address _____

Filed July 30 [illegible]

_____ Registrar

S-Y CO. 24695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 8 1975

5 8 75

RECEIVED
BUREAU OF
VITAL STATISTICS
MAY 28 10 07 AM '75

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Utah ~~Idaho~~ } ss.
County of Davis

Certificate No. 32164
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Young (Name on Original Certificate) who was born (Was Born or Died) on July 25, 1915 (Date of Event)
in Driggs, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Omitted	Alaire Young

Subscribed and sworn to before me this 23rd day of May, 1975
Harold M. Gailey
Notary Public, residing at Kaysville, Utah
My commission expires October 19, 1978
(Seal)

Signed Mildred Young Hart (sister)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
260 South 50 West, Kaysville Utah
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Davis

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23 day of May, 1975
Harold M. Gailey
Notary Public, residing at Kaysville, Utah
My commission expires Oct 19, 1978
(Seal)

Signed Alfred B. Hart
(Signature of Any Credible Person)
107 South 5th East
(Street Address, City, State)
Kaysville, Utah

FORM DH 60-155

JUN 1 8 1975

Own child's birth certif. on fiel in Idaho (File no. 59-1486) gives name as Deena Hart born Feb. 7, 1959. father's name as Alfred Bruce Hart. & mother' name as Alaire Young. viewed by V. S.

Certif. of Blessing from the LDS Church gives name as Alaire Young daughter of Geo. S. Young and Martha Rigby. born July 25, 1915 at Driggs, Idaho. Was Blessed Nov. 7, 1915. viewed by V. S.

262-130-016-612

PLACE OF BIRTH

County of Cassia

City of Malta

No. — St.

Hospital —

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32166

Registration District No. 119 File No.

Primary Registration District No. Registered No.

FULL NAME OF CHILD FAY FREDRICK KOSSMAN

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	—	—	yes	Aug 30 1915 (Month) (Day) (Year)

(To be answered only in event of plural births).

FATHER		MOTHER	
FULL NAME	Edward William Kossman	FULL MAIDEN NAME	Louise Jane Wake
RESIDENCE	Malta Idaho	RESIDENCE	Malta Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Albion, Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	house wife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7:20 A.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. I. Sater

(Physician or midwife)

Given names added from a supplemental report.

19

Address Malta Ida

Filed Sept 1st 1915 C. I. Sater

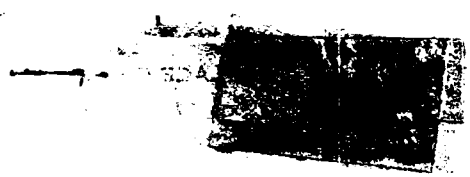
Registrar Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT REC

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Latah } ss.

Certificate No. 32166

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for none given (Name on Original Certificate) who born (Was Born or Died) on August 30, 1915 (Date of Event)
in Malta, Cassia Co., Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Baptismal Certificate (Bible Record, Insurance Policy, Etc.) prepared on July 15, 1923 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Fay Fredrick Kossman

Subscribed and sworn to before me this 24th day of June 1943

Probate Judge, Notary Public, residing at Moscow, Idaho

My commission expires January, 1945
(Seal)

Signed Edward William Kossman
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

438 East 8th St., Moscow, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Latah } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th day of June 1943

Probate Judge, Notary Public, residing at Moscow, Idaho

My commission expires January, 1945
(Seal)

Signed Louise J Kossman
(Signature of Any Credible Person Other Than Previous Year)

438 East 8th St., Moscow, Idaho.
(Street Address, City, State)

AUG 16 1962

AUG 23 1962

JUN 30 1943

295-125-016-449

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32167

County of Cassia

City of Malta

No. — St.

Hospital —

Registration District No. 119 File No.

Primary Registration District No. Registered No.

FULL NAME OF CHILD David Theodore King.

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	—	—	Yes	Aug 23 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Samuel King	FULL MAIDEN NAME	Lulea B Murphy
RESIDENCE	Malta Idaho	RESIDENCE	Malta, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Kentucky	BIRTHPLACE	Indiana
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10:30 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. I. Sater
(Physician or midwife)

Given names added from a supplemental report.

19

Address Malta Idaho

Filed Sept 1 1915 C I Sater
Registrar

Registrar

S-Y CO. 24955

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 29 1942

297-124-016-857

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Elba

No. — St.

Hospital —

Registration District No. 119 File No. 32168

Primary Registration District No. Registered No.

FULL NAME OF CHILD Lenny Edwin Bigler

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Male	Twin	2	Yes	Aug 24 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Jacob Bigler	FULL MAIDEN NAME	Hanna Hepworth
RESIDENCE	Elba Ida	RESIDENCE	Elba Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	50	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11:40 M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. I. Sater MD

(Physician or midwife)

Given names added from a supplemental report.

Address Malta Idaho

19

Filed Sept 1st 1915 C. I. Sater, Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

off on 3x169

297-124-016-857

PLACE OF BIRTH

County of Cassia

City of Elba

No. — St.

Hospital —

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 119 File No. 32169

Primary Registration District No. Registered No.

FULL NAME OF CHILD Denny Arnold Bigler

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	Twin	1	Yes	Aug 24 1915

FATHER		MOTHER	
FULL NAME	Jacob Bigler	FULL MAIDEN NAME	Hanna Hepworth
RESIDENCE	Elba Idaho	RESIDENCE	Elba Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	50	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11:20 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. I. Baker M.D.

(Physician or midwife)

Address Malta Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Sept 19 15 C. I. Baker Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho
County of Cassia } ss.

Certificate No. 32169

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Henry Arnold Bigler (first Born) who was born on Aug. 24-1915
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Henry Edwin (Second Born) are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by prepared on , are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
	Please give names of these twins. Which one was first born	
	These children were not named at time of birth.	

Subscribed and sworn to before me this 15
day of January, 1945.
Kenneth G. Chamberlain
Notary Public, residing at Burley,
My commission expires Jan. 28-1947
(Seal)

Signed Mrs Hanna Edwards
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
823 - 4th Ave West, Twin Falls, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FEB 7 1945

JAN 18 1945

592-221-014-312

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Parma

No. ..... St.

Hospital .....

Registration District No. 3

File No. 32170

Primary Registration District No. 2007

Registered No. 50

FULL NAME OF CHILD Nobuko Nishioka

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		yes	Aug 21 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Tom Nishioka	FULL MAIDEN NAME	Takino Takigama
RESIDENCE	Parma	RESIDENCE	Parma
COLOR	Japanese	COLOR	Japanese
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Cook	OCCUPATION	Waiter

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Tom Nishioka

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed Sep 2 1915 Lulu Waldrop
Registrar

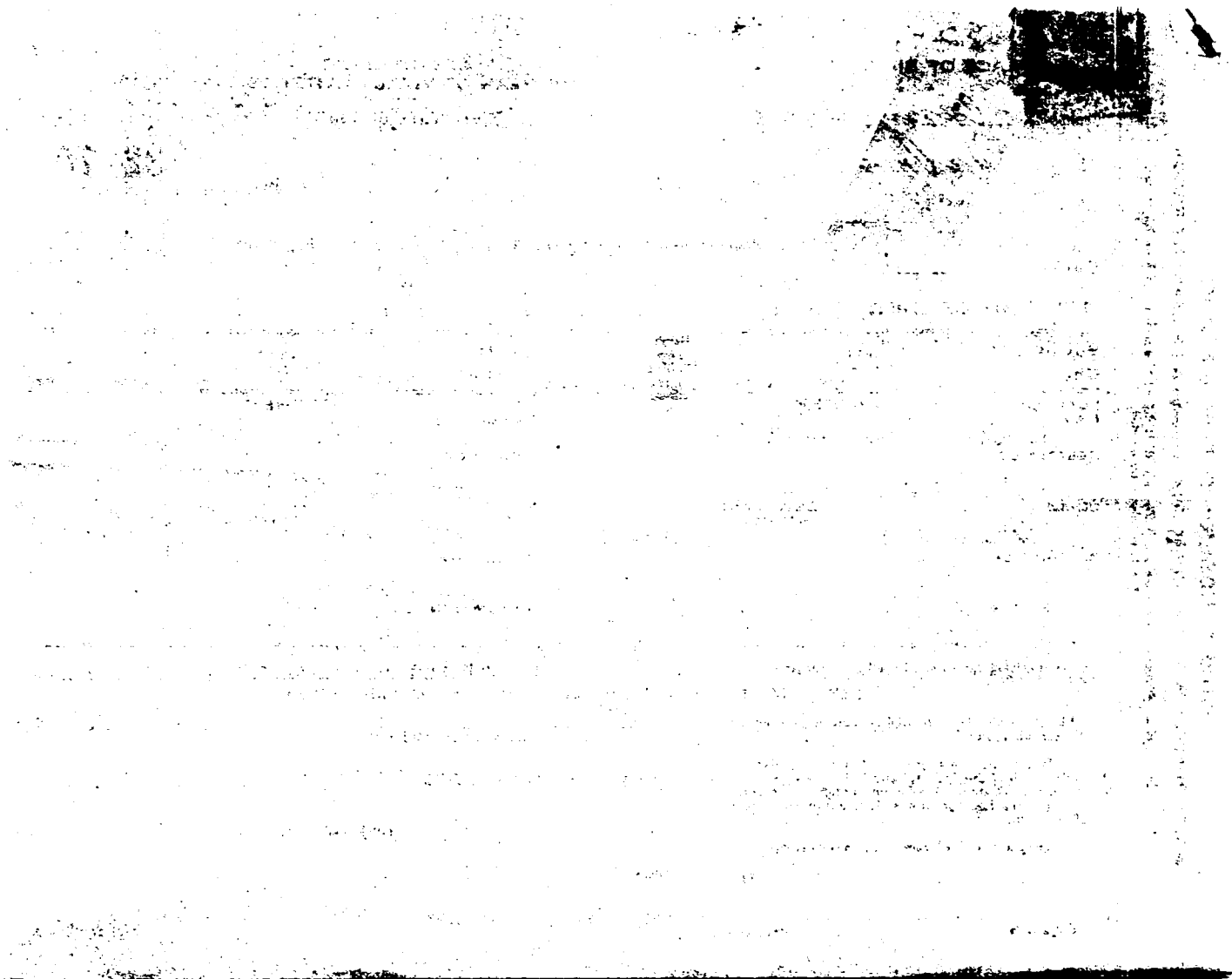
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

016-168

OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Parma R.F.D. #3

Registration District No. 3 File No. 32171

No. ..... St.

Primary Registration District No. 2007 Registered No. 48

Hospital .....

FULL NAME OF CHILD Not named EMMA OLIVIA JOHNSON

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Aug (Month) 11 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Theodore Johnson	FULL MAIDEN NAME	Emma Johnson
RESIDENCE	Parma R.F.D. #3	RESIDENCE	Parma R.F.D. #3
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	44 (Years)
BIRTHPLACE	Norway	BIRTHPLACE	Sweden
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8:30 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. E. Waldrop, M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19

Address .....

Luke Waldrop Registrar

Filed Aug 14 1915 Luke Waldrop Registrar

9-Y CO. 24052

JUN 17 1953

413-113-014-639

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Parma

No. RFD #3 St.

Hospital

Registration District No. 3

File No. 32172

Primary Registration District No. 2007

Registered No. 49

FULL NAME OF CHILD Albert William Mattson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Aug-13 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Walter Mattson	FULL MAIDEN NAME	Hilda A. Olin
RESIDENCE	Parma R.F.D. #3	RESIDENCE	Parma R.F.D. #3
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Finland	BIRTHPLACE	Finland
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3-4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6-30 a.m. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. E. Waldrop, M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19...

Address

Filed Aug 16 1916 Lulu Waldrop

Registrar

Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECEASED

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

343-230-029-318

[redacted] OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Helmer

Registration District No. 2147 File No. 2 32173

No. ..... St.

Primary Registration District No. 67 Registered No. 17

Hospital .....

FULL NAME OF CHILD Lavina Evelyn Culbertson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F.	✓		✓	Yes	Aug. 30 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Thos. Culbertson	FULL MAIDEN NAME	Tillie Taylor
RESIDENCE	Helmer	RESIDENCE	Helmer
COLOR	W. AGE AT LAST BIRTHDAY 31 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Ida.
OCCUPATION	common laborer	OCCUPATION	H.W.

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 1:30 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. C. Faust

physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Deary

Filed 8/30 1915 R. C. Faust

Registrar

Registrar

S-Y CO. 24658

AUG 9 1946

785-[illegible]25-029-468

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Latah

City of Avon

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32174

Registration District No. 2147 File No. 2

Primary Registration District No. 67 Registered No. 16

FULL NAME OF CHILD Elsie Louisa Pyne

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F.	r		r	Yes	Aug 25 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Edwin L. Pyne	FULL MAIDEN NAME	Emma Moysey
RESIDENCE	Avon	RESIDENCE	Avon
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Eng.	BIRTHPLACE	Eng.
OCCUPATION	miner	OCCUPATION	H.W.

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 5:30 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. C. Faust

physician
(Physician or midwife)

Address Deary

Given names added from a supplemental report.

..... 19....

Filed 8/26 1915 P. C. Faust
Registrar

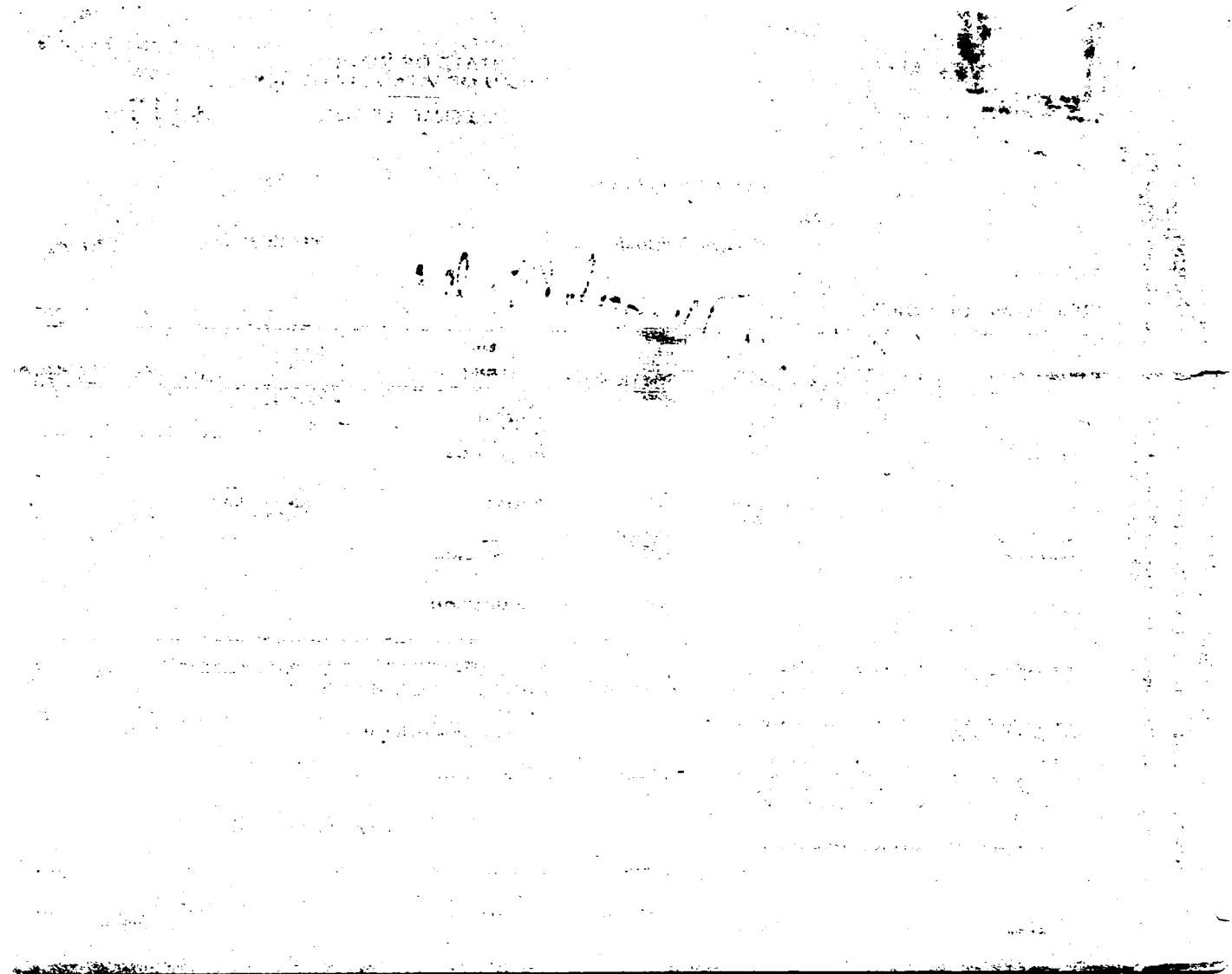
Registrar

S-Y CO. 24652

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



623-214-029-413

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Latah

City of Deary R#1

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32175

Registration District No. 2147 File No. 2

Primary Registration District No. 67 Registered No. 15

FULL NAME OF CHILD Evelyn Myrtle Buler

Sex of Child F.	Twin Triplet or other? ✓ and Number in order of birth ✓ (To be answered only in event of plural births)	Legitimate? yes	Date of Birth Aug 14 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Herman E. Osterberg	FULL MAIDEN NAME	Gina Mathison
RESIDENCE	Deary R#1	RESIDENCE	Deary R#1
COLOR	W. AGE AT LAST BIRTHDAY 24 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 18 (Years)
BIRTHPLACE	Idaho.	BIRTHPLACE	N. Dak.
OCCUPATION	laborer on farm	OCCUPATION	H.W.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 12. M on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Torbjar Olson

midwife (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Deary

Filed 8/21 1915 R. C. Faust Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 1 3 1976

MAY 1 2 1942

962-217-029-855

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

[illegible]76

County of Latah

City of Avon

No. ..... St.

Hospital .....

Registration District No. 2147 File No. 2

Primary Registration District No. 67 Registered No. 14

FULL NAME OF CHILD Minnie Roberts

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F.	✓		✓	Yes	Aug 17 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Pacy Roberts	FULL MAIDEN NAME	Elizabeth Hendrickson
RESIDENCE	Avon Ida	RESIDENCE	Avon
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Ore.	BIRTHPLACE	Norway
OCCUPATION	farmer	OCCUPATION	H.W.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Rest alive or stillborn) at 1:45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

..... Registrar

(Signature) P. C. Faust

Physician (Physician or midwife)

Address Deary

Filed 8/19 1915 P. C. Faust Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

RECEIVED
BUREAU OF VITAL STATISTICS
SEP 10 9 02 AH '76

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 32176

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Missing (Name on Original Certificate) who was born (Was Born or Died) on Aug. 17, 1915 (Date of Event) in Avon (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Missing	Minnie Olene Roberts

Subscribed and sworn to before me this 11th day of October, 1956

Notary Public, residing at NOTARY PUBLIC for the State of Idaho residing at Potlatch, Idaho

My commission expires My commission expires Nov. 8, 1956

(Seal)

Signed Mrs. Alice Hall Thurtle
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Potlatch, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Latah } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11th day of October, 1956

Notary Public, residing at NOTARY PUBLIC for the State of Idaho residing at Potlatch, Idaho

My commission expires My commission expires Nov. 8, 1956

(Seal)

Signed Frank M. Thurtle
(Signature of Any Credible Person)

Potlatch, Idaho
(Street Address, City, State)

FORM DPH 55.155

1 copy pd.

A diploma from Analy Union High school , Sebastopol, California gives name as Minnie Roberts. dated June 1, 1933. viewed by V. S.

OCT 20 1976

Marriage certif from Nevada gives names as Arthur Rider and minnie Roberts. dated Feb 27, 1939. viewed by V. S.

795-227-029-693

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

County of Latah

City of Avon

No. _____ St.

Hospital —

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32177

Registration District No. 2147 File No. 2

Primary Registration District No. 67 Registered No. 12

FULL NAME OF CHILD Mabel Mayestelle Greenwood

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
X		Yes	June (Month) 27 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Orville Ernest Greenwood	FULL MAIDEN NAME	Della Elizabeth Williams
RESIDENCE	Avon	RESIDENCE	Dayton, Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Avon Idaho	BIRTHPLACE	Dayton Ohio
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 12 05 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E H Field, M.D.

physician
(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Address Troy Idaho

Filed 8/3 1915 A. C. Faust
Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 11 1963

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

389-224-029-235

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Latah

City of Helmer

No. # St.

Hospital #

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32178

Registration District No. 2147 File No. 2

Primary Registration District No. 67 Registered No. 13

FULL NAME OF CHILD Gertrude Ethel Chilton

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
F.	✓	✓	yes	June 24 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Murray Francis Chilton	FULL MAIDEN NAME	Laura Ethel Stewart
RESIDENCE	Helmer Ida	RESIDENCE	Helmer Ida
COLOR	W. AGE AT LAST BIRTHDAY 28 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE	Viola Ida	BIRTHPLACE	Corvallis Oregon
OCCUPATION	Cook	OCCUPATION	House Wife

Number of child of this mother, including present birth Two Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 9 P. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. C. Gibson

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Bovill, Idaho.

Filed 8/3 1915

..... Registrar

..... Registrar

9-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 1 6 1976

742-228-029-742

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32179

County of Latah

City of Deary R. #1

Registration District No. 2147 File No. 2

No. ..... St.

Primary Registration District No. 67 Registered No. 11

Hospital .....

FULL NAME OF CHILD June Annartina Gustafson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F	✓		✓	yes	June 28 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John Gustafson	FULL MAIDEN NAME	Anna Gustafson
RESIDENCE	Deary R #1	RESIDENCE	Deary R. #1
COLOR	W. AGE AT LAST BIRTHDAY 41 (Years)	COLOR	W AGE AT LAST BIRTHDAY 37 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Sweden
OCCUPATION	Farmer	OCCUPATION	H. W.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 5 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Torbjor Olsen

midwife
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Deary R #1.

Filed July 19 15 P. C. Faust

Registrar

Registrar

S-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 26 1954

MAR 24 1948

MAY 17 1954

212-205-029-195

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Latah

City of Deary R#1

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32180

Registration District No. 2147 File No. 2

Primary Registration District No. 67 Registered No. 10

FULL NAME OF CHILD Edith Baker

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.	U	1	Yes	June 5 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ira M. Baker	Isabelle Arnold
RESIDENCE	Deary R#1	Deary R#1
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	48	41
BIRTHPLACE	Virg.	Minn.
OCCUPATION	Farmer	H.W.

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 5:30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Torbjor Olson

midwife
(Physician or midwife)

Address Deary R#1

Given names added from a supplemental report.

..... 19....

..... Registrar

Filed 6/12 19 15 P. E. Fauset
Registrar

8-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 16 1966

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-13

PL[redacted]H

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Filer

No. 693-103-042-213 St.

Registration District No. 39 File No. 32181

Primary Registration District No. 2087 Registered No.

Hospital

FULL NAME OF CHILD Clarence William Wilson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Aug 3 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	William R. Wilson	FULL MAIDEN NAME	Marion O. Baldwin
RESIDENCE	Filer	RESIDENCE	Filer
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Scotland	BIRTHPLACE	Mich.
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10 M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas Wilhelm

(Physician or midwife)

Given names added from a supplemental report.

19

Address Buhl Ida.

Filed 3-10 1915 J. H. Murphy Registrar

Registrar

8-Y CO. 24655

K

[redacted]

SEP 26 1962

381-[illegible]-265

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... *St.*

Hospital .....

Registration District No. 39 **File No.** 32182

Primary Registration District No. 2087 **Registered No.** .....

FULL NAME OF CHILD Jessie La Raine

Sex of Child F.	**Twin Triplet or other?** and **Number in order of birth** (To be answered only in event of plural births)	**Legitimate?** yes	**Date of Birth** 8 (Month) 3 (Day) 1915 (Year)

FATHER		**MOTHER**	
FULL NAME	F. E. Chamberlin	**FULL MAIDEN NAME**	Clara Bovenetter
RESIDENCE	2 W. 2½ S. Buhl	**RESIDENCE**	Same
COLOR	W. **AGE AT LAST BIRTHDAY** 20 (Years)	**COLOR**	W. **AGE AT LAST BIRTHDAY** 18 (Years)
BIRTHPLACE	Wis.	**BIRTHPLACE**	Kan.
OCCUPATION	Farmer	**OCCUPATION**	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 4.40 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Murphy
M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Buhl

Filed 8 9 1915 J. H. Murphy
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

PLACE OF BIRTH

County of ..... Age .....

814-103-042-432

PLACE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

CERTIFICATE OF BIRTH

Registration District No. 39 File No. 32183

Primary Registration District No. 2027 Registered No. .....

FULL NAME OF CHILD Arthur Hauk Jr.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			Yes.	8-3 1915

FATHER

FULL NAME Arthur Hauk.

RESIDENCE 50 S.W. Buhl

COLOR W. AGE AT LAST BIRTHDAY 36. (Years)

BIRTHPLACE Kans.

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Krosier McKinnis

RESIDENCE Same.

COLOR W. AGE AT LAST BIRTHDAY 22 (Years)

BIRTHPLACE Mo.

OCCUPATION Housewife.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 11 P. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Murphy. M.D.
(Physician or midwife)

Address Buhl

Given names added from a supplemental report.

..... 19.....

Filed 8-9 19 15 J. N. Murphy
Registrar

..... Registrar

S-Y CO. 24685

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V.S. No. 11—Rev. 1-1-18

TATE OF IDAHO
T OF VITAL STATISTICS

RTIFICATE OF BIRTH

HAUK

DUP OF 15-306083

753-105-042-389

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls

City of Buhl.

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 39. File No. 32184

Primary Registration District No. 2967 Registered No. .....

FULL NAME OF CHILD Charles Frederick Petersen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
M.			Yes	8 (Month) 5 (Day) 1917 (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Jas Petersen.	Gertrude Christensen
RESIDENCE	Buhl. R. 2. Buhl.	Same
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	32	32
BIRTHPLACE	Denmark.	Denmark.
OCCUPATION	Farmer.	Housewife

Number of child of this mother, including present birth 4. Number of children of this mother now living, including present birth 4.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5.30 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Humphrey M. D.

(Physician or midwife)

Address Buhl

Given names added from a supplemental report.

..... 19.....

Filed 8-9 1917 J. H. Humphrey

..... Registrar Registrar

S-Y CO. 24655

AUG 3 1970

519-106-042-415

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32185

County of Twin Falls

City of Buhl

Registration District No. 39 File No.

No. St.

Primary Registration District No. 2081 Registered No.

Hospital

FULL NAME OF CHILD Wallace Leroy Varner

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male				yes	Aug 6 1913

FATHER	MOTHER
FULL NAME Elmer Varner	FULL MAIDEN NAME Cora Marie Davis
RESIDENCE Buhl	RESIDENCE Buhl
COLOR white	AGE AT LAST BIRTHDAY 27 (Years)
COLOR white	AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE Neo	BIRTHPLACE Neo
OCCUPATION farmer	OCCUPATION housework

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7 a.m. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. Webster

(Physician or midwife)

Address Buhl Idaho

Given names added from a supplemental report.

..... 19....

..... Registrar

Filed 8-10 1915 J. N. Murphy Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 16 1942

244-208-042-844

PLACE OF BIRTH

Form V. S. No. C-25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

Registration District No. 39 File No. 32186

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD Ruby Maxine Kimbrough

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F.		yes	8 - 8 1915

FATHER		MOTHER	
FULL NAME	R. G. Kimbrough	FULL MAIDEN NAME	Frances Hudson
RESIDENCE	2 S. Buhl	RESIDENCE	Same
COLOR	W. AGE AT LAST BIRTHDAY 51 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 48 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Ohio.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 12 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 1 P. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Murphy
M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Buhl.

Filed 8-9 1915 J. H. Murphy
Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

JUL 2 19[illegible]

DEC 3 0 19[illegible]

2185

United States
Department of Commerce
Bureau of the Census

JUN 29 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. .....
Local Reg. No. .....
Reg. Dist. No. .....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Twin Falls (b) City Buhl
(c) Street Address or R.F.D. No. R.F.D.1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Buhl
(d) Street Address or R.F.D. No. .....
(e) How long has **MOTHER** lived in Idaho? ..... yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Ruby Maxine Kimbrough

5. Date of Birth of Child (Month, day, year) Aug. 8 1915

6. Sex Fem

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** R. G. Kimbrough
11. Color or Race W
12. Age at time of THIS birth 47 yrs.
13. Birthplace Mo. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Francis ~~Kimb~~ O'L. Hudson
17. Color or Race Ew
18. Age at time of THIS birth 44 yrs.
19. Birthplace Ohio (City or town) (State or foreign country)
20. Exact Occupation Housekeeping
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 10% Argyrol
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was 3 P.M. (Born alive, stillborn) at Born alive M. on the date and at the place stated above, and that personal particulars were furnished by Francis (First name) Kimbrough (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature J. H. Warkley M.D. Midwife Address Twin Falls Date June 24 1942

State of ..... } ss.
County of .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on June 26 1942 by [signature] Registrar.

OCT 1 6 1975

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

555 - 209-042-119

PLACE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

CERTIFICATE OF BIRTH

Registration District No. 39 File No. 32187

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD Ruth Virginia Vevia

Sex of Child: female | Twin, Triplet or other? | and | Number in order of birth | (To be answered only in event of plural births) | Legitimate? yes | Date of Birth: Aug 9 (Month) (Day) 1913 (Year)

FATHER

FULL NAME: Richard W. Vevia

RESIDENCE: Buhl

COLOR: white AGE AT LAST BIRTHDAY: 34 (Years)

BIRTHPLACE: Iowa

OCCUPATION: farmer

MOTHER

FULL MAIDEN NAME: Ethel M. Jarvis

RESIDENCE: Buhl

COLOR: white AGE AT LAST BIRTHDAY: 21 (Years)

BIRTHPLACE: Utah

OCCUPATION: housework

Number of child of this mother, including present birth: 2

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. Wellington

(Physician or midwife)

Address Buhl Idaho

Filed 8-10 1915 J. T. Murphy Registrar

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y CO. 24668

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

363-209-042-613

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32188

County of Twin Falls

City of Bubl.

No. ..... St.

Hospital .....

Registration District No. 39 File No. .....

Primary Registration District No. 2067 Registered No. .....

FULL NAME OF CHILD Ellin Cottone.

Sex of Child F.	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes.	Date of Birth 8 (Month) 9 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Leo Cottone.	FULL MAIDEN NAME	Susie Galliffi
RESIDENCE	Bubl.	RESIDENCE	Same
COLOR	W. AGE AT LAST BIRTHDAY 36 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE	Italy	BIRTHPLACE	Italy.
OCCUPATION	Laborer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 9.30 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Murphy
M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Bubl.

Filed 8-9 1915 J. H. Murphy
Registrar

Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 1 9 1969

231-212-042-791

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

Registration District No. 39 File No. 32189

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD Virginia Rose Stallings

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.			Yes	8 12 1915

FATHER		MOTHER	
FULL NAME	E. D. Stallings	FULL MAIDEN NAME	Mary Grayson
RESIDENCE	Buhl	RESIDENCE	same
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Neb	BIRTHPLACE	Tenn
OCCUPATION	Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth V Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12:30 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) J. N. Murphy M.D.

(Physician or midwife)

Address Buhl Ida

Filed 8-18 1915 J. N. Murphy Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 10 1942

813-113-042-261

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

Registration District No. 39 File No. 32190

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD ~~Wilbur~~ RAYMOND ~~Raymond~~ WILBUR Hatfield

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Aug 13 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wm R. Hatfield	FULL MAIDEN NAME	Selma Swanson
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Ill.	BIRTHPLACE	Sweden
OCCUPATION	Farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. Wilhelm

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Buhl Ida

Filed 8-26 1915 J. F. Humphrey Registrar

Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Twin Falls }

Certificate No. 32190

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH) for Raymond Wilbur Hatfield (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on August 13, 1915 (DATE OF EVENT) in Buhl, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by bible record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on August 13, 1915 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Wilbert Raymond	Raymond Wilbur Hatfield

Subscribed and sworn to before me this 4th day of December, 19 44

Louis Svendsen

Notary Public, residing at Buhl, Idaho

My commission expires 10-19-46

(SEAL)

Edna Rasmussen Hatfield (Mother)

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Buhl, Idaho

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this

day of , 19

Notary Public, residing at

My commission expires

(SEAL)

Signed

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on By

(REGISTRAR'S SIGNATURE)

DEC 8 1944

815-116-042-459

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls.

City of Buhl.

No. ..... *St.*

Hospital .....

Registration District No. 39 **File No.** 32191

Primary Registration District No. 2087 **Registered No.** .....

FULL NAME OF CHILD Howard Albert Hanson

Sex of Child M.	**Twin Triplet or other?** and **Number in order of birth** (To be answered only in event of plural births)	**Legitimate?** Yes	**Date of Birth** 8 (Month) 16 (Day) 1915 (Year)

FATHER		**MOTHER**	
FULL NAME	A. R. Hanson.	**FULL MAIDEN NAME**	Tilda Meiners.
RESIDENCE	7 W. 2 S. Buhl.	**RESIDENCE**	Same
COLOR	W **AGE AT LAST BIRTHDAY** 39 (Years)	**COLOR**	W ~~37~~ **AGE AT LAST BIRTHDAY** 37 (Years)
BIRTHPLACE	Iowa.	**BIRTHPLACE**	Iowa.
OCCUPATION	Farmer.	**OCCUPATION**	Housewife.

Number of child of this mother, including present birth 6 **Number of children of this mother now living, including present birth** 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2:30 P. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Murphy
M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Buhl Ida.

Filed 8-18 1915 J. H. Murphy
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

5

8-1 3-41

791-117-042-359

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32192

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

Registration District No. 39 File No. .....

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD Robert Eugene

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Aug. 17 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Van L. Graham	FULL MAIDEN NAME	Ethel Josephine Perry
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Kan.
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. Witherbee

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Buhl Ida.

Filed 8-20- 1915 J. H. Murphy Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

219-122-042-415

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Bubl

No. ..... *St.*

Hospital .....

Registration District No. 39 **File No.** 32193

Primary Registration District No. 2087 **Registered No.** .....

FULL NAME OF CHILD Melvin Larcy

Sex of Child M.	**Twin Triplet or other?** and **Number in order of birth** (To be answered only in event of plural births)	**Legitimate?** Yes	**Date of Birth** 8 (Month) 22 (Day) 1915 (Year)

FATHER		**MOTHER**	
FULL NAME	R. A. Barnettler	**FULL MAIDEN NAME**	Adda. Davis.
RESIDENCE	2 W. 2½ S. Bubl.	**RESIDENCE**	Same.
COLOR	W. **AGE AT LAST BIRTHDAY** 50 (Years)	**COLOR**	W. **AGE AT LAST BIRTHDAY** 39 (Years)
BIRTHPLACE	Iowa.	**BIRTHPLACE**	Iowa.
OCCUPATION	Farmer.	**OCCUPATION**	Housewife.

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 3:00 P. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Murphy

M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Bubl Ida

Filed 8-23 1915 J. F. Murphy
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dup 061915-266620 + 1915-301348

796-208
003-319

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

City of Pocatello

No. 454 So. Main St.

Hospital home

Registration District No. 84

Primary Registration District No. 2161

File No. 16 32194

Registered No. 802

FULL NAME OF CHILD Edith Margretta Gross

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	June (Month) 8 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Gennaro Gross	FULL MAIDEN NAME	Amalia Coia
RESIDENCE	454 So. Main St	RESIDENCE	454 So. Main St
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Italy	BIRTHPLACE	Italy
OCCUPATION	Common labor	OCCUPATION	Housekeeping

Number of child of this mother, including present birth 14

Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Annie Bird
Midwife
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address 905 So. Main St.

Filed 6-20-1915 O B Lucy
Registrar

Registrar

S-Y CO. 24888

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF
BUREAU OF VITA
CERTIFICATE

PLACE OF
SEP 20

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

411-123-003-495

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32195

County of Bannock

City of Pocatello

No. P. G. Hospital St.

Hospital

Registration District No. 84 File No. 16

Primary Registration District No. 2161 Registered No. 803

FULL NAME OF CHILD Robert Ray Vander Maaten

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M.		Yes.	6 (Month) 23 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Clyde Ebert Vander Maaten	FULL MAIDEN NAME	Marguerette Jane Mintz
RESIDENCE	Pocatello Ida.	RESIDENCE	Same.
COLOR	W. AGE AT LAST BIRTHDAY 37 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 37 (Years)
BIRTHPLACE	Indiana	BIRTHPLACE	Canada
OCCUPATION	Minister	OCCUPATION	Housewife.

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~), at 7 30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. Ray (Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address .....

Filed July 9, 1915 O B Smith Registrar

S-Y CO. 20174

STATE
BUREAU OF
CERTIF

PLACE OF BIRTH

415-224-003-714

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

82196

County of Bannock

City of Pocatello

No. 1506 N. Main St.

Hospital

Registration District No. 84 File No. 16

Primary Registration District No. 2161 Registered No. 804

FULL NAME OF CHILD not named

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of Birth
female	10	Yes	June (Month) 24 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Owen Davis	FULL MAIDEN NAME	Mattie S Garrett
RESIDENCE	1506 N Main St Pocatello Idaho	RESIDENCE	Pocatello Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Wales	BIRTHPLACE	Holt Mo
OCCUPATION	Blacksmith	OCCUPATION	Housewife

Number of child of this mother, including present birth 10

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 3:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Newton

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Pocatello, Idaho.

Filed July 10, 1915 O B Steele Registrar

Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

819-128-003-154

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32197

County of Bannock

City of Pocatello

No. 520 East Lander

Hospital home

Registration District No. 84

File No. 16

Primary Registration District No. 2161

Registered No. 805

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	June 28 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Gust Harris	FULL MAIDEN NAME	Anstasea Androne
RESIDENCE	520 East Lander	RESIDENCE	520 East Lander
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Greece	BIRTHPLACE	Greece
OCCUPATION	Common labor	OCCUPATION	Housekeeping

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Annie Bird
Midwife
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address 905 So. Main St.

Filed July 10, 1915 O B Sieg
Registrar

Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

399-228-003-819

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 1324 N 2nd St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C

CERTIFICATE OF BIRTH

32198

Registration District No. 8

File No. 16

Primary Registration District No. 2161 · Registered No. 806

FULL NAME OF CHILD Jennie Oneda Crim

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Female			Yes	June 28 (Month) (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME Wm. A. Crim	FULL MAIDEN NAME Myrtle Oneda Harper
RESIDENCE Pocatello, Idaho	RESIDENCE Pocatello, Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 38 (Years)	AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE Creston, Ia.	BIRTHPLACE Richhill, Mo
OCCUPATION Teamster	OCCUPATION H. Wife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated, at 10 50 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. A. Castle M.D.

(Physician or midwife)

Address Pocatello, Idaho

Given names added from a supplemental report

..... 19.....

Registrar

Filed July 9, 1915 O B Lewis

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JUN 16 1971

693-130-003-997

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

[redacted]E OF IDAHO
BUR[redacted]VITAL STATISTICS
[redacted]ICATE OF BIRTH

32199

County of Bannock

City of Pocatello

No. 357 N 8th St.

Hospital

Registration District No. 84 File No. 16

Primary Registration District No. 2161 Registered No. 807

FULL NAME OF CHILD Thomas ~~Pratt~~ Platt Williams, Jr.

Sex of Child	Twin — Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male			1	Yes	June (Month) 30 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Thomas ~~Platt~~ Williams	FULL MAIDEN NAME	Clara Belle Ingens ~~Williams~~
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Knoxville Quebec D.C.	BIRTHPLACE	Valley City N. Dak
OCCUPATION	Druggist	OCCUPATION	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 11:58 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Newton

(Physician or midwife)

Given names added from a supplemental report

19

Address Pocatello, Idaho

Filed July 10, 1915 O. B. Lewis Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1/17/41 L. B.

[redacted]

693-101-003-997

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

32200

County of Bannock

City of Pocatello

No. 357 N 8th St.

Hospital

Registration District No. 84 File No. 16

Primary Registration District No. 2161 Registered No. 808

FULL NAME OF CHILD Williams (un-named at death)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	Yes		2	Yes	July 1 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	T. Platt Williams	FULL MAIDEN NAME	Clara Belle Tigens ~~Williams~~
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Knowlton Quebec D.C.	BIRTHPLACE	Valley City N. Dak
OCCUPATION	Druggist	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 12:20 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Newton M.D.

(Physician or midwife)

Given names added from a supplemental report

19

Address Pocatello, Idaho

Registrar

Filed July 10, 1915 O B Lively Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

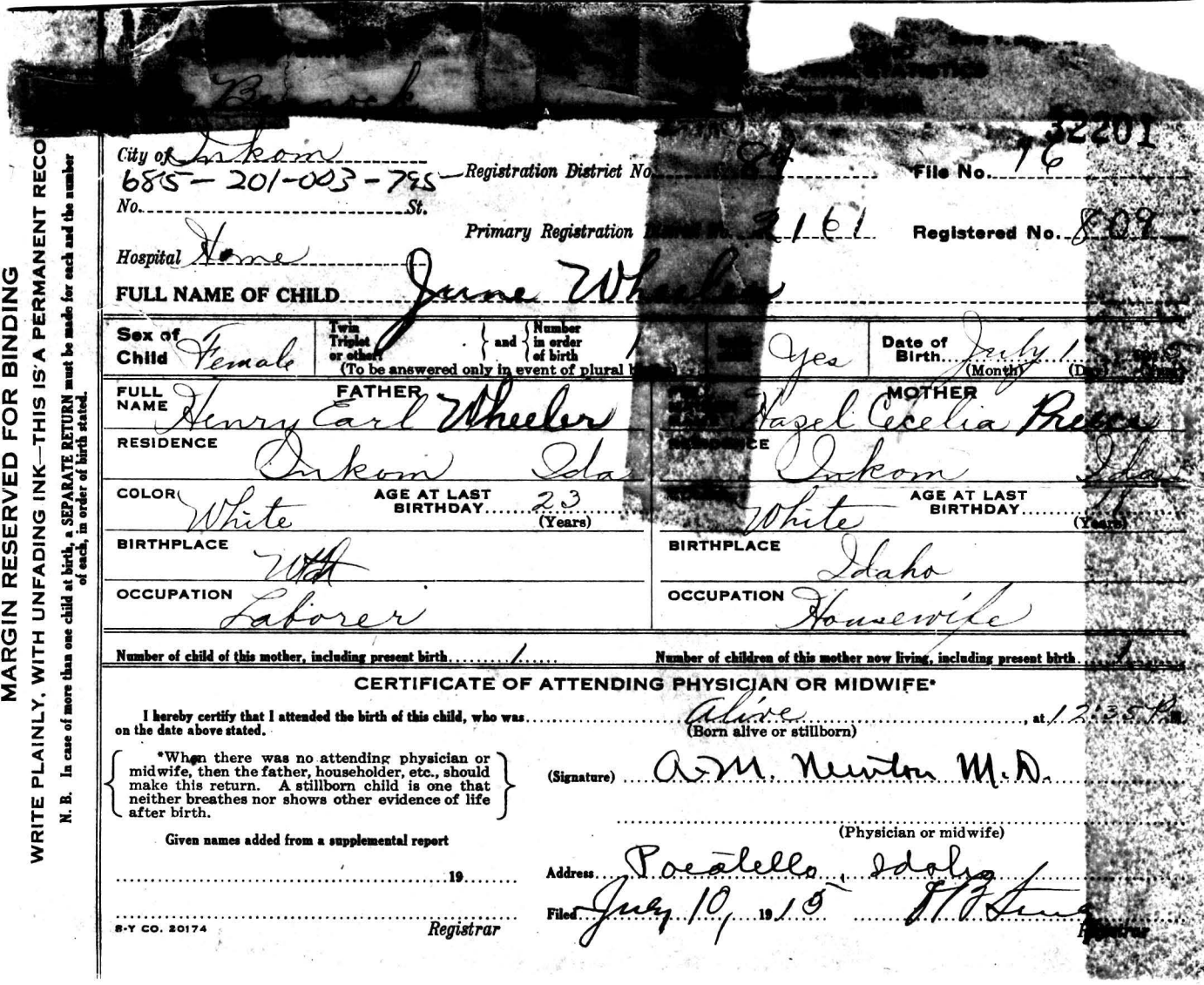
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECO

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

32201

City of Inkom

685-201-003-795 Registration District No. 84 File No. 16

No. St.

Primary Registration District No. 2161 Registered No. 809

Hospital Home

FULL NAME OF CHILD June Wheeler

Sex of Child	Twin Triplet or other?	and	Number in order of birth		Date of Birth
Female			1	Yes	July 1 (Month) (Day)

(To be answered only in event of plural birth)

	FATHER	MOTHER
FULL NAME	Henry Earl Wheeler	Hazel Cecelia Preece
RESIDENCE	Inkom Ida	Inkom Ida
COLOR	White	White
AGE AT LAST BIRTHDAY	23 (Years)	17 (Years)
BIRTHPLACE	Wth	Idaho
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 12:35 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Newton M.D.

(Physician or midwife)

Given names added from a supplemental report

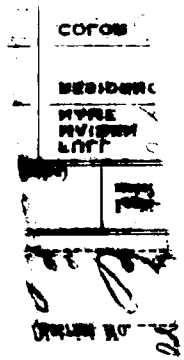
19

Address Pocatello, Idaho

Filed July 10, 1915 [signature] Registrar

Registrar

8-Y CO. 20174



295-101-003-141

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

32202

County of Bannock

City of Pocatello

No. 726 N 10th St.

Hospital

Registration District No. 84

File No. 17

Primary Registration District No. 2161

Registered No. 810

FULL NAME OF CHILD Wm Howard Bingham

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	7 1 1915

FATHER		MOTHER	
FULL NAME	Wm Jefferson Bingham	FULL MAIDEN NAME	Lillian Adams
RESIDENCE	726 N. 10th St.	RESIDENCE	726 N. 10th St.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Utah	BIRTHPLACE	Riverside - Ida
OCCUPATION	Repair track R.R.	OCCUPATION	Hswf

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7/1/15 3 PM on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Howard, M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Kane Bldg. Pocatello - Ida

Filed July 10, 1915 O. B. Lee
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form U. S. No. [illegible]—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of .....

City of .....

No. .....

Hospital .....

Registration District No. ..... File No. .....

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth ..... 191.. (Month) (Day) (Year)
	(To be answered only in event of plural births)			

FATHER		MOTHER	
FULL NAME		FULL MAIDEN NAME	
RESIDENCE		RESIDENCE	
COLOR	AGE AT LAST BIRTHDAY ..... (Years)	COLOR	AGE AT LAST BIRTHDAY ..... (Years)
BIRTHPLACE		BIRTHPLACE	
OCCUPATION		OCCUPATION	

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at ..... M on the date above stated.

(Born alive or stillborn)*

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

(Physician or midwife)

Given names added from a supplemental report.

..... 19 ..... Address .....

Filed ..... 19 .....

Registrar ..... Registrar

S-Y CO. 24658

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

981-103-003-791

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32203

County of Bannock

City of Pocatello

No. ..... St.

Hospital General

Registration District No. 84 File No. 17

Primary Registration District No. 2161 Registered No. 811

FULL NAME OF CHILD Donald Edward Ryan

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	—	1st	Yes	7 (Month) 3 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Harry Edward Ryan	FULL MAIDEN NAME	Cora Graff
RESIDENCE	Blackfoot, Idaho	RESIDENCE	Blackfoot, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Sioux Falls, S. D.	BIRTHPLACE	Elgin, Oregon
OCCUPATION	Salesman	OCCUPATION	Housewife

Number of child of this mother, including present birth One

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7:00 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm. A. Wright

Physician (Physician or midwife)

Given names added from a supplemental report

Pocatello July 15th 1915

Address Pocatello, Idaho

Filed Aug 23 1915 O B Steele Registrar

Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAH
BUREAU OF VITAL ST

CERTIFICATE OF

TH

154-205-003-386

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32204

County of Bannock

City of Pocatello

No. 518 N. 11th Av.

Hospital —

Registration District No. 84 File No. 17

Primary Registration District No. 2161 Registered No. 812

FULL NAME OF CHILD Wanda Anderson Posthumous

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	✓		✓	Yes	7 5 1915

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Albert Anderson	FULL MAIDEN NAME	Wildia A. Thomas
RESIDENCE	518 N. 11th Av.	RESIDENCE	518 N. 11th Av. Utah
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Ogden Utah	BIRTHPLACE	Bountiful - Utah
OCCUPATION	Laborer	OCCUPATION	Hswf - Widow

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 7 15 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. J. Howard M.D.
Kane Bldg - Pocatello - Ida
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed July 10, 1915 [signature] Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MAR 2 1967

819-207-003-314

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32205

County of Bannock

City of Pocatello

No. 414 So. 5th Ave. St.

Hospital home

Registration District No. 84 File No. 17

Primary Registration District No. 2161 Registered No. 813

FULL NAME OF CHILD Francis Alberta Harvey

Sex of Child female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of Birth July (Month) 7 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Thomas Harvey	FULL MAIDEN NAME	Mary Amelia Lambert
RESIDENCE	414 So 5th Ave	RESIDENCE	414 So. 5th Ave.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Yankton So. Dacota	BIRTHPLACE	Williamsport Penn.
OCCUPATION	Clerk, O. S. L.	OCCUPATION	Housekeeping

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10:55 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Annie Bird
Midwife
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address 905 So. Main St.

Filed July 29, 1915 O B Lucy
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

313-207-003-419

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32206

County of Bannock

City of Pocatello

No. 234 N. Garfield St.

Registration District No. 84 c — File No. 17

Primary Registration District No. 2161 — Registered No. 814

Hospital

FULL NAME OF CHILD Helen Harriet Lacey

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	July 7 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Edw. Ellsworth Lacey	Ruth Emma Darsey
RESIDENCE	Pocatello, Idaho	Pocatello, Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	33	22
BIRTHPLACE	Des Moines, Ia	Indianola, Ia
OCCUPATION	Switchman	H. Wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated., at 12 15 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. A. Castle M.D.

(Physician or midwife)

Address Pocatello, Idaho

Filed July 9, 1915 — Registrar

Given names added from a supplemental report

....., 19..... — Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 2 0 1947

MAY 14 1962

815-207-003-319

Form V. S. No. 11-C—20m-8-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32207

County of Bannock

City of Pocatello

No. 1006 N. Harrison St.

Registration District No. 84 File No. 17

Primary Registration District No. 2161 Registered No. 815

Hospital

FULL NAME OF CHILD Myrtle Neola Hanson

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of Birth
X	3rd (To be answered only in event of plural births)	Yes	July (Month) 7 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Wilfred H. Hanson	FULL MAIDEN NAME	Jessie Carter
RESIDENCE	Pocatello, Idaho	RESIDENCE	Same
COLOR	W	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Colorado	BIRTHPLACE	Pennsylvania
OCCUPATION	R.R. Employee	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 8 45 A. M. on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]
(Physician ~~or midwife~~)

Given names added from a supplemental report

..... 19.....

Address .....

Filed July 9, 1915 O B Steely
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 12 1957

431 - 108-003-636

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32208

County of Bannock

City of Pocatello

No. Fairview Add. St.

Hospital

Registration District No. 84 File No. 17

Primary Registration District No. 2161 Registered No. 816

FULL NAME OF CHILD John A. McAteer

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	July 8 1915

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME Chas. Wm. McAteer	FULL MAIDEN NAME Katie Regina Floyd
RESIDENCE Pocatello, Ida	RESIDENCE Pocatello, Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 39 (Years)	AGE AT LAST BIRTHDAY 43 (Years)
BIRTHPLACE Altoona, Pa	BIRTHPLACE Kenneth Sq. Pa.
OCCUPATION Loco. Engineer	OCCUPATION None

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7.25 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. A. Castle M.D.

(Physician or midwife)

Address Pocatello, Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed July 20, 1915

.....
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 27 1971

343-110-003-893

[redacted]

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32209

County of Bannock

City of Pocatello

No. 144 N. 11th St.

Hospital

Registration District No. 84

File No. 17

Primary Registration District No. 2161

Registered No. 817

FULL NAME OF CHILD John David Cutler

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		Yes	July (Month) 10 (Day) 1915 (Year)

FATHER	MOTHER
FULL NAME: Clarence Leonard Cutler	FULL MAIDEN NAME: Mary Ellen Hill
RESIDENCE: 144 N 11th Pocatello, Idaho	RESIDENCE: Pocatello, Idaho
COLOR: White — AGE AT LAST BIRTHDAY: 21 (Years)	COLOR: White — AGE AT LAST BIRTHDAY: 18 (Years)
BIRTHPLACE: Butte Montana	BIRTHPLACE: McCallister Oklahoma
OCCUPATION: Laborer	OCCUPATION: Housewife

Number of child of this mother, including present birth 1st — Number of children of this mother now living, including present birth 1st

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5:30 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Newton M.D.

(Physician or midwife)

Given names added from a supplemental report

19

Registrar

Address Pocatello, Idaho

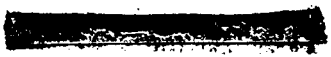
Filed July 20, 1915 O. B. Steele Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



818-212-003-381

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32210

County of Bannock

City of Pocatello

No. 330 W.Sublette St.

Hospital ----------

Registration District No. 84 File No. 17

Primary Registration District No. 2161 Registered No. 818

FULL NAME OF CHILD ~~Amy Laverne Hayes~~ AMY LaVERN HAYS

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	------		------	Yes	7-- 12--1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Thos. Garver ~~Hayes~~ HAYS	FULL MAIDEN NAME	Ora Myrtle Chaffin
RESIDENCE	330 W. Sublette St.	RESIDENCE	330 W. Sublette
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Bowling Green Mo.	BIRTHPLACE	Baker City Oregon
OCCUPATION	Fireman	OCCUPATION	Housewife

Number of child of this mother, including present birth one

Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born Alive at 10--30 P. M on the date above stated.

(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. T. Howard M.D.

(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19....

Address Kane Bldg Pocatello Idaho

Filed July 20, 1915 O. R. Tracy Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho
County of Bannock } ss. MAY 27 1943

Certificate No. 32210

Date Filed 5/24/43

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Amy Laverne Hayes (Name on Original Certificate) who was Born (Was Born or Died) on July 12 1905 (Date of Event)
in Pocatello, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Amy Laverne	Amy LaVern
Surname	Hayes	Hays

Subscribed and sworn to before me this 25th
day of May 1943

J. A. McQuillen
Notary Public, residing at Pocatello, Idaho
My commission expires June 20, 1944.
(Seal)

Signed Thomas O Hayes (Father)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1157 No. Hayes Ave., Pocatello, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bannock } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25th
day of May 1943.

J. A. McQuillen
Notary Public, residing at Pocatello Idaho,
My commission expires June 20, 1944
(Seal)

Signed Dorothy M. Hays
(Signature of Any Credible Person Other Than Previous Year)

1157 No. Hayes Pocatello Idaho
(Street Address, City, State)

MAY 27 1943

JUN 1

215 – 114-023-266

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32211

County of Bannock

City of Pocatello.

No. 524 So. Arthur St.

Hospital

Registration District No. V 84 File No. 17

Primary Registration District No. 2161 Registered No. 819

FULL NAME OF CHILD Donald J. Banyard

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Male	X (To be answered only in event of plural births)	X	X	July 17 1915 (Month) (Day) (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Arthur J. Banyard	Chatherine B. Bowman
RESIDENCE	Pocatello.	Pocatello
COLOR	W.	W.
AGE AT LAST BIRTHDAY	30 (Years)	26 (Years)
BIRTHPLACE	Perry Iowa	Perry Iowa
OCCUPATION	Freight Conductor.	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2:10 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O B Steele

M. D.
(Physician or midwife)

Address Pocatello.

Given names added from a supplemental report

..... 19.....

Filed Aug 24 1915 O B Steele
Registrar

..... Registrar

S-Y CO. 20174

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

K

AUG 12 1952

796-114-003-666

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32212

County of Bannock

City of Near Inkom Ida.

No. Hendricks Farm St.

Hospital

Registration District No. 84 File No. 17

Primary Registration District No. 2161 Registered No. 820

FULL NAME OF CHILD Eugene Victor Grooms

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	7 (Month) 14 (Day) 1915 (Year)

FATHER	MOTHER
FULL NAME Frank Edward Grooms	FULL MAIDEN NAME Lulu May Fowler
RESIDENCE Hendricks farm near Inkom Idaho	RESIDENCE Hendricks farm near Inkom
COLOR White AGE AT LAST BIRTHDAY 29 (Years)	COLOR White AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE Utica Kansas	BIRTHPLACE Grayson Co. Ky.
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth two

Number of children of this mother now living, including present birth two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at one 45 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Howard M.D.

(Physician ~~or midwife~~)

Given names added from a supplemental report.

19

Address Kane Bldg. Pocatello Ida.

Filed July 20, 1915 [signature] Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

316-215-003-736

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32213

County of Bannock

City of Near Inkom Ida.

No. One Mile S.E. INKOM St.

Hospital - -----

Registration District No. 84 File No. 17

Primary Registration District No. 2161 Registered No. 821

FULL NAME OF CHILD Mary Alice Law

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	7 18 1915

FATHER	MOTHER
FULL NAME James Ammon Law	FULL MAIDEN NAME Louise Alberta Glover
RESIDENCE One Mile S.E.of Inkom	RESIDENCE One MIle S.E.of Inkom
COLOR White AGE AT LAST BIRTHDAY 35 (Years)	COLOR White AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE Virginia	BIRTHPLACE Lasalle Ill.
OCCUPATION Stock man	OCCUPATION Housewife

Number of child of this mother, including present birth Four

Number of children of this mother now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1-- P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Howard M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Kane Bldg Pocatello Idaho

Filed July 20, 1915 O B [illegible]
Registrar

Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 25 1949

818-116-003-818

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-O-20m-6-15-15

V

CERTIFICATE OF BIRTH

32214

County of Bannock

City of Pocatello

Registration District No. 84 File No. 17

No. ——— St.

Primary Registration District No. 2161 Registered No. 822

Hospital Gen.

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	+		July 16 1915

FATHER		MOTHER	
FULL NAME	Monte Haywood.	FULL MAIDEN NAME	Maggie V. Haywood.
RESIDENCE	Pocatello.	RESIDENCE	Pocatello.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	43 (Years)
BIRTHPLACE	—	BIRTHPLACE	Adams Co. Mo.
OCCUPATION	Teamster.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 9

Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 5:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. B. Lucky M. D.
(Physician or midwife)

Address Pocatello

Given names added from a supplemental report

....., 19.....

Filed Aug. 24 1915 O. B. Lucky
Registrar

.....
Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

767-117-003-915

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 1125 So. 1st St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32215

Registration District No. 84 File No. 17

Primary Registration District No. 2161 Registered No. 823

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	Twin (To be answered only in event of plural births)	2	Yes	July 17 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Albert Poppleton	FULL MAIDEN NAME	Lizzie Rankin
RESIDENCE	1125 So. 1st	RESIDENCE	1125 So. 1st
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Driver	OCCUPATION	Housewife.

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 10:40 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. M. Sprague

M. D.
(Physician or midwife)

Given names added from a supplemental report.

19

Address Kane Bldg.

Filed July 20, 1915 F. B. Smith
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

767-217-003-915

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 1125 So. 1st St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32216

Registration District No. 84 File No. 17

Primary Registration District No. 2161 Registered No. 824

FULL NAME OF CHILD Leah Poppleton

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	Twin	1	Yes	July 17 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Albert Poppleton	FULL MAIDEN NAME	Lizzie Rankin
RESIDENCE	1125 So. 1st	RESIDENCE	1125 So. 1st
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Driver	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10:20 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. McGregor

M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19...

Address Kane Bldg.

Filed July 20, 1915 O. B. Streets
Registrar

Registrar

S-Y CO. 24558

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

Pocatello, Idaho Senior High School Diploma, May 26, 1933 gives full name of student as Leah Poppleton - viewed by V.S. and Marriage Sealing Record, L.D.S. Church, Logan, Utah Nov. 2, 1938 gives full names as Freamon Lorenzo Romriell and Leah Poppleton - viewed by V.S.

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 32216

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Poppleton (Name on Original Certificate) who was born (Was Born or Died) on July 17, 1915 (Date of Event)
in Pocatello, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Leah Poppleton

Subscribed and sworn to before me this ..... day of ....., 19.....

Signed Elizabeth Poppleton
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at .....
My commission expires .....
(Seal)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bannock }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4th day of April, 1961

Signed K. L. Belnap
(Signature of Any Credible Person)

Notary Public, residing at Pocatello, Idaho
My commission expires 4-17-63
(Seal)

Notary Public

(Street Address, City, State)

FORM DH 60-155 CL 2-2-61. nm

APR 12 1961

25.1-117-003-391

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 21-C—20m-8-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 32217

County of Bannock

City of Pocatello

Registration District No. 84 File No. 17

No. ..... St.

Primary Registration District No. 2161 Registered No. 825

Hospital U. S. G. Hospital

FULL NAME OF CHILD Esther Fay Snadle

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.		2	Yes.	July 17 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Urie Welton Snadle	Minnie Grafton
RESIDENCE	Pocatello Idaho.	Same
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	33	32
BIRTHPLACE	Nebraska	Colorado
OCCUPATION	Machinist helper	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn), at 5-15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) .....

..... (Physician or midwife)

Address .....

Filed July 25, 1915 ..... Registrar

8-Y CO. 20174

FEB 3 1965

NOV 4 1974

Nov. 4, 1940 L. B.

435-224-003-649

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. ..... *St.*

Hospital Gen.

Registration District No. 84 **File No.** 32219

Primary Registration District No. 2161 **Registered No.** 827

FULL NAME OF CHILD Calista Mary McNerney

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
fem	—		—		July (Month) 24 (Day) 1915 (Year)

(To be answered only in event of plural births)

	FATHER		MOTHER
FULL NAME	Dennis J. McNerney	FULL MAIDEN NAME	Calista M. Furey
RESIDENCE	Pocatello.	RESIDENCE	Pocatello.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Seymour Conn.	BIRTHPLACE	Ansonia Conn.
OCCUPATION	Electric Sup. Sales.	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or ~~stillborn~~) at 7:30 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

M. D.
(Physician or Midwife)

Given names added from a supplemental report

..... 19.....

Address Pocatello

Filed Aug 24 1915 [signature] Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 1 0 1944

695-124-003-267

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32220

County of Bannock.

City of Pocatello.

Registration District No. 84 File No. 17

No. 636 S. Grant ave

Primary Registration District No. 2161 Registered No. 828

Hospital no

FULL NAME OF CHILD Harold Wm. Finley

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of Birth
Male	1	Yes	7 (Month) 24 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME Ransom A Finley	FULL MAIDEN NAME Susanna Boppre
RESIDENCE 636 S. Grant ave Pocatello	RESIDENCE 636 S. Grant Pocatello Idaho.
COLOR White AGE AT LAST BIRTHDAY 42 (Years)	COLOR White AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE Tifton Misouri	BIRTHPLACE Ada. Minnesota
OCCUPATION Train man.	OCCUPATION house keeper.

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Mary E Nilsson.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address 538. West Center St Pocatello.

Filed Aug 24 1915 [signature] Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued Feb. 19, 1941. E.W.

1/13/41/ EA

MAY 25 1942
DEC 1941
JAN 6 1942

149-128-003-238

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32221

County of Bannock

City of Pocatello

No. 112 W. Bridger St.

Registration District No. 84 File No. 17

Primary Registration District No. 2161 Registered No. 829

Hospital

FULL NAME OF CHILD Albert Melchior Aurnig

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	✓		✓	Yes	July (Month) 28 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Melchior Aurnig	FULL MAIDEN NAME	Christina Schwikert
RESIDENCE	Pocatello, Idaho	RESIDENCE	Pocatello, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Austria	BIRTHPLACE	Russia
OCCUPATION	R. R. Carpenter	OCCUPATION	H. Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. A. Castle

M. D. (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Pocatello, Idaho

Filed Aug 10, 1915 O. P. Henry Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 30 1948

JUN 27 1975

847-028-003-519

Form V. S. No. 11-C—25m-1-1-18

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 535 W. Lander St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32222

Registration District No. 84 File No. 17

Primary Registration District No. 2161 Registered No. 830

FULL NAME OF CHILD — — Hughes

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth 7 (Month) 28 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Newton M. Hughes	FULL MAIDEN NAME	Estella Vain
RESIDENCE	535 W.Lander St.	RESIDENCE	535 W.Lander
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Bevier Mo.	BIRTHPLACE	Kansas City Mo.
OCCUPATION	Pipe fitter	OCCUPATION	Housewife

Number of child of this mother, including present birth one

Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2--30 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. T. Howard, M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Kane Bldg. Pocatello Ida

Filed Aug 10, 1915 [signature] Registrar

Registrar

S-Y CO. 24635

864-231-003-493

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form Vrs. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bannock

City of Pocatello.

No. 656 W. Sublett

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

✓ **CERTIFICATE OF BIRTH**

Registration District No. 84 File No. 32223

Primary Registration District No. 2161 Registered No.

FULL NAME OF CHILD HELEN LESLIE HOUSEMAN

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
fem	✓		✓	yes	July (Month) 31 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	James L. Houseman	FULL MAIDEN NAME	Josephine Miller
RESIDENCE	Pocatello.	RESIDENCE	Pocatello.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Wilmington Del	BIRTHPLACE	St. Louis Mo.
OCCUPATION	Machinist	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 5:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O B Steely

M. D. (Physician or midwife)

Given names added from a supplemental report

19

Address Pocatello

Registrar

Filed Aug 24 1915 O B Steely Registrar

FR-Y CO. 20-74

Affidavit

GENERAL

State of California,
County of Los Angeles } *ss.*

Josephine Houseman

Being First Duly Sworn, *deposes and says:*

That Iam the mother of Helen Leslie Houseman referred to on Idaho Birth record as unnamed girl born July 29th, 1915 of parents - James Leslie Houseman and Josephine Miller. The said unnamed girl's name should be Helen Leslie Houseman and the correct date of birth should be July 31st, 1915. Said person was born at Pocatello, Ida ho.

And Further *deponent saith not.*

Subscribed *and sworn to before me, this* 28th *day of* March, *A. D. 19* 42.

Josephine Houseman

Josephine Houseman, mother
1148 S. Alma Avenue
Los Angeles, California

Paul L. Dulin

Notary Public in and for said County and State.

695-229-003-984

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32224

County of Bannock

City of Pocatello

No. 540 No. Grant St.

Registration District No. 84 File No. 17

Primary Registration District No. 2161 Registered No. 832

Hospital

FULL NAME OF CHILD ~~Baby Freeman~~ Nettie Jean Freeman

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F.		Yes	7 (Month) 29 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Joe Donald Freeman	FULL MAIDEN NAME	Hazel Ryder
RESIDENCE	540 No. Grant, Pocatello	RESIDENCE	Pocatello Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Indiana	BIRTHPLACE	Pueblo Colo.
OCCUPATION	Insurance Solicitor	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5.20 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report

Address Pocatello Idaho

19

Filed Aug 10, 1915 [signature] Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[illegible]

27

(Years)

Original Baby Book, appears old and unaltered, gives full name of child as Nettie Jean Freeman, born July 29, 1915 at Pocatello, Idaho to J.D. Freeman and Hazel Freeman - viewed by V.S. Omaha Public Schools High School Diploma, Omaha, Nebraska, dated June 7, 1933 gives full name as Nettie Jean Freeman - viewed by V.S.

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Nebraska } ss.
County of Lancaster }

Certificate No. 32224

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Freeman (female child) (Name on Original Certificate) who was born (Was Born or Died) on July 29, 1915 (Date of Event) in Pocatello, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of her knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Nettie Jean Freeman

Subscribed and sworn to before me this 2nd day of April, 1962

Notary Public, residing at Lincoln

My commission expires April 28, 1967

(Seal)

Signed [signature] (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

3625 C Street (Street Address, City, State)

Lincoln 10, Nebraska

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires

(Seal)

Signed (Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155 L 3-14-62. nm

265-229-003-792

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32225

County of Bannock

City of Pocatello

No. 155 N. Arthur St.

Hospital

Registration District No. 84

File No. 17

Primary Registration District No. 2161

Registered No. 833

FULL NAME OF CHILD Oma Ann Koehling

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	✓		✓	Yes	July 29 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Joe Koehling	FULL MAIDEN NAME	Martha May Gibson
RESIDENCE	Pocatello, Idaho	RESIDENCE	Pocatello, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Eureka, Nev.
OCCUPATION	Machinist	OCCUPATION	Cook.

Number of child of this mother, including present birth 8

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. A. Castle

M. D. (Physician or midwife)

Address Pocatello, Idaho

Given names added from a supplemental report

..... 19.....

Filed Aug 10, 1915 [signature] Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 8 1969

APR 8 1971

4-7-71

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Colorado } ss. Certificate No. 32225

County of Denver } Date Filed

RECEIVED MAY 24 1971 Bureau of Vital Statistics

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Koehling (Name on Original Certificate) who was born (Was Born or Died) on July 29, 1915 (Date of Event)

in Pocatello, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	omitted	~~Alma Ann Koehling~~
		Oma Ann Koehling

Subscribed and sworn to before me this 29th day of April, 1971

Eulalia E. Grayson

Notary Public, residing at 2375 So. Downing, Denver, Colo.

My commission expires

(Seal)

Signed X M. Angeline Balfe

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.

County of }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires

(Seal)

Signed

(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

cp pd rec # 13005 (K)

Marriage Certificate, Official Copy, St. Charles Church, Hailey, Idaho gives groom's name as Clarence Edgar McGraw and bride's name as Oma Ann Koehling Dated Dec. 23, 1938. Signed by Linus M. Doughterty. Viewed by V. S.

JUN 1 1971

Insurance Policy from The Equitable Life Assurance Society of the United States gives name as Oma A. McGraw. Dated April 30, 1940. Signed byE. H. Ewing. Asst. Registrar. Viewed by V. S.

319-202-003-5[illegible]

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32226

County of Bannock

City of Pocatello

No. 1142 No. Hayes St.

Hospital

Registration District No. 84

File No. 17

Primary Registration District No. 2161

Registered No. 834

FULL NAME OF CHILD WILLOWEAN EDGLEY CARTER

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F	#	Yes	8 2 1915

FATHER		MOTHER	
FULL NAME	Charles W. Carter	FULL MAIDEN NAME	Mary Ann Beatrice Edgley
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello Idaho
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Pocatello Idaho	BIRTHPLACE	Pocatello Idaho
OCCUPATION	Painter	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1.55 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Pocatello Idaho.

Filed Aug 10, 1915 [illegible] Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California) ss.
County of Los Angeles)

Certificate No. 32226

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH) for Willowean Edgley Carter (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on August 2, 1915 (DATE OF EVENT) in Pocatello, Idaho, (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Family RecordBook (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on August 2, 1915 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Willowean Edgley Carter
Willowean Edgley Carter	Unnamed	Willowean Edgley Carter

Subscribed and sworn to before me this 13th. day of January, 1943.

David B. Lovingstone

Notary Public, residing at Long Beach, Cal.

My commission expires August 11, 1945.
(SEAL)

Signed Mrs Beatrice Carter (Corbridge) mother.
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California) ss.
County of Los Angeles)

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13th. day of January, 19 43.

Notary Public, residing at Long Beach, Cal.

My commission expires August 11, 1945.
(SEAL)

Signed Mrs Louise Alzina Barnes
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

2833 Spaulding, Long Beach, Calif.
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

JAN 15 1943

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[illegible] Bannock [illegible] 3222

City of Pocatello — Registration District No. 84 — File No. 17

No. 845 N. Harris St. — Primary Registration District No. 2161 — Registered No. 835

Hospital

FULL NAME OF CHILD Ira Junior Meredith

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	—	—	Yes	Aug 13 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Ira S. Meredith	FULL MAIDEN NAME	Bertha Gregoire
RESIDENCE	Pocatello.	RESIDENCE	Pocatello
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Polo Ill.	BIRTHPLACE	Acton vale, Canada
OCCUPATION	Engineer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 — Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or ~~stillborn~~), at 4 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O B Steely

M. D. (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Pocatello

Filed Aug 21 1915 O B Steely, Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[illegible]

[illegible]

[illegible]

City of Pocatello

Registration District No. 84

File No. 17 32228

No. 535 E. Whitman

Primary Registration District No. 2161

Registered No. 836

Hospital

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Fem			Aug (Month) 18 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Bert M. Kistler	FULL MAIDEN NAME	Flavine Helm
RESIDENCE	Pocatello	RESIDENCE	Pocatello Colo.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Hall Co. Nebr.	BIRTHPLACE	Ft. Collins Colo.
OCCUPATION	Gas Fitter	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or ~~stillborn~~) at 5:15 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O B Steely

M. D.
(Physician or midwife)

Given names added from a supplemental report

19

Address Pocatello

Registrar

Filed Aug. 24 1915 O B Steely
Registrar

8-Y CO. 20174

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Dup of 1915-1063418

231-124-042-214 [redacted]

Form V. S. No. 11-C—15m-6-20-11

[redacted] OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County Twin Falls

City of 4½ m. west of town

Registration District No. 31

File No. 32229

No. ....., ... St.

Primary Registration District No. 2085

Registered No. .....

Hospital .....

FULL NAME OF CHILD Orville Daniel Slatter

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
male		yes	2 (Month) 24 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Daniel B. Schlatter Slatter	FULL MAIDEN NAME	Emma J. Kaufman
RESIDENCE	4½ m. west of Twin Falls	RESIDENCE	4½ m. west of Twin Falls
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Seward Co. Neb.	BIRTHPLACE	Miami Co., Ind.
OCCUPATION	Farmer and Thrasher	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9:30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. W. Sawyer, D.O.

Twin Falls, Idaho.

(Physician or Midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed 2-28 1915 J. F. Coughlin

Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

FEB 1 1945

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

32229

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 1
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Twin Falls (b) City Filer
   (c) Street Address or R.F.D. No. Route # 2
   (d) Name of Hospital or Maternity Home: family residence
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years 10 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Twin Falls
   (c) City Filer
   (d) Street Address or R.F.D. No. Route # 2
   (e) How long has **MOTHER** lived in Idaho? 31 yrs.

3. **RESIDENCE OF FATHER** (city, state) Filer, Idaho

4. **FULL NAME OF CHILD** Orville Daniel Slatter

5. Date of Birth of Child 2/24/[illegible] (Month, day, year)

6. Sex M

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Daniel B. Slatter
11. Color or Race white
12. Age at time of THIS birth 33 yrs.
13. Birthplace Milford, Nebraska (City or town) (State or foreign country)
14. Exact Occupation farming and threshing
15. Industry or Business Agriculture

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma J. Kaufman
17. Color or Race white
18. Age at time of THIS birth 27 yrs.
19. Birthplace Kokomo, Indiana (City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum unknown
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 9:30 A.M. on the date and at the place stated above, and that personal particulars were furnished by Emma J. Kaufman Slatter (First name) (Last name) who is related as mother (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — **Address** — **Date**

AFFIDAVIT

State of Idaho
County of Twin Falls } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 29 years, and that Doctor (First name) Sawyer (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emma J. Kaufman Slatter Signature

148 Pierce St. Twin Falls, Idaho P. O. Address

Subscribed and sworn to before me this 24th day of January, 1945.

(SEAL) Leah Cedarholm, Notary Public, residing at Twin Falls Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on ..... by ....., Registrar

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

515-207-042-154

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of I Falls

City of

No. St.

Hospital

Registration District No. 37

File No. 32230

Primary Registration District No. 2085

Registered No.

FULL NAME OF CHILD Roberta L Vanderbark

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes	3 - 7 1915

FATHER		MOTHER	
FULL NAME	Jas. A Vandenbark	FULL MAIDEN NAME	Elma Andrew
RESIDENCE	Rogerson	RESIDENCE	Rogerson
COLOR	W. AGE AT LAST BIRTHDAY 30 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was at 2,480 M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. D Weaver

(Physician or ~~midwife~~)

Given names added from a supplemental report.

19

Address I Falls

Filed 3-10 1915 J F Coughlin

Registrar

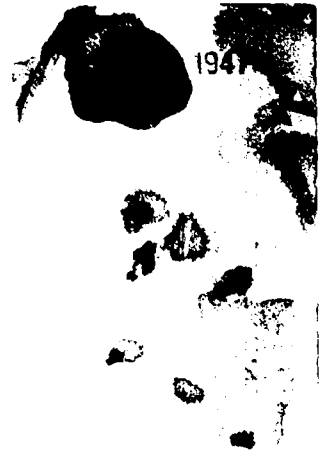
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, [illegible] RETURN must be made for each and the number of each [illegible] birth stated.


194

753-129-042-693

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Twin Falls

City of

No. St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 37

Primary Registration District No. 2085

File No. 32232

Registered No.

FULL NAME OF CHILD

Sex of Child: M	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes.	Date of Birth 7-29 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Chas L. Pettitt	FULL MAIDEN NAME	Stella Wilson
RESIDENCE	Twin Falls Ida	RESIDENCE	Twin Falls, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Senoria Mex
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive 7-29-15 at 9 10 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Morgan M.D.

(Physician ~~or midwife~~)

Given names added from a supplemental report.

19

Registrar

Address Twin Falls

Filed 7-30 1915 John K. Coughlin
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO
DEPARTMENT OF VITAL STATISTICS

381-124-042-255

PLACE OF BIRTH

AMENDED - FEBRUARY 7, 1949

County of Twin Falls

City of Murtaugh

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 37 File No. 32233

Primary Registration District No. 2085 Registered No. .....

FULL NAME OF CHILD Louis Elmer CHANCE
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				Yes	July 24 1915

What bacterioidal solution was used in eyes? .....

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	E. C. Chance	FULL MAIDEN NAME	Ruth Kendel
RESIDENCE	Murtaugh, Idaho	RESIDENCE	Murtaugh, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Oklahoma	BIRTHPLACE	Colorado
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12:15 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... 192.....

..... Registrar.

(Signature) J. R. Morgan, M.D.

(Physician or midwife)

Address Twin Falls, Idaho

Filed 7/27/ 1915 John Boughlin
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Ida ho } ss.
County of Twin Falls }

Certificate No. 32233

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth
(Birth or Death)
for Robert Chance (Name on Original Certificate) who Born (Was Born or Died) on July 24 1915 (Date of Event)
in Twin Falls (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on August 15, 1915 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Robert Chance	Louis Elmer Chance

Subscribed and sworn to before me this 29 day of January, 1949

Notary Public, residing at Twin Falls Idaho
My commission expires May 6, 1951
(Seal)

Signed E E Chance
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

339 Locust St. Twin Falls, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Twin Falls }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29 day of January, 1949

Notary Public, residing at Twin Falls Idaho
My commission expires May 6, 1951
(Seal)

Signed L. Clare Stewart
(Signature of Any Credible Person)

339 Locust St Twin Falls, Idaho
(Street Address, City, State)

APR 22 1966

APR 21 1975

458-124-042-753

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32234

Registration District No. 37 File No. _____

Primary Registration District No. 2085 Registered No. _____

FULL NAME OF CHILD Cornelius Meyer

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	7 (Month) 24 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Wm Meyer	FULL MAIDEN NAME	Jessie Pittinga
RESIDENCE	Amsterdam Ida	RESIDENCE	Amsterdam Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Holland	BIRTHPLACE	Holland
OCCUPATION	Minister of Dutch Reformed Church	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 49 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Pike

Physician (Physician or midwife)

Address Twin Falls, Idaho

Filed 7-27 1912 John W. Coughlin Registrar

Given names added from a supplemental report.

_____ 19__

_____ Registrar

8-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF [illegible]
BUREAU OF VITAL ST[illegible]

CERTIFICATE [illegible]

383-120-042-249

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Hollister

No. _____ St.

Hospital _____

Registration District No. 37

File No. 32235

Primary Registration District No. 2085

Registered No. _____

FULL NAME OF CHILD Billy Albert Lytle

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M.		yes	July (Month) 20 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Will Lytle	FULL MAIDEN NAME	Anna Smith
RESIDENCE	Hollister Ida	RESIDENCE	Hollister Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Hopkins M.	BIRTHPLACE	Coffee Ville Kan.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was July 20, 1915 at 3:20 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Morgan M.D.

(Physician ~~or midwife~~)

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address Twin Falls

Filed 7, 25 1915 John Coughlin
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 22 1947

942-114-042-299

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Twin Falls

City of

No. St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32236

Registration District No. 37

File No.

Primary Registration District No. 2085

Registered No.

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		yes	July (Month) 14 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Charley W. Russel	FULL MAIDEN NAME	Bringle
RESIDENCE	Twin Falls, Idaho	RESIDENCE	Twin Falls, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive 7-14-15 at 7 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Morgan M.D.

(Physician ~~or midwife~~)

Given names added from a supplemental report.

19

Address Twin Falls

Filed 7-17 1915 Johnst Brighton

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

469-209-042-469

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Twin Falls

Amended 5/19/75

CERTIFICATE OF BIRTH

City of

Registration District No. 37

File No. 32237

No. St.

Primary Registration District No. 2085

Registered No.

Hospital

FULL NAME OF CHILD Una Louise Morgan

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl	8	Yes	7-9-1915

FATHER		MOTHER	
FULL NAME	Moroni D Morgan	FULL MAIDEN NAME	Mary Parmelia Morrill
RESIDENCE	Kimberly	RESIDENCE	Kimberly
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	56
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Housewife	OCCUPATION	Farmer

Number of child of this mother, including present birth 8

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive 7-9-15 at 4:30 A. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Morgan

(Physician or ~~midwife~~)

Given names added from a supplemental report.

19

Address Twin Falls

Registrar

Filed 7-8 1915 J. F. Coughlin
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
APR 21 2 05 PM '75

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 32237

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Morgan (female) (Name on Original Certificate) who was born (Was Born or Died) on July 9, 1915 (Date of Event)
in Twin Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Family record (Bible Record, Insurance Policy, Etc.) prepared on July 1915 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Una Louise Morgan
Mothers maiden name	Morgan	Morrill

Subscribed and sworn to before me this 10th day of
April, 19 75
Verna Grubbs
Notary Public, residing at Pocatello Idaho
My commission expires May 17, 1976
(Seal)

Signed Viola Morgan Alexander
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
403 Jefferson Pocatello, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of
....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155 CL 3/19/75 nm

Certifiecate of Baptism LDS Church Una Louise Morgan daughter of Moroni D. M rgan and Mary P. Morrill born July 9, 1915 at Kimberly, Idaho, baptized Aug. 4, 1923 by Burton J. Beam, Elder.
Viewed by VS

MAY 19 1975

Certificate of Blessing LDS Church Kimberly Ward, Idaho, Una Louise Morgan born July 9, 1915 at Kimberly, Idaho father Moroni D. Morgan , mother Mary P. Morrill , Blessed Sept. 5, 1915, signed by Evera Morgan, Bishop.
Viewed by VS

294-107-042-813

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32238

County of Twin Falls

City of ~~Twin Falls~~

No. ..... St.

Hospital .....

Registration District No. 37

File No. .....

Primary Registration District No. 2085

Registered No. .....

FULL NAME OF CHILD Harvey Ray Krueger

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy	2	Yes	July 7 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Fred Krueger	FULL MAIDEN NAME	Halfey
RESIDENCE	Twin Falls Ida	RESIDENCE	Twin Falls Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	(Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was 7-7-15 at 3 45 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Morgan
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

..... Registrar

Address T Falls

Filed 7-8 1915 J. H. Coughlin
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 15 1947

165-207-042-749

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH
Amended 3-2-77

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls.

City of

No. St.

Hospital

Registration District No. 37

File No. 32239

Primary Registration District No. 2085

Registered No.

FULL NAME OF CHILD Marie Hazel Jones

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	July 7 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Orson Floyd Jones	FULL MAIDEN NAME	Sadie Purvine
RESIDENCE	Twin Falls Co	RESIDENCE	Twin Falls Co
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Indiana	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 5 am M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Wilson

Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Address Twin Falls Idaho

Registrar

Filed 7-14 1915 John F Coughlin
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

11/17/76

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss. 33 PM '77
County of .....

Certificate No. 32239

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed (Name on Original Certificate) who was born (Was Born or Died) on July 7, 1915 (Date of Event)

in Kimberly (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed Jones	Marie Hazel Jones
Child's Name	Marie Hazel Jones	
Father's Name	Orson Floyd Jones	C F Jones
Birth Date	July 7, 1915	July 7, 1915

Subscribed and sworn to before me this 11th day of January, 1977

Signed Lyle M Jones
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Twin Falls Idaho

My commission expires May 8 1979
(Seal)

605 Lincoln N Rt Kimberly Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of .....

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Signed .....
(Signature of Any Credible Person)

Notary Public, residing at .....

My commission expires .....
(Seal)

.....
(Street Address, City, State)

Own child's birth certificate issued by The Twin Falls County General Hospital on 28 January 1946 shows name as Marie Hazel Jones. viewed by Vital Statistics.

Application to the Idaho State School for the Deaf and the Blind gives name as Marie Hazel Jones born July 7, 1915 in Idaho Residence - Kimberly, Idaho. Father's name is listed as Orson Floyd Jones and mother's maiden name is listed as Sadie Etta Purvine. Application dated Sept. 12, 1922. Admitted Sept. 25, 1922. Viewed by V.S.

818-206-042-445

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-1.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of .....

No. ..... St.

Hospital .....

Registration District No. 37

Primary Registration District No. 2085

File No. 32240

Registered No. .....

FULL NAME OF CHILD ..... GUY LAWRENCE HAYS .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Girl		3	yes	July 6 (Month) (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	W. E. Hayes HAYS	FULL MAIDEN NAME	ELIZABETH ERMA DUNKEN Lizzie J. Duncan
RESIDENCE	Twin Falls, Ida	RESIDENCE	Gooding City, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Wisconsin
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive 7-6-15 at 6:45 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Morgan

(Physician or midwife)

Address Twin Falls

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 7/8 19 15 J. F. Coughlin Registrar

S-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IOWA
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

AUG 31 1942

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No 32240

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Surname	Hayes	Hays
Name	Unnamed	Guy Lawrence Hays
Mother's name	Lizzie F. ~~Duncan~~ DUNKEN	Elizabeth Fern Dunken

Subscribed and sworn to before me this 29th day of August, 1942.
William E. Comstock.
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed Elizabeth Fern Hays
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19 .....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

268-103-042-452

PLACE OF BIRTH

County of Twin Falls

City of

No. St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. M-C—25m-1-1-13

CERTIFICATE OF BIRTH

Registration District No. 37 File No. 32241

Primary Registration District No. 2085 Registered No.

FULL NAME OF CHILD LaVern Cecil Boyd

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				yes	July 3 1915

FATHER		MOTHER	
FULL NAME	W. Arthur Boyd	FULL MAIDEN NAME	Ida M. Wesserli
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Colorado	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10.15 am on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. W. Wilson

Physician (Physician or midwife)

Address Twin Falls Idaho.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed July 5 19 15 John P. Coughlin Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }ss.
County of Jerome

Certificate No. 32241

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for (Name on Original Certificate) who born (Was Born or Died) on July 3, 1915 (Date of Event)
in Twin Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Cecil	Cecil LaVern Boyd

Subscribed and sworn to before me this 23th
day of December, 1943
Samuel E. Vance, Jr.
Notary Public, residing at Hazelton
My commission expires Feb. 2, 1947
(Seal)

Signed William Arthur Boyd
(Signature of parent ~~or attendant if correcting~~ a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Route 1, Hazelton, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }ss.
County of Jerome

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23th
day of December, 1943
Samuel E Vance, Jr.
Notary Public, residing at Hazelton, Idaho
My commission expires Feb. 2, 1947
(Seal)

Signed Ida Mae Boyd
(Signature of Any Credible Person Other Than Previous Year)
Route 1, Hazelton, Idaho.
(Street Address, City, State)

JAN 5

165-118-042-13

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 37 File No. 32242

Primary Registration District No. 1085 Registered No. _____

FULL NAME OF CHILD Jones

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	3 (Month) 18 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Jas Jones	FULL MAIDEN NAME	Clara Jackson
RESIDENCE	Twin Falls Ida.	RESIDENCE	Twin Falls Ida.
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	Day Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Pike

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address Twin Falls Ida

Filed 3-22 1915 J. T. Coughlin Registrar

5-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

789-116-042-819

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 37 File No. 32243

Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD FRANCIS RAYMOND Phillips

Sex of Child: Male

Twin, Triplet or other? ..... and Number in order of birth ..... (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth: 8 (Month) 16 (Day) 1915 (Year)

FATHER

FULL NAME: Frank Phillips

RESIDENCE: Twin Falls Ida

COLOR: White AGE AT LAST BIRTHDAY: 29 (Years)

BIRTHPLACE: Ill.

OCCUPATION: Teamster

MOTHER

FULL MAIDEN NAME: Mary Harvey

RESIDENCE: Twin Falls Ida

COLOR: White AGE AT LAST BIRTHDAY: 19 (Years)

BIRTHPLACE: Kansas

OCCUPATION: Housewife

Number of child of this mother, including present birth: 2

Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Tike

Physician (Physician or midwife)

Address Twin Falls Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 3-22 19 15 J. F. Coughlin Registrar

S-Y CO. 24698

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 32243

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (BIRTH OR DEATH)
for ..... (NAME ON ORIGINAL CERTIFICATE) who ..... (WAS BORN OR DIED) on ..... (DATE OF EVENT) 1915
in ..... (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	unnamed Phillips	Francis Raymond Phillips

Subscribed and sworn to before me this .....
day of ....., 19 .....

Signed T. V. Harvey
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Notary Public, residing at .....

My commission expires .....
(SEAL)

Lena M. Ellsworth Notary Public
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Kansas } ss.
County of Lyon }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28th
day of May, 1942

Signed T. L. Harvey
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at Lyon County Kansas

My commission expires June 6, 1943
(SEAL)

Liberal, Kans.
(STREET ADDRESS, CITY, STATE)

Received for filing on JUL 13 1942 By .....
(REGISTRAR'S SIGNATURE)

JUL 14 1942

OCT 26 1944

253-111-042-945

Town V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 37 File No. 32244

Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD Merle Reeves Beckley

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	3 11 1915

FATHER		MOTHER	
FULL NAME	Walter Beckley	FULL MAIDEN NAME	Mildred Reeves
RESIDENCE	Twin Falls Idaho	RESIDENCE	Twin Falls Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Pike

Physician

(Physician or midwife)

Address Twin Falls Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 3-10 1915 J. J. Coughlen Registrar

S-Y CO. 84655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DECEASED

3-26-70

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of WASHINGTON } ss.
County of GRANT }

Certificate No. 32244

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Beckley (Name on Original Certificate) who was born (Was Born or Died) on March 11, 1915 (Date of Event) in Twin Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
childs name	omitted	Merle Reeves Beckley

Subscribed and sworn to before me this 30 day of April, 1970

[signature]

Notary Public, residing at Warden WN

My commission expires July 1971

(Seal)

Signed Mrs. Mildred Beckley
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of Any Credible Person)

(Street Address, City, State)

Twin Falls High School Record gives name as Merle Reeves Beckley. Date of Birth Nov. 13, 1915 Entered Junior High Sept. 9, 1929.
Viewed by V.S.

Family Record gives name as Merle Reeves Beckley son of Walter Beckley and Mildred Reeves. Record obviously old.
Viewed by V.S.

154-209-042-132

PLACE OF BIRTH name added 8/18/80

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

No. 561 3rd Ave N. St.

Hospital

Registration District No. 37

File No. 32245

Primary Registration District No. 1085

Registered No.

FULL NAME OF CHILD Theola Mae Anderson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	✓		✓	Yes	3 (Month) 9 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Clarence Anderson	FULL MAIDEN NAME	Clara Atkinson
RESIDENCE	Twin Falls Idaho	RESIDENCE	Twin Falls Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Sullivan Berry Co Mo	BIRTHPLACE	Grove Springs Mo
OCCUPATION	Rancher	OCCUPATION	Housp.

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 5 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Duncan, L. Alexander

(Physician ~~or midwife~~)

Given names added from a supplemental report.

19

Address T Falls

Filed 3-15 1915 J. T. Coughlin

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

4-17-80

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Missouri
County of Buchanan } ss.

RECEIVED
APR 29 1980
Bureau of Vital Statistics

Certificate No. 32245
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for unnamed Anderson (Name on Original Certificate) who was born (Was Born, Died, etc.) on March 9, 1915 (Date of Event)

in Twin Falls (T.F.) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	omitted	Theola Mae Anderson

Subscribed and sworn to before me this 23 day of April, 1980

Notary Public, Edward White Jr.

Residing at St. Joseph Mo

My commission expires Oct. 13-1981

(Seal)

Theola M. Cagg
Signature of Applicant

1719½ Carlton St. Joseph Mo
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Missouri
County of Buchanan } ss.

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23 day of April, 1980

Notary Public, Edward White Jr.

Residing at St. Joseph Mo

My commission expires 10-13-81

(Seal)

Tom L Kincaid
Supporting Signature

524 S. 7th St. St. Joseph Mo
Street Address, City, State

Marriage License deom Missouri gives groom's nameas George Franklin Kincade and bride's name as Theola Anderson. dated Oct 27, 1928. vieed by V. S.

Family Bible record from gives name as Theola Anderson born March 9 1915. vieed by V. S.

415-207-042-154

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 37 File No. 33246

Primary Registration District No. 1095 Registered No. _____

FULL NAME OF CHILD Davis

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	3 (Month) 7 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	James A. Davis	FULL MAIDEN NAME	Christina Anderson
RESIDENCE	Twin Falls Ida	RESIDENCE	Twin Falls Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	48	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Ill.	BIRTHPLACE	Sweden
OCCUPATION	Painter	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Pike

Physician
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Twin Falls Ida

Filed 3-10 1915 J. T. Laughlin
Registrar

Registrar

5-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

814-123-042-415

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 37 File No. 32247

Primary Registration District No. 1095 Registered No. _____

FULL NAME OF CHILD Edward William Hammond

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	6 23 1915

FATHER		MOTHER	
FULL NAME	Wm E. Hammond	FULL MAIDEN NAME	Lillian Davidson
RESIDENCE	Twin Falls Ida.	RESIDENCE	Twin Falls Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Blackfoot Ida.	BIRTHPLACE	Rexburg Ida.
OCCUPATION	Blacksmith	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 A. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr W. T. Pike

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Twin Falls Ida.

Filed 7-7 1915 John Coughlin Registrar

_____ Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

5/7/41 Z.J.

685-229-042-315

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Twin Falls

City of " "

No. 142 Walnut St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 37 File No. 32248

Primary Registration District No. 1085 Registered No.

FULL NAME OF CHILD Jean Carroll Whelan

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	July 29 1915

FATHER		MOTHER	
FULL NAME	Jas. D Whelan	FULL MAIDEN NAME	Carrie Carroll
RESIDENCE	Buhl Idaho	RESIDENCE	Buhl, Idaho
COLOR	White	COLOR	
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Kansas	BIRTHPLACE	Texas
OCCUPATION	Editor	OCCUPATION	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9 30 PM M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Whelan

Physician (Physician or midwife)

Address Twin Falls, Idaho

Given names added from a supplemental report.

..... 19....

..... Registrar

Filed 7-30 19 15 Juliette Coughlan Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 2 8 1976

391-124-042-113

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of ——

No. ..... St.

Hospital .....

Registration District No. 37

File No. 32249

Primary Registration District No. 1085

Registered No. .....

FULL NAME OF CHILD Claude Crandle

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	7 (Month) 24 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Clarence Eugene Crandle	FULL MAIDEN NAME	Emily Jacobsen
RESIDENCE	Twin Falls Ida	RESIDENCE	Twin Falls Ida
COLOR	Light	COLOR	Light
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Denver Colorado	BIRTHPLACE	Real Germany
OCCUPATION	Carpenter	OCCUPATION	House Wife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1:00 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M A Swanson
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Twin Falls Idaho

Filed 7-26 1915 Johnt Coughlin
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

236-223-042-613

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 37 File No. 32250

Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD Lida Fay Scott

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	7 (Month) 23 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Geo. C. Scott	FULL MAIDEN NAME	Rhoda Wallace
RESIDENCE	Rogerson Ida	RESIDENCE	Rogerson Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	54 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Kentucky	BIRTHPLACE	England
OCCUPATION	Restaurant keeper	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Pike

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Twin Falls Idaho

Filed 7-27 1915 John F. Coughlin Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

DEC 28 19

659-221-042-268

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Twin Falls

City of " "

No. 419 - 4th avn St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 37 File No. 32251

Primary Registration District No. 1085 Registered No.

FULL NAME OF CHILD: Ruth A. Weinheimer ~~Weinheimer~~

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	July 21 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Frank M. Weinheimer	FULL MAIDEN NAME	Susie Boyd
RESIDENCE	Twin Falls,	RESIDENCE	Twin Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	42
BIRTHPLACE	[redacted]	BIRTHPLACE	Illinois
OCCUPATION	Drayman	OCCUPATION	

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 30 am M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Wilson

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Twin Falls, Idaho.

Filed 7-25 1915 Johnt Coughlin Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

Photo Copy of Family Bible Record, Titled Births, gives one child's full name as Ruth Amelia Weinheimer, born July 21, 1915 - appears old and unaltered - viewed by V.S.

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of California } ss.
County of Los Angeles

Certificate No. 32251

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Weinheimer (female child) (Name on Original Certificate) who was born (Was Born or Died) on July 21, 1915 (Date of Event) in Twin Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Ruth Amelia Weinheimer

Subscribed and sworn to before me this day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Los Angeles

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12th day of June, 1964

G. Vernon Roby

Notary Public, residing at 701 CEDAR AVE. Long Beach, Calif.
My commission expires
(Seal)

G. VERNON ROBY
My Commission Expires April 22, 1966

I AM BROTHER OF ABOVE

Signed Frank Boyd Weinheimer
(Signature of Any Credible Person)

1970 Cedar Ave Long Beach Calif.
(Street Address, City, State)

FORM DH 60-155

CL 6-9-64. one copy pd. rec. #03437.
one copy pd. rec. #03833.

State of California, County ofTulare, Marriage Certificate, married Dec. 24, 1934 gives full name of groom as John E. Hat Hayhurst and full name of bride as Ruth A. Weinheimer - viewed by V.S.

DEC 2 1965

name added as Ruth A. Weiheimer because sufficent documents were not submitted to add full middle name - 12-2-65.

792-218-042-249

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of " "

No. ..... St.

Hospital .....

Registration District No. 37

File No. 32252

Primary Registration District No. 1085

Registered No. .....

FULL NAME OF CHILD Mary Winifred Gibson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	(To be answered only in event of plural births)			yes	July 18 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Fred. H Gibson	FULL MAIDEN NAME	Iva Katie Smith
RESIDENCE	Twin Falls,	RESIDENCE	Twin Falls,
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	—

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 5 am M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Wilson

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Twin Falls, Idaho

Filed 7-21 1915 John F. Coughlin
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 25 19

996-216-042-368

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 37 File No. 32253

Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD NAOMI RUTH Rife

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	7 (Month) 16 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Chas. A. Rife	FULL MAIDEN NAME	Emma Lohman
RESIDENCE	Twin Falls Ida.	RESIDENCE	Twin Falls, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Nebraska.
OCCUPATION	Farmer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5-30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) W. F. Pike

Physician (Physician or midwife)

Address Twin Falls Ida.

Filed 7-20 1915 Johnt Coughlin Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 2 6 1942

STATE OF .....

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Wyoming } ss.
County of Goshen

Certificate No. 32253

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Unnamed Rife (Name on original certificate) who born (Was born or died) on July 16, 1915 (Date of event)
in Twin Falls, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by ..... (Bible record, insurance policy, etc.) prepared on ..... (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Rife	Naomi Ruth Rife

Subscribed and sworn to before me this 23rd
day of September, 1941
Myrtle Allen
Notary Public, residing at Torrington, Wyo
My commission expires August 1, 1944
[SEAL]

Signed G. A. Rife, Father
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Torrington Wyo
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Wyoming } ss.
County of Goshen

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th
day of September, 1941
M. Myrtle Allen
Notary Public, residing at Torrington, Wyo
My commission expires August 1, 1944
[SEAL]

Signed Herman Rife (Brother)
(Signature of any credible person other than the previous affiant.)
Torrington, Wyo
(Street Address, City, State)

Received for filing on ..... By .....
(Registrar's signature)

AUG 2 1974

866-211-042-154

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 37 File No. 32254

Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD ALMA AFTON HOWE

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		Yes	July (Month) 11 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	John W Howe	FULL MAIDEN NAME	Alma Anderson
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	India	BIRTHPLACE	Dakota T
OCCUPATION	Civil Engineer	OCCUPATION	House Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T O Boyd

MD (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Twin Falls Idaho

Filed July 19 1915 J L Congler Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

319-109-042-533

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 37

File No. 32255

Primary Registration District No. 1095

Registered No. _____

FULL NAME OF CHILD Melvin Cardwell

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	1		8	yes	July (Month) 9 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Claude Cleveland Cardwell	FULL MAIDEN NAME	Cecil Lea Elliot
RESIDENCE	Twin Falls Idaho	RESIDENCE	Twin Falls Idaho
COLOR	Light	COLOR	Light
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Republick Kansas	BIRTHPLACE	Republick Kansas
OCCUPATION	Lavour	OCCUPATION	House wife

Number of child of this mother, including present birth 8

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 11 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) _____

M A Swenson
(Physician or midwife)

Address T Falls

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed 7-12 1915 John Coughlin Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

695-204-042-799

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital .....

Registration District No. 37

File No. 32256

Primary Registration District No. 1085

Registered No. .....

FULL NAME OF CHILD Lucille Fink

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		yes	July (Month) 4" (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Leroy Fink	FULL MAIDEN NAME	Edith Price
RESIDENCE	Twin Falls.	RESIDENCE	Twin Falls
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Ill	BIRTHPLACE	Idaho
OCCUPATION	Carpenter	OCCUPATION	House Wife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D O Boyd

M D
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Twin Falls, Idaho

Filed 7-19 1915 J L Coughlin
Registrar

Registrar

S-Y CO. 24655

SERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

B. In case of more than one child of [illegible] must be made for each and the number

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

P[redacted]RTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

32257

County of Clearwater

City of Elk River

749-224-018-649 Registration District No. 91 File No.

No. ....., ... St.

Hospital ..... Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Maria Guizzetti

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth
Female	✓		✓	Yes	Aug 24 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Joe Guizzetti	FULL MAIDEN NAME	Paulina Fritte
RESIDENCE	Elk River	RESIDENCE	Elk River
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Italy	BIRTHPLACE	Italy
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. A. G. Cooke

Physician (Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Elk River

Filed Aug 26 1915 Dr. A. G. Cooke

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

DEC 30 1941

AUG 6 1974

265-21-018-255

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

32258

County of Clearwater

City of Elk River

Registration District No. 91 File No.

No. , St.

Hospital Elk River Primary Registration District No. Registered No.

FULL NAME OF CHILD Dorothy Lucille Bennewell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		1	Yes	Aug 19 1915

	FATHER	MOTHER
FULL NAME	Guidon Bennewell	Dolly Beem
RESIDENCE	Elk River	Elk River
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	26	21
BIRTHPLACE	Wisconsin	Oklahoma
OCCUPATION	Sealer	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5-30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. A. L. Cooke

Physician

(Physician or Midwife)

Address Elk River Idaho

Given names added from a supplemental report

....., 19.....

Filed Aug 25 1915 Dr. A. L. Cooke

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

AUG 18 1965

386-106-018-863

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Clearwater

City of Elk River

No ....., ... St.

Registration District No 91 File No 32259

Primary Registration District No ..... Registered No .....

Hospital .....

FULL NAME OF CHILD Billy E. Thornton

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Dec 6 1915

	FATHER	MOTHER
FULL NAME	Emerson Thornton	FULL MAIDEN NAME Dorothy Holden
RESIDENCE	Elk River	RESIDENCE Elk River
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE	Indiana	BIRTHPLACE Illinois
OCCUPATION	Electrician	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 4:30 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. A. L. Brooks

Physician

(Physician or Midwife)

Address Elk River

Given names added from a supplemental report

....., 19.....

Filed 8/15/15 Dr. A. L. Brooks

Registrar

SYMS - YORK CO., PTRS. & BORS. 17826

Registrar

666-104-018-515

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Clearwater

City of Elk River

No. Front St.

Registration District No. 91 File No. 32260

Primary Registration District No. Registered No.

Hospital

FULL NAME OF CHILD James Alexander ~~WOODWARD~~

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	—	Yes	June 4 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Herbert L. ~~Woodward~~ WOODWARD	Elizabeth M. Vail.
RESIDENCE	Elk River	Elk River
COLOR / AGE AT LAST BIRTHDAY (Years)	White / 39	White / 36
BIRTHPLACE	Pennsylvania.	Minnesotta
OCCUPATION	Carpenter.	Housewife.
Number of child of this mother, including present birth	4	
Number of children, of this mother, now living, including present birth		4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 4 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Alexander

Physician

(Physician or Midwife)

Address Elk River, Ida.

Given names added from a supplemental report

....., 19.....

Registrar

Filed July 1 1915 Dr. Alexander

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

K

DECEASED

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Clearwater } ss.

Certificate No. 32260

APR 28 1943

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for James A Woodard (Name on Original Certificate) who Born (Was Born or Died) on 6/4/15 (Date of Event)
in Elk River, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Insurance Policy (Bible Record, Insurance Policy, Etc.) prepared on 12/28/40 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
SurName	Woodard	Woodward

Subscribed and sworn to before me this 26th day of April 1943

Notary Public, residing at Seattle Wn

My commission expires Apr 16 1946
(Seal)

Signed J. D. Woodward
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

2.7 Edgewater Place, Seattle Wn
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Clearwater } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26th day of April 1943

Notary Public, residing at Seattle

My commission expires October 16 - 1944
(Seal)

Signed Lewis A. Manone
(Signature of Any Credible Person Other Than Previous Year)

1717-6th So, Seattle Wn
(Street Address, City, State)

APR 19 1945

APR 30 1943

JUN 14 1976

851-119-018-262

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Clearwater

City of Elk River

No ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 91 File No. 32261

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Robert Harold Heath.

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth
Male	✓		✓	Yes	July 19 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

	FATHER		MOTHER
FULL NAME	Carroll D. Heath.	FULL MAIDEN NAME	Dorothy Rosky
RESIDENCE	Elk River	RESIDENCE	Elk River.
COLOR	White. AGE AT LAST BIRTHDAY 34 (Years)	COLOR	White. AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Wisconsin
OCCUPATION	Cruisy	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. A. G. Cooke

Physician (Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Elk River

Filed 8/1 1915 Dr. A. G. Cooke

..... Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Form V.S. No. 10-Revised 7-31

STATE OF IDAHO

CERTIFICATE OF BIRTH

1286

415-108-018-249

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Clearwater

City of Elk River

No. ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. ..... File No. 32262

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Wayne Smith Davis

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of birth
Male	✓	✓	Yes	Aug 8 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Elmer E Davis	FULL MAIDEN NAME	Helen Smith
RESIDENCE	Elk River	RESIDENCE	Elk River
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 11:30 a. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. A. G. Cooke

Physician

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Elk River

Filed 8/15 1915 Dr. A. G. Cooke

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JAN 5 1944

PLACE OF BIRTH

485-210-018-485

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Clearwater

City of Elk River

No. ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 91 File No. 32263

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Yuri Uyeno

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth
Female	✓		✓	Yes	Aug 10 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Sazaburo Uyeno	FULL MAIDEN NAME	Tonne Uyeno
RESIDENCE	Elk River	RESIDENCE	Elk River
COLOR	Japanese	COLOR	Japanese
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Laundryman	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. A. G. Cooke

Physician (Physician or Midwife)

Address Elk River

Filed Aug 19 1915 Dr. A. G. Cooke, Registrar

Given names added from a supplemental report

....., 19.....

..... Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

493-118
004-693

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of St Charles

Registration District No. 55

File No. 32265

No. ..... St.

Primary Registration District No. .....

Registered No. .....

Hospital .....

FULL NAME OF CHILD Andrew Jesse MICHAELSON

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Aug 18 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wm H. Michaelson	FULL MAIDEN NAME	Mary A Wilks
RESIDENCE	St Charles	RESIDENCE	St Charles
COLOR	H	COLOR	H
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	St Charles	BIRTHPLACE	St Charles
OCCUPATION	Farmer	OCCUPATION	H.W.

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 9:40 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J Hutton
Mrs
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Paris

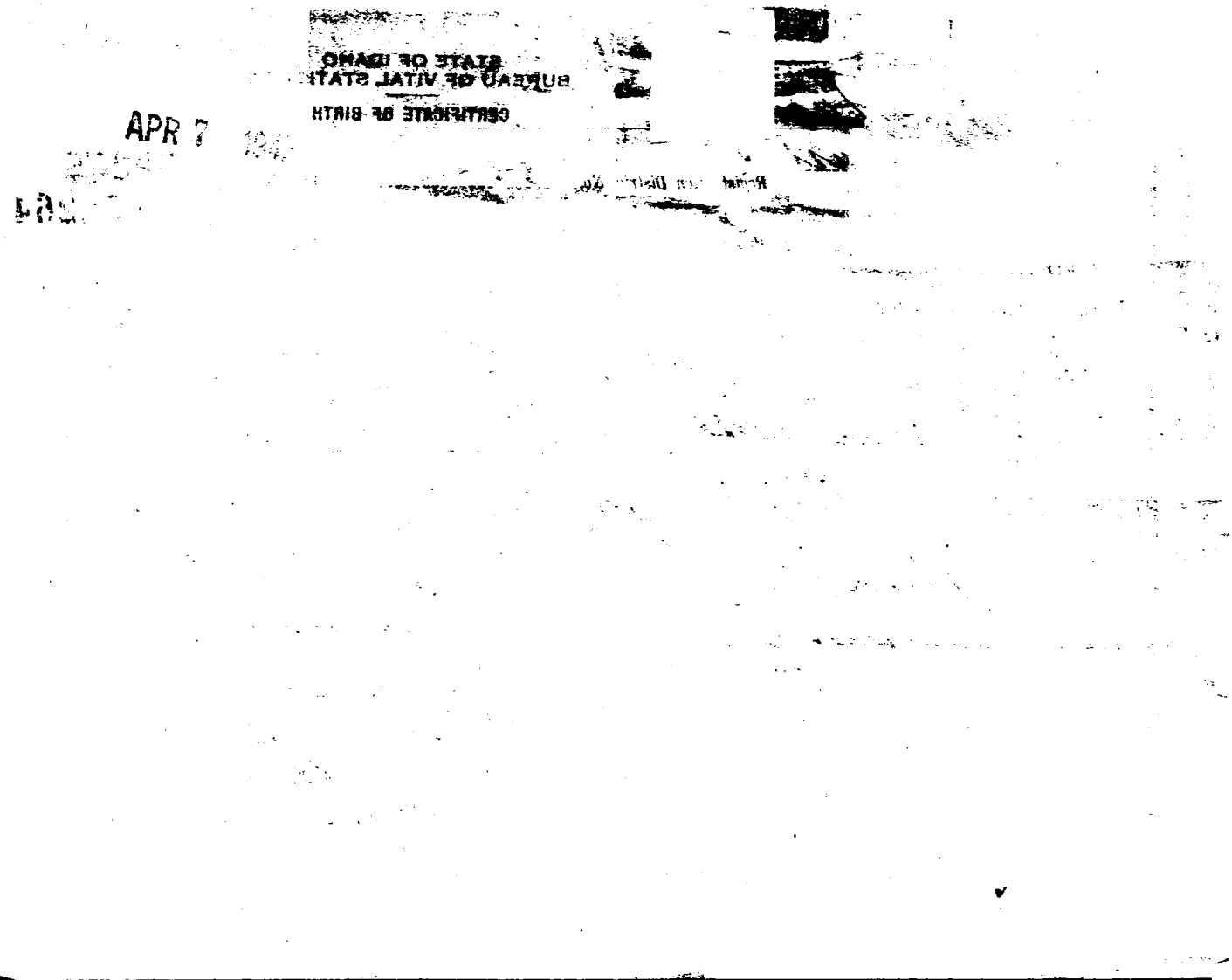
Filed Aug 18 1915 - John Mattson
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.


APR 7

653-131-019-433

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of New Plymouth Registration District No. 5 File No. 32266

No. ....., ... St.

Primary Registration District No. 1809 Registered No. 25

Hospital .....

FULL NAME OF CHILD Harry Carlyle Welch

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—	—	Yes	July 31, 1915

FATHER		MOTHER	
FULL NAME	J. D Welch	FULL MAIDEN NAME	Clara McCabe
RESIDENCE	New Plymouth	RESIDENCE	New Plymouth
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	54 (Years)	AGE AT LAST BIRTHDAY	44 (Years)
BIRTHPLACE	Ida	BIRTHPLACE	Mo
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm J. Drysdale MD

(Physician or Midwife)

Address New Plymouth

Given names added from a supplemental report

....., 19.....

Filed Aug 19 22 Wm J Drysdale

Registrar

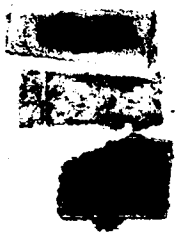
S-Y CO., 16870

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... }ss.
County of ..... }

Certificate No. 32266

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Harry Carlyle Welch

Subscribed and sworn to before me this 7 day of Nov., 19 44

Julius Ambrose

Notary Public, residing at Boise

My commission expires 1/14/47
(Seal)

Signed Joseph D. Koell
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... }ss.
County of ..... }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19 .....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

NOV 6 1944

995-218-014-418 [redacted]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of New Plymouth Registration District No. 5 File No. 32267

No. ....., ... St. Primary Registration District No. 2007 Registered No. 24

Hospital .....

FULL NAME OF CHILD Mary Ringer

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
f			Yes	July	18	1915

FATHER		MOTHER	
FULL NAME	Fred Ringer	FULL MAIDEN NAME	Meta Day
RESIDENCE	New Reynolds	RESIDENCE	New Plymouth
COLOR	W	AGE AT LAST BIRTHDAY (Years)	48
COLOR	W	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Nova Scotia	BIRTHPLACE	England
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..1.. Number of children, of this mother, now living, including present birth ..1..

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm J. Drysdale MD

(Physician or Midwife)

Address New Plymouth

Filed July 19 15 Wm J. Drysdale Registrar

Given names added from a supplemental report

....., 19.....

..... Registrar

S-Y CO., 16670

JAN 29 1942

563-211-014-4

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of New Plymouth

Registration District No. 5

File No. 32268

No. ..... St.

Primary Registration District No. 2009

Registered No. 23

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
♀			Yes	July 11, 1915

FATHER		MOTHER	
FULL NAME	James M. Hall	FULL MAIDEN NAME	Lottie Miller
RESIDENCE	New Plymouth	RESIDENCE	New Plymouth
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Ill	BIRTHPLACE	Nebr.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm J. Drysdale MD

(Physician or Midwife)

Address New Plymouth Ida

Given names added from a supplemental report

....., 19.....

Filed July 19 15 Wm J. Drysdale

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

391-109-001-214

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 2

File No. 32270

No. 1209 Bannock St.

Primary Registration District No. 1004

Registered No. 38

Hospital

FULL NAME OF CHILD RAYMOND HARRISON TRASK

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male				Yes	7 (Month) – 9 (Day) 191 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Ray H. Trask	FULL MAIDEN NAME	Alice Bauer
RESIDENCE	Boise, Idaho	RESIDENCE	Boise, Idaho
COLOR	N. AGE AT LAST BIRTHDAY 28 (Years)	COLOR	N. AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE	Minnesota	BIRTHPLACE	Canada
OCCUPATION	Auto Stage Driver	OCCUPATION	House Wife

Number of child of this mother, including present birth 1st

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 9:20 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Maurice H. Tallman M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Boise, Idaho

Filed 7-12 1915 M. L. Parker
Registrar

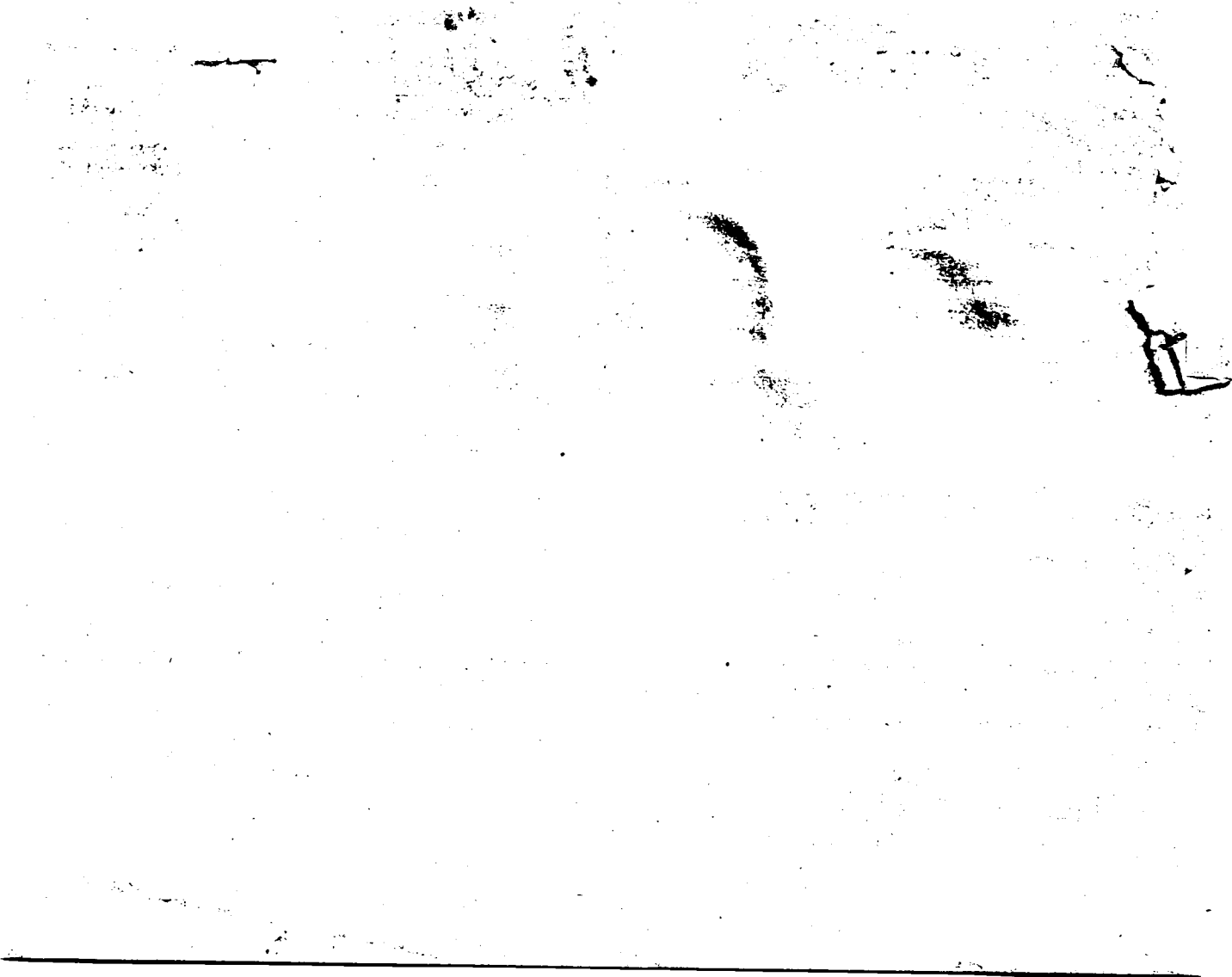
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BIN[illegible]T RECORD

WRITE PLAINLY WITH UNFADING INK—THIS IS A PE[illegible]

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made [illegible] and the number of each, in order of birth stated.



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho) ss.
County of Ada.)

Certificate No. 32270

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH) for Trask (otherwise unnamed) (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on July 9th 1915 (DATE OF EVENT) in Boise, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Family Bible and personal knowledge (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on or about July 15th 1915 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
	Unamed	Raymond Harrison Trask

Subscribed and sworn to before me this 5th day of February, 19 42

S. D. Fairchild
Notary Public, residing at Boise, Idaho
for the State of Idaho

My commission expires August 12th 1945.
(SEAL)

Signed Alice B. Trask Mother
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Green Gables Motel R. D. # 2 Boise, Ida.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho) ss.
County of Ada.)

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that ~~he~~ she has knowledge of the corrected facts as set forth above and that they are true to the best of ~~his~~ knowledge.

Subscribed and sworn to before me this 5th day of February, 19 42

S. D. Fairchild
Notary Public, residing at Boise, Idaho

My commission expires August 12, 1945.
(SEAL)

Signed Mrs Mary Baer Grandmother
(SIGNATURE OF ANY PERSON OTHER THAN PREVIOUS AFFIANT.)

316 Bannock Street, Boise, Idaho.
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

NOV 2 [illegible]
FEB 14 1961
JUL 21 1961

343-1[illegible]-001-[illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1352 Grand Av.

Hospital

Registration District No. 2

File No. 32271

Primary Registration District No. 1004

Registered No. 4

FULL NAME OF CHILD JAMES R. Buchanan

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male			Yes	June 25 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Max Buchanan	FULL MAIDEN NAME	Addie Hesser
RESIDENCE	1352 Grand Ave	RESIDENCE	1352 Grand Ave
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Nebraska
OCCUPATION	Drayman	OCCUPATION	Hwife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 25 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edward T Bivin

Physician (Physician ~~or midwife~~)

Given names added from a supplemental report

..... 19.....

Address .....

Filed 7-5 1915

M. S. Parker
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DECEASED

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada }

Certificate No. 32271

Date Filed Birth

The undersigned does solemnly swear that certain facts on the certificate of (BIRTH OR DEATH)
for Unnamed (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on 6-25-1915 (DATE OF EVENT)
in Boise, Ida. (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Father (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Omitted	James R. Buchanan

Subscribed and sworn to before me this 18th
day of February, 1942.

Dorothy M. Gray
Notary Public, residing at Boise, Ada

My commission expires Oct. 26, 1943
(SEAL)

Signed William M. Buchanan
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

414 North Ind. St. Boise
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19 .....

Signed .....
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at .....

.....
(STREET ADDRESS, CITY, STATE)

My commission expires .....
(SEAL)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

FEB 2 9 1942

MAR 8 1950

253-213-001-865

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2 File No. 32272

Primary Registration District No. 1004 Registered No. 51

FULL NAME OF CHILD LOUISE ELIZABETH Deckel

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		Yes	July 13 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Harry R. Deckel	FULL MAIDEN NAME	Elma H. Hoefs
RESIDENCE	1711 Wash St Boise Id	RESIDENCE	1711 Wash St Boise Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Kansas
OCCUPATION	Book Keeper	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive July 13 at 9:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jos. R. Numbers
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Boise, Idaho

Filed 7-15 1915 M. L. Parker
Registrar

Registrar

S-Y CO. 24655

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California }
County of San Francisco } ss.

Certificate No. 32272

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or ~~Death~~) for Louise Elizabeth Seckel (Name on Original Certificate) who Born (Was Born or ~~Died~~) on July 13 - 1915 (Date of Event) in Boise Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible (Bible Record, Insurance Policy, Etc.) prepared on July 13, 1915 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Louise Elizabeth Seckel

Subscribed and sworn to before me this 22nd day of June 1943

Henry B. Liles

Notary Public, residing at San Francisco Cal.

My commission expires Feb 2/1946

(Seal)

Signed Harry C. Seckel

(Signature of parent or ~~attendant~~ if correcting a birth record; of attendant, funeral director, informant if correcting a ~~death~~ record; or other credible person.)

4500 Lee St Oakland Cal

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California }
County of San Francisco } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4th day of July, 1943

Notary Public, residing at San Francisco Cal

My commission expires June 1, 1945

(Seal)

Signed [illegible]

(Signature of Any Credible Person Other Than Previous Year)

290 Grand Ave. [illegible]

(Street Address, City, State)

JUN 3 0 1945

FEB 1949

MAY 3 1974

943-130-001-113

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada.

City of Boise

No. 1917 Eastman St.

Hospital St. Luke's Hosp.

Registration District No. 2

Primary Registration District No. 1004

File No. 32273

Registered No. 6

FULL NAME OF CHILD Wm Francis Reich.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes.	6 30 1915

FATHER		MOTHER	
FULL NAME	Clarence P. Reich.	FULL MAIDEN NAME	Mary Jacobs.
RESIDENCE	1917 Eastman	RESIDENCE	1917 Eastman.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Moravia Iowa.	BIRTHPLACE	Clearfield Iowa.
OCCUPATION	Lumberman.	OCCUPATION	Housewife.

Number of child of this mother, including present birth.....

Number of children of this mother now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11 30 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm F. Smith M. D.

(Physician or midwife)

Given names added from a supplemental report.

.....19.....

Registrar

Address.....

Filed July 8 1915 M. S. Parker

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

OCT 8 1946

PLACE OF BIRTH

349-205-001-219

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1913 Wash St.

Hospital

Registration District No. 2 File No. 32274

Primary Registration District No. 1004 Registered No. 7

FULL NAME OF CHILD Loweth Rhoda Curtis

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	July 5 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Charles Whaley Curtis	FULL MAIDEN NAME	Catherine Margaretta Barker
RESIDENCE	1913 Wash	RESIDENCE	1913 Wash
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	St. Martins Maryland	BIRTHPLACE	North Hampshire Eng.
OCCUPATION	Butcher	OCCUPATION	House Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at 8.30 am on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. H. Handy D.O.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 7-8 1915 M. L. Parker

Registrar Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

689-103-001-154

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. _____ St.

Hospital St Lukes

Registration District No. 2 File No. 32275

Primary Registration District No. 1004 Registered No. 8

FULL NAME OF CHILD Harry Arthur Whitten

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	yes	July (Month) 3rd (Day) 1915 (Year)

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME	Frank Whitten	Elma F. Anderson
RESIDENCE	Blackfoot Idaho	Blackfoot, Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	31	32
BIRTHPLACE	California	California
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1st

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2.40 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Taylor M.D.
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address Boise, Idaho

Filed 7-8 1915 M. S. Parker Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 1 1963

5/15/41. w.h.

432-227-001-713

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 600 S 15 *St.*

Hospital

Registration District No. 2 **File No.** 32276

Primary Registration District No. 1004 **Registered No.** 9

FULL NAME OF CHILD Ruth McKain

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
f.		Yes	June 27 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	W. E. McKain	FULL MAIDEN NAME	Ethel Palmer
RESIDENCE	~~Sweet Idaho~~ 600 S 15th St	RESIDENCE	~~Sweet Idaho~~ 600 So 15th St.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Oklahoma	BIRTHPLACE	Iowa
OCCUPATION	farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN ~~OR MIDWIFE~~*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Bock

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19...

Address Boise Ida

Filed 7-1 1915 M. L. Parker

Registrar Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

NOV 4 1902

458-230-001-815

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1502 N 13 *St.*

Hospital

Registration District No. 2 **File No.** 32277

Primary Registration District No. 1004 **Registered No.** 100

FULL NAME OF CHILD Louelna Roseanna Mehse

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
f		yes	June (Month) 30 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Louis G Mehse	FULL MAIDEN NAME	Elna of Hansen
RESIDENCE	1502 N 13	RESIDENCE	1502 N 13
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Traveling auditor	OCCUPATION	H. W.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN ~~OR MIDWIFE~~*

I hereby certify that I attended the birth of this child, who was born alive at 2.20 A.M. on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth,

(Signature) John Boeck

(Physician ~~or midwife~~)

Given names added from a supplemental report.

Address Boise Ida

19

Filed 7-8 1915 M. S. Parker

Registrar Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

168-111-001-914

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Hospital St Lukes

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2 File No. 32278

Primary Registration District No. 1004 Registered No. 41

FULL NAME OF CHILD Johnson (died)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	July (Month) 11 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Sherman Johnson	FULL MAIDEN NAME	Ida Ramsey
RESIDENCE	Boise Idaho	RESIDENCE	Boise Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Colorado	BIRTHPLACE	Washington
OCCUPATION	Mechanic	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ~~Edward H Brinker~~ Born Alive at 4 P. M. on the date above stated.

(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edward H Brinker

Physician

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address 206 Yates Bldg Boise

Filed July 19 1915 M. L. Parker Registrar

Premature

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

D

213-110-001-662

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Hospital .....

Registration District No. 2 File No. 32279

Primary Registration District No. 1004 Registered No. 13

FULL NAME OF CHILD Eldon Kyle Bacon

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	/	/	/	Yes	June 10 1915

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME E. P. Bacon	FULL MAIDEN NAME Clara Foster
RESIDENCE Boise Idaho	RESIDENCE Boise Idaho
COLOR White	AGE AT LAST BIRTHDAY 42 (Years)
COLOR White	AGE AT LAST BIRTHDAY 35 (Years)
BIRTHPLACE Nahant Mass.	BIRTHPLACE Montello Iowa
OCCUPATION Manager Elec. Light Co	OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4.10 P. M. on the date above stated.

(Born alive or stillborn)

(Signature) L. P. McCalla

(Physician or midwife)

Address Boise Idaho

Filed July 15 1915 M. L. Parker

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 20 1942

433-129-001-295

Form V. S. No. 11-C—25m-1-1-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. So 9th St.

Hospital —

Registration District No. 2 File No. 32280

Primary Registration District No. 1004 Registered No. 14

FULL NAME OF CHILD RALPH VERNON McLIN

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	June 29 1915

FATHER		MOTHER	
FULL NAME	James S. McLin	FULL MAIDEN NAME	Berth H. Krefft
RESIDENCE	Boise	RESIDENCE	Boise
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	49 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Texas	BIRTHPLACE	Colorado
OCCUPATION	Farmer	OCCUPATION	Domestic

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3:10 A. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. P. Haley (Physician or midwife)

Address Boise

Given names added from a supplemental report.

..... 19....

..... Registrar

Filed July 1st, 1915. M. A. Parke Registrar

E-Y CO. 24695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Elmore

Certificate No. 32280
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Ralph Vernon McLin (Name on original certificate) who was born (Was born or died) on June 29th, 1915, (Date of event)
in Boise, Idaho, (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed McLin	Ralph Vernon McLin

Subscribed and sworn to before me this 29th
day of October, 19 41.

Notary Public, residing at Mtn. Home, Idaho.
My commission expires June 7th, 1943.
[SEAL]

Signed Mrs Bertha Merrill
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Mountain Home, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19.

Notary Public, residing at
My commission expires
[SEAL]

Signed
(Signature of any credible person other than the previous affiant.)

(Street Address, City, State)

Received for filing on By
(Registrar's signature)

364-210-001-449

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Hospital St Alphonsus

Registration District No. 2

File No. 32281

Primary Registration District No. 1004

Registered No. 15

FULL NAME OF CHILD Camilla Mary Teresa Coughlin.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	/		/	Yes	July 10 1915

FATHER		MOTHER	
FULL NAME	W. J. Coughlin	FULL MAIDEN NAME	Florence Murphy
RESIDENCE	Boise Idaho	RESIDENCE	Boise Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Waterbury Conn.	BIRTHPLACE	Portland Oregon
OCCUPATION	Furniture Dealer	OCCUPATION	House wife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8.9. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. P. McCall
(Physician or midwife)

Address Boise Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed July 13, 1915.

M. J. Parker
Registrar

9-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 1 1 1968

613-111-001-432

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Hospital St Alphonsus

Registration District No. 2 File No. 32282

Primary Registration District No. 1004 Registered No. 16

FULL NAME OF CHILD John Frazier Waldo

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth
Male	1	1	Yes	July 11 (Month) (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	H. R. Waldo	FULL MAIDEN NAME	Katherine McKenzie
RESIDENCE	Boise Idaho	RESIDENCE	Boise Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Canyon City, Colo.	BIRTHPLACE	Ogalalla, Neb.
OCCUPATION	Lawyer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1:30 P M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. P. McCall

(Physician or midwife)

Address Boise Idaho

Given names added from a supplemental report.

..... 19.....

Filed July 14, 1915. W. J. Parker

..... Registrar

CO. 24655 Registrar

IN RESERVED FOR BINDING
WITH UNFADING INK—THIS IS A PERMANENT RECORD
...e of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

212-001-453

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Hospital St Alphonsus

Registration District No. 2

File No. 32283

Primary Registration District No. 1004

Registered No. 17

FULL NAME OF CHILD Velma Pauline Parks

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	/	/	Yes	July 12 1915

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME Robert Monroe Parks	FULL MAIDEN NAME Edna Metz
RESIDENCE Rosebury, Idaho	RESIDENCE Rosebury, Idaho.
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 48 (Years)	AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE Ill	BIRTHPLACE Ohio
OCCUPATION Merchant	OCCUPATION Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. P. McCalla

(Physician or midwife)

Address Boise Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed July 15, 1915.

M. J. Parker
Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 22 1952
JAN 18 1973
MAY 2 1973

2 copies 2/20/41 L. B.

319-212-001-556

Form V. S. No. 11-C—[illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1815 Bannock St.

Registration District No. 2 File No. 32284

Primary Registration District No. 1004 Registered No. 18

Hospital

FULL NAME OF CHILD Marilyn Ray Carson

Sex of Child	~~Twin~~ ~~Triplet~~ or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Fem	4	Yes	July 12 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Roy Carson	FULL MAIDEN NAME	Edeth Newell
RESIDENCE	1815 Bannock St City	RESIDENCE	same
COLOR	W. AGE AT LAST BIRTHDAY 35 (Years)	COLOR	White AGE AT LAST BIRTHDAY 37 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Iowa
OCCUPATION	Electrician	OCCUPATION	House k/pr.

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Froom M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Boise Ida

Filed July 15, 1915. 19 M. S. Parker

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 32284

County of ..... } Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)

for Unnamed (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on 7-12-1915 (DATE OF EVENT)

in Boise, Ida. (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Mother (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Omitted	Marilyn Ray Carson

Subscribed and sworn to before me this 30th day of April, 1942.

Mary B. Edwards

Notary Public, residing at Boise, Idaho

My commission expires November 6, 1944.

(SEAL)

Signed Edith Carson Paddock

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

.....

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.

County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....

day of ....., 19 .....

Notary Public, residing at .....

My commission expires .....

(SEAL)

Signed .....

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

.....

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....

(REGISTRAR'S SIGNATURE)

MAY 8 1942

212-219-001-599

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32285

County of Ada

City of Boise

No. 329 So. 13 St.

Hospital

Registration District No. 2 File No.

Primary Registration District No. 1004 Registered No. 19

FULL NAME OF CHILD JESSIE IRENE BAKER

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	July 19 1915

FATHER		MOTHER	
FULL NAME	Jesse M. Baker	FULL MAIDEN NAME	Bessie Virgil
RESIDENCE	329 So. 13th St. Boise	RESIDENCE	Boise
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Idaho	BIRTHPLACE	Colorado
OCCUPATION	Tinner	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11:10 A.M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Maurice N. Tallman, M.D.
(Physician or midwife)

Address Boise, Idaho

July 21, 1915.

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed .....19.....

M. J. Parker
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 2 1952

449-221-001-296

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Ada

City of Boise

No. 1919 State St. St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2 File No. 32286

Primary Registration District No. 1004 Registered No. 20

FULL NAME OF CHILD Geneva Durham

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Fem	1	yes	July (Month) 21 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Oric C Durham	FULL MAIDEN NAME	Gulah Brown
RESIDENCE	1919 State St Boise	RESIDENCE	Boise
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Kan.
OCCUPATION	Teacher	OCCUPATION	Nurse

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Froom M.D.

(Physician or midwife)

Given names added from a supplemental report

19

Registrar

Address

Filed July 22, 1915. 19 M. S. Parker Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 1 1942

MAY 3 1967

231-120-001-483

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1420 N 25 St.

Hospital

Registration District No. 2 File No. 32287

Primary Registration District No. 1004 Registered No. 27

FULL NAME OF CHILD HAROLD LOGAN BLACKWELL

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			Yes.	July 20 1915

FATHER		MOTHER	
FULL NAME	L.D. Blackwell.	FULL MAIDEN NAME	Jennie Miller
RESIDENCE	1420 N 25	RESIDENCE	1420 N 25
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	50 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Kas.
OCCUPATION	Laborer	OCCUPATION	House wife

Number of child of this mother, including present birth 9

Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5:30a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

..... Registrar

(Signature) [signature]

(Physician or midwife)

Address Boise Ida

Filed July 25 19 15 [signature] Registrar

S-Y CO. 24688

DEC 9 194

469-117-001-413

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Hospital St Alphonsus

Registration District No. 2

File No. 32288

Primary Registration District No. 1004

Registered No. 22

FULL NAME OF CHILD James A. Morrison Jr.

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	1	1	yes	July (Month) 17 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	James A Morrison	FULL MAIDEN NAME	Reta Mace
RESIDENCE	Eagle Idaho	RESIDENCE	Eagle Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Boise Valley, Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 A. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. P. McCallum

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Boise, Idaho

Filed July 20, 1915 M. S. Parker

Registrar

Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 4 1973

DEC 7 1941

962-226-001-356

PLACE OF BIRTH

Form V. S. No. 11-C—20m-6-15-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1020½ W. Jeff St.

Hospital

Registration District No. 2 File No. 32289

Primary Registration District No. 1004 Registered No. 28

FULL NAME OF CHILD Ruth Mavian Robison

Sex of Child	Twin—Triplet—or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem		1	Yes	July 26 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Prof V. R. Robison	Mae Crookrey
RESIDENCE	Blackfoot Ida	Blackfoot Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	39	35
BIRTHPLACE	Minn.	Minn.
OCCUPATION	Teacher	Teacher

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born living (Born alive or stillborn) at 7 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Froom

(Physician or midwife)

Address

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed July 28 19 1915 M. L. Parker
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

JUN 13 1969

6-13-69

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 32289

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Robison (Name on Original Certificate) who was born (Was Born or Died) on July 26, 1915 (Date of Event)
in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
childs name	Unnamed	Ruth Mavian Robison

Subscribed and sworn to before me this 13 day of July, 1969

Notary Public, residing at Caldwell, Idaho

My commission expires Sept 28, 1972

(Seal)

Signed Norma M Winston
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Box 13 Springfield, Idaho 83277
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of
....., 19.....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

JUN 1

Family Bible Record gives name as Ruth Mavian Robison born July 26, 1915 in Boise, Father V. R. Robison and Mother Mae Croskry.
Viewed by V.S.

Transcript from University of Idaho gives name as Ruth Mavian Robison . Date of Birth July 26, 1915 at Boise, Idaho. B. Z. Conferred Jan 25, 1961.
Viewed by V.S.

132-126-001-693

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Hospital St Alphs,

Form V. S. No. 11-C—25m-1-1-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2 File No. 32290

Primary Registration District No. 1004 Registered No. 24

FULL NAME OF CHILD George Robert Samuel Atkinson

Sex of Child Male | Twin, Triplet or other? | and | Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth July 26, 1915 (Month) (Day) (Year)

FATHER

FULL NAME Samuel J. Atkinson

RESIDENCE Boise

COLOR White AGE AT LAST BIRTHDAY 26 (Years)

BIRTHPLACE Idaho

OCCUPATION Clerk Sup Ct

MOTHER

FULL MAIDEN NAME Lenora C. Miller

RESIDENCE Boise

COLOR White AGE AT LAST BIRTHDAY 23 (Years)

BIRTHPLACE Idaho

OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated. July 27 at 9 a. M

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Joseph R. Numbers

(Physician or midwife)

Address Boise Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed July 30 19 1915 W. A. Barker Registrar

S-Y CO. 24698

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 32299

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (BIRTH OR DEATH)
for ..... (NAME ON ORIGINAL CERTIFICATE) who ..... (WAS BORN OR DIED) on ..... (DATE OF EVENT)
in ..... (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Robert Samuel Atkinson	Robert George
		Samuel Atkinson

Subscribed and sworn to before me this 6th
day of January, 1942.

Notary Public, residing at Boise, Ida.

My commission expires March 19, 1945
(SEAL)

Signed L. J. Atkinson
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD: OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

708 Jefferson St. Boise Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6
day of ....., 19 .....

Notary Public, residing at .....

My commission expires .....
(SEAL)

Signed .....
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

.....
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

JAN - 7 1943

297-221-001-944

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Ada

City of Boise

No. — St.

Hospital St. Alph.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2 File No. 32291

Primary Registration District No. 1004 Registered No. 25

FULL NAME OF CHILD Clara Lillian Sigismund

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F	1	Yes	July 21 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Hugo Sigismund	FULL MAIDEN NAME	Mary Zmuda
RESIDENCE	Barber - Idaho	RESIDENCE	Barber
COLOR	W. AGE AT LAST BIRTHDAY 27 (Years)	COLOR	W AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Wisconsin
OCCUPATION	Mechanic	OCCUPATION	H. W.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 530 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. S. Titus
(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed July 26 19 1915 M. S. Parker
Registrar

Registrar

S-Y CO. 24685

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 25 1943

595-113-001-865

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Hospital St. Alphonsus

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2 File No. 32292

Primary Registration District No. 1004 Registered No. 26

FULL NAME OF CHILD John Marcus Vining

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes.	April 13 1915

	FATHER	MOTHER
FULL NAME	~~Ernest~~ Marcus Vining	FULL MAIDEN NAME Emma Anna Hennig
RESIDENCE	Caldwell.	RESIDENCE Caldwell.
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	37. (Years)	AGE AT LAST BIRTHDAY 29. (Years)
BIRTHPLACE	Coburg Michigan	BIRTHPLACE Portland.
OCCUPATION		OCCUPATION Housewife.

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (born alive or stillborn) at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Smith M. D. (Physician or midwife)

Address .....

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed July 20, 1915 M. L. Parker Registrar

S-Y CO. 24655

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 32292

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	not named	John M. Vining
Father's name	John	Ernest Morgan Vining

Subscribed and sworn to before me this 14
day of June, 1944

Notary Public, residing at Boise

My commission expires 7/14/47
(Seal)

Signed Emma Anne Vining
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19 ....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

JUN 14 1944

JUN 26 1944

622-105-001-622

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Hospital St. Alphonsus

Registration District No. 2 File No. 32293

Primary Registration District No. 1004 Registered No. 27

FULL NAME OF CHILD WILLARD REUBEN OSBORN

Sex of Child	Twin Triplet or other? / and Number in order of birth / (To be answered only in event of plural births)	Legitimate? Yes.	Date of Birth 6 (Month) 5 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Mr. R. L. Osborn	FULL MAIDEN NAME	Anna Trichka Osborn
RESIDENCE	411 Myrtle St.	RESIDENCE	Myrtle 411.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)		AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Corrin Utah.	BIRTHPLACE	Wilber Neb.
OCCUPATION	Book keeper	OCCUPATION	House wife.

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at ..... M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Stewart M. D. N. H.

(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed Aug 2 1915 M. S. Parker Registrar

S-Y CO. 24655

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bingham }

Certificate No. 32293
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Unnamed Osborn (Name on original certificate) who born (Was born or died) on June 5, 1915 (Date of event)
in Boise, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Osborn	Willard Reuben Osborn

Subscribed and sworn to before me this 20th day of October, 1941

Notary Public, residing at Blackfoot Idaho
My commission expires July 17 1945
[SEAL]

Signed Robert L. Osborn
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
401 So. Lincoln Blackfoot Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bingham }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20th day of October, 1941

Notary Public, residing at Blackfoot Idaho
My commission expires July 17 1945
[SEAL]

Signed Leroy Jones
(Signature of any credible person other than the previous affiant.)
Blackfoot Idaho
(Street Address, City, State)

Received for filing on / / By
(Registrar's signature)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

432-107-001-212

PLACE OF BIRTH

Form V. S. No. 11-C—Rev.

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

32294

County of Ada

City of Boise

No 110, State St.

Registration District No 2 File No.

Hospital Primary Registration District No. 1004 Registered No. 28

FULL NAME OF CHILD Howard Everett McBride

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy		1	Yes	6 – 7 – 1915

FATHER		MOTHER	
FULL NAME	Chas. McBride	FULL MAIDEN NAME	Lulu Basford
RESIDENCE	110 State St. Boise	RESIDENCE	110 St St Boise
COLOR	Wh	COLOR	Wh
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	South Dakota	BIRTHPLACE	Iowa
OCCUPATION	Cook	OCCUPATION	Laundress

Number of child of this mother, including present birth 1 Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Antoinette M.D.

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed Aug 2 1915 M. E. Parker

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

NOV 3 1944

APR

553-130-001-219

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of ada

City of Boise

No. ..... St.

Hospital St Alphonsus

Registration District No. 2 File No. 32296

Primary Registration District No. 1004 Registered No. 30

FULL NAME OF CHILD John Alvin Nelson, Jr.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	7 30 1915

FATHER		MOTHER	
FULL NAME	John A Nelson	FULL MAIDEN NAME	Loy Barker
RESIDENCE	Silver City	RESIDENCE	Silver City
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Minn	BIRTHPLACE	Mo
OCCUPATION	Electrician	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred A Pittenger

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Falk Bldg

Filed Aug 3 1915 M L Paher

Registrar

CO. 24655

Registrar

MARGIN RESERVED FOR BINDING

E PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

10-5-73

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED BUREAU OF VITAL STATISTICS

OCT 5 4 27 PM '73

State of ..... } ss.
County of ..... }

Certificate No. 32296

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Nelson (Name on Original Certificate) who was born (Was Born or Died) on July 30, 1915 (Date of Event)
in Boise (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	omitted	John Alvin Nelson

Subscribed and sworn to before me this 5th day of October, 1973

Notary Public, residing at Boise

My commission expires 1-22-74

(Seal)

Signed Roger Nelson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

Own childs birth certificate on file with state of Idaho gives name of father as John Alvin Nelson, Jr. Child born August 11, 1946 in Boise, Idaho. Certificate # 423390.
Viewed by V.S.

OCT 5 1973

Lodge record issued by the Knights of the york Cross of Honour gives name as John Alvin Nelson, Jr. Member of Idaho Priory # 13 for Life. Taylor Robertson, Registrar. # 49-7873.
Viewed by V.S.

639-122-001-864

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32297

County of Ada

City of Boise

No. 608 N 14th St.

Registration District No. 2 File No.

Primary Registration District No. 1004 Registered No. 31

Hospital

FULL NAME OF CHILD LeRoy Radvers Olsen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	7 22 1915

FATHER

FULL NAME Joseph Olsen

RESIDENCE 608 N 14

COLOR W. AGE AT LAST BIRTHDAY 32 (Years)

BIRTHPLACE England

OCCUPATION Blacksmith

MOTHER

FULL MAIDEN NAME Minnie Hoult

RESIDENCE 608 N 14th

COLOR W. AGE AT LAST BIRTHDAY 27 (Years)

BIRTHPLACE Minn.

OCCUPATION Housewife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2 A M on the date above stated.

(Signature) Fred A Petengill

(Physician or midwife)

Address Falk Bldg

Filed Aug 3 1915

M A Parker
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

S-Y CO. 24655

DECEASED

252-219-001-8[illegible]

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Ada

City of Boise

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32298

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Edith Marietta Sebern

3. Sex Female | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ..... | 7. Legitimate? Yes | 8. Date of birth June 19, 1915 (Month, Day, Year)

FATHER	MOTHER
9. Full name Heath Sebern	18. Full maiden name Lois M. Holcomb
10. Residence (usual place of abode) (If non-resident, give place and State) Nampa, Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) Boise, Idaho
11. Color or race Wh | 12. Age at last birthday 24 (years)	20. Color or race Wh | 21. Age at last birthday 25 (years)
13. Birthplace (city or place) Boise (State or Country) Idaho	22. Birthplace (city or place) Albion (State or Country) Idaho
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
16. Date (month and year) last engaged in this work ....., 19.... | 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19.... | 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother 1 (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive 12:00 at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) H Goodfriend, M. D.

or ....., Midwife

Address Boise, Idaho

Give name added from a supplemental report .....
(Date of)

Filed August 3, 1915, M L Parker
Registrar.

Registrar.

MAY 1 1942

155 - [illegible] 6-1-72393

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Ada

City of S. Boise

No. — St.

Hospital —

Form [illegible] No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2 File No. 32299

Primary Registration District No. 1004 Registered No. 33

FULL NAME OF CHILD Virginia Ruth Avery

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	—		—	yes	7 14 1915

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Byron L. Avery	FULL MAIDEN NAME	Maybelle A. Tise
RESIDENCE	S. Boise	RESIDENCE	S. Boise
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Mass	BIRTHPLACE	Mass
OCCUPATION	Butcher	OCCUPATION	Hw.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 12:15 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. Allen Cullaway

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Boise Idaho

Filed Aug 3 1915 M. S. Parker
Registrar

S-Y CO. 34695

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED BUREAU OF VITAL STATISTICS MAY 15 9 24 AM '72

State of ..... } ss.
County of .....

Certificate No. 32299

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Ruth Avery (Name on Original Certificate) who was born (Was Born or Died) on July 14, 1915 (Date of Event) in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Ruth Avery	Virginia Ruth Avery

Subscribed and sworn to before me this 11th day of May 1972

Frances L. Puls

Notary Public, residing at Portland, Oregon

My commission expires My Commission Expires June 3, 1973

(Seal)

Signed Geraldine Avery Powell

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

156 Lombard Ave. Portland Oregon

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Multnomah

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11th day of May, 1972

Frances L. Puls

Notary Public, residing at Portland, Oregon

My commission expires .....

(Seal)

Signed W. F. Parthold

(Signature of Any Credible Person)

6732 N. E. Hancock

(Street Address, City, State)

Portland Ore.

FORM DH 60-155 CL 4/26/72 nm

Statement regarding family record gives name as Virginia Ruth Avery. born July 14, 1915 and married Donald Drais. Statement issued May 5, 1972. Original obviously old.
Viewed by V.S.

JUN 1 1972

Certificate of Baptism of own child gives name of mother as Virginia Ruth Avery. Child ~~Baptized~~ Born May 25, 1941 Baptized Feb. 1, 1948
Community Church of Mill Valley, California.
Viewed by V.S.

249-212-001-693

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Ada

City of S. Boise

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2 File No. 32300

Primary Registration District No. 1004 Registered No. 34

FULL NAME OF CHILD DARELL ARTHUR SMITH

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	—	—	yes	6 12 1915

FATHER

FULL NAME Arthur T. Smith

RESIDENCE S Boise

COLOR W. AGE AT LAST BIRTHDAY 28 (Years)

BIRTHPLACE Kansas

OCCUPATION Foreman Car Barn

MOTHER

FULL MAIDEN NAME Alpha L. Wilkerson

RESIDENCE S. Boise

COLOR W. AGE AT LAST BIRTHDAY 19 (Years)

BIRTHPLACE Mo

OCCUPATION Hse

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. Allen Cullaway

Physician (Physician or midwife)

Address Boise Idaho

Given names added from a supplemental report.

..... 19....

..... Registrar

Filed Aug 3 19 15 W. A. Parker Registrar

S-Y CO. 24699

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Canyon } ss.

Certificate No. 32300

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth or Death)
for (Name on Original Certificate) who (Was Born or Died) on (Date of Event)
in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	rose Green	Darell Archer Smith

Subscribed and sworn to before me this 4th day of June, 1943.

June M Russell
Notary Public, residing at Nampa, Idaho

My commission expires Feb-28/1945.
(Seal)

Signed x Mrs A. F. Smith
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19 .

Signed
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at

(Street Address, City, State)

My commission expires
(Seal)

MAY 5 1976

[redacted] Ada

[redacted] STATISTICS

City of 866-123-001-259 Registration District No. 8 File No. 32301

No. School Dist St. #57 Primary Registration District No. 2004 Registered No. 29

Hospital FRANK

FULL NAME OF CHILD Billie Hoover

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male				Yes	June 23 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	William Hoover	FULL MAIDEN NAME	Elvina Seidschlag
RESIDENCE	Minneapolis Minn	RESIDENCE	Ada County Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Minnesota	BIRTHPLACE	Germany
OCCUPATION	Bricklayer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 12 05 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edward W Bliven

Physician (Physician ~~or midwife~~)

Given names added from a supplemental report

..... 19.....

Registrar

Address

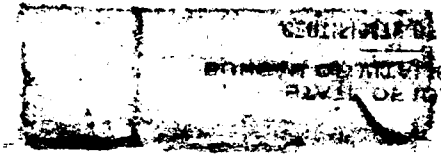
Filed July 6th, 1915 M. S. Parker Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the a of each, in order of birth stated.



NENT RECORD

ch and the number

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss. Certificate No. 32301

County of ..... } Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (BIRTH OR DEATH)

for ..... (NAME ON ORIGINAL CERTIFICATE) who ..... (WAS BORN OR DIED) on ..... (DATE OF EVENT)

in ..... (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	Billie Hoover	Billy Frank Hoover

Subscribed and sworn to before me this .....

day of ....., 19 .....

Notary Public, residing at .....

My commission expires .....

(SEAL)

Signed Mrs Alvina Hoover Addl

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

4529 Nokomis Ave So Minneapolis Minn

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Hena } ss.

County of Hena }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8

day of June, 1942

Notary Public, residing at 1416 E Franklin

My commission expires .....

(SEAL)

Signed Billy F. Hoover

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

.....

(STREET ADDRESS, CITY, STATE)

D. BELCOU, Notary Public, Hennepin County

My Commission Expires February 9th 1948.

Received for filing on JUN 11 1942 By .....

(REGISTRAR'S SIGNATURE)

JUN 1 6 1942

153-225-001-245

PLACE OF BIRTH

Form V. S. No. 11-C—Ilm-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada.

City of _____ Registration District No. 8 File No. 32302

No. Twin Crossing St. Primary Registration District No. 2004 Registered No. 30

Hospital _____

FULL NAME OF CHILD Frances Marie McCurdy

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.			Yes.	June 25, 1915

FATHER		MOTHER	
FULL NAME	Clarence H. McCurdy	FULL MAIDEN NAME	Ella Smith
RESIDENCE	Twin Crossing	RESIDENCE	Twin Crossing
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Colorado
OCCUPATION	Rancher	OCCUPATION	Home wife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8.15 A. M. on the date above stated.

(Signature) W. M. Holverson M.D.

(Physician or Midwife)

Address _____

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

_____, 19____

_____ Registrar

Filed July 5th, 1915 M. L. Parker Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

469-127-001-245

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of —

No. Near Gold School St.

Hospital

Registration District No. 8

File No. 32303

Primary Registration District No. 2004

Registered No. 31

FULL NAME OF CHILD Wayne Chandler Morris

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	—	—	yes	June 27th (Month) (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	James B. E. Morris	FULL MAIDEN NAME	Caroline E. Kurtz
RESIDENCE	On Dell Sta.	RESIDENCE	On Dell Sta
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Penn.	BIRTHPLACE	Iowa
OCCUPATION	Grocer	OCCUPATION	Housewife

Number of children of this mother, including present birth 3rd

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Born alive or stillborn) at 12 30 A. M

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Taylor M.D.

(Physician or midwife)

Address Boise, Idaho

Given names added from a supplemental report.

....., 19.....

Registrar

Filed July 4th, 1915 M. L. Parker

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 15 1952

SEP 15 1942

231-130-001-364

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of

Registration District No. 8 File No. 32304

No. Franklin School district

Primary Registration District No. 2004 Registered No. 32

Hospital

FULL NAME OF CHILD David Lee Stanfield

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M.		Yes	June (Month) 30 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Lee B Stanfield	FULL MAIDEN NAME	Edith L Townsend
RESIDENCE	Franklin School Dist.	RESIDENCE	Franklin School Dist
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	61 (Years)	AGE AT LAST BIRTHDAY	43 (Years)
BIRTHPLACE	Ind	BIRTHPLACE	Mass.
OCCUPATION	farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Bock

(Physician or midwife)

Given names added from a supplemental report.

19

Address Boise Ida

Filed July 12 1915 N. S. Parker

Registrar Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 1 2 1975

962-105-001-386

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Ada

City of

No. St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 8 File No. 32305

Primary Registration District No. 2004 Registered No. 33

FULL NAME OF CHILD Clarence Roberts, Jr.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	7 (Month) — 5 (Day) — 1915 (Year)

FATHER		MOTHER	
FULL NAME	Clarence E Roberts	FULL MAIDEN NAME	Robie Thompson
RESIDENCE	Kuna, Idaho	RESIDENCE	Kuna
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	House Wife

Number of child of this mother, including present birth 1st Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6:30 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Maurice H. Tallman, M.D.
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Boise, Idaho

Filed July 8-1915 J. S. Parker
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

851-106-001-995

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of

No. Maple Grove

Hospital

Registration District No. 8

File No. 32306

Primary Registration District No. 2004

Registered No. 34

FULL NAME OF CHILD Dean Headrick

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M.		Yes	July (Month) 6 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	W.C. Headrick	FULL MAIDEN NAME	May Rinard
RESIDENCE	Maple Grove	RESIDENCE	Maple Grove
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Kas.	BIRTHPLACE	Iowa
OCCUPATION	Mail clerk	OCCUPATION	House wife

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN ~~OR MIDWIFE~~*

I hereby certify that I attended the birth of this child, who was Born Alive at 7 A M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Boeck

(Physician ~~or midwife~~)

Given names added from a supplemental report.

19

Address Boise Idaho

Filed July 9-1915 19 M. S. Parker

Registrar

Registrar

8-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 1 1 1976

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada }

Certificate No. 32306
Date Filed.

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Unnamed (Name on original certificate) who born (Was born or died) on July 6, 1905 (Date of event)
in Maple Grove (Place of event) Ida., are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by mother (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
name	Omitted	Dean Hendrick

Subscribed and sworn to before me this 16th
day of December, 19 41
Notary Public, residing at Boise, Idaho
My commission expires
[SEAL]

Signed Mary L Headrick
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
2200 N 20th Boise Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th
day of December, 19 41
Notary Public, residing at Boise, Idaho
My commission expires
[SEAL]

Signed Bruce N. Fountain
(Signature of any credible person other than the previous affiant.)
R2 Meridian, Idaho
(Street Address, City, State)

Received for filing on By
(Registrar's signature)

- DEC 17 194

MAR 1 1 1976

866-207-001-753

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Near Cale School Dist.

No. 342 St.

Hospital

Registration District No. 8 File No. 32307

Primary Registration District No. 2004 Registered No. 35

FULL NAME OF CHILD Pauline Evelyn Howell

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	July (Month) 7 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Noah Howell	FULL MAIDEN NAME	Susie Peterson
RESIDENCE	Arrow Rock	RESIDENCE	Arrow Rock
COLOR	W. AGE AT LAST BIRTHDAY 26 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE	Kentucky	BIRTHPLACE	Utah
OCCUPATION	Saw Mill hand	OCCUPATION	housewife

Number of child of this mother, including present birth 1st Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 11:25 M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Maurice H. Tallman, M.D.
(Physician or midwife)

Given names added from a supplemental report.

Address Boise, Idaho

19

Filed July 11 1915 M. L. Parker
Registrar

Registrar

8-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 12 1952

695-108-007-212

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32308

County of Ada

City of Boise Near Coslister

Registration District No. 8 File No.

No. St.

Primary Registration District No. 2004 Registered No. 36

Hospital

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M.		Yes	July 8 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Isadore P. Freeman	FULL MAIDEN NAME	Lucy Baker
RESIDENCE	Boise	RESIDENCE	Boise
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	England	BIRTHPLACE	Del.
OCCUPATION	Tailor	OCCUPATION	H. W.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J Carl Hill

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed July 14-1915

M. S. Parker
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

LAINLY WITH UNFADING INK—THUS IT IS A PERMANENT RECORD

217-112-001-294

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STA[redacted]

V. S. No. 11-C—25m-1-1-13

CERTIFICATE OF BIR[redacted]

County of Ada

City of

No. Franklin School Dist.

Registration District No. 8

F[redacted] 32309

Primary Registration District No. 2004

R[redacted]o. 37

Hospital

FULL NAME OF CHILD Merle Orville Sage

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		yes	July 12 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Claude W. Sage	FULL MAIDEN NAME	Pearl Brumbaugh
RESIDENCE	Franklin School District	RESIDENCE	Franklin School District
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Neb.	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Living (Born alive or stillborn) at 10 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician ~~or midwife~~)

Given names added from a supplemental report.

19

Address Boise Idaho

Filed July 19-1915 [signature] Parker

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOSE, IDAHO.

Amended 3-24-71

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 32310
Local Reg. No. 38
Reg. Dist. No. 9

1. PLACE OF BIRTH
a. COUNTY: Ada
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Boise (Rural)
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho b. COUNTY: Ada
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Green Meadow Township
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Jean b. (Middle): Lenore c. (Last): Sacks

4. SEX: Female
5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____
5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____
6. DATE OF BIRTH (Month) (Day) (Year): July 12 1915

FATHER OF CHILD

7. FULL NAME a. (First): Ernest b. (Middle): c. (Last): Sacks

8. AGE (At time of this birth): 23 YEARS
9. BIRTHPLACE (State or foreign country) (City or Town): Washington
10. USUAL OCCUPATION: Rancher
11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME a. (First): Jean b. (Middle): c. (Last): Lambrigger

13. AGE (At time of this birth): 21 YEARS
14. BIRTHPLACE (State or foreign country) (City or Town): Idaho
15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 0
b. How many OTHER children were born alive but are now dead? 0
c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0
16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: H. M. Holverson
18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____
19. ADDRESS:
20. DATE SIGNED: July 18, 1915
21. DATE REC'D BY LOCAL REG.: July 18, 1915
22. REGISTRAR'S SIGNATURE: M. S. Parker
23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS
WEIGHT AT BIRTH ____ LBS. ____ OZS.
RACE OR COLOR OF FATHER: White
RACE OR COLOR OF MOTHER: White
METHOD OF DELIVERY:
Was 1% Silver Nitrate Used to prevent blindness? YES ____ NO ____

BIRTH INJURY TO INFANT
____ YES IF YES, DESCRIBE
____ NO

CONGENITAL MALFORMATIONS OF INFANT
____ YES IF YES, DESCRIBE
____ NO

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
MAR - 2 1971
Bureau of Vital Statistics

State of California } ss.
County of Tulare

Certificate No. 32310

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Lenore Jean Sacks (Name on Original Certificate) who was born (Was Born or Died) on July 12, 1915 (Date of Event)
in Green Meadow, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Lenore Jean Sacks	Jean Lenore Sacks

Subscribed and sworn to before me this 4th. day of December, 19 70.
R. C. Garcia Notary Public
Notary Public, residing at Woodlake, Calif. #93286
My commission expires 7/6/72
(Seal)

Signed Ernest Sacks, Blood Father
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
499 N. Lemona, Woodlake, Calif. #93286
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Tulare

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4th. day of December, 1970.
R. C. Garcia Notary Public
Notary Public, residing at Woodlake, Calif. #93286
My commission expires 7/6/72
(Seal)

Signed Ernest Sacks, Blood Father
(Signature of Any Credible Person)
499 N. Lemona
Woodlake, California #93286
(Street Address, City, State)

FORM DH 60-155 CL 9/16/69 nm

Record foom Baby Book gives name as Jean Lenore Sacks born July 12, 1915
7 miles west of Boise. Record made at time of birth.
Viewed by V.S.

Family Bible Record states that Jean Lenore Sacks was born July 12, 1915.
Mother Jean Lambrigger. Father - Ernest Sacks.
Viewed by V.S.

819-217-001-133

PLACE OF ~~BIRTH~~

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

CERTIFICATE OF BIRTH

County of Ada

City of Boise Lamberton Ad

No. On Church St.

Hospital

Registration District No. 8

File No. 32311

Primary Registration District No. 2004

Registered No. 39

FULL NAME OF CHILD ETHEL JULIA HARLAN

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		Yes	July 17 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Edw. J. Harlan	FULL MAIDEN NAME	Lulu Allumbaugh
RESIDENCE	Boise, Ida	RESIDENCE	Boise
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Minn	BIRTHPLACE	Iowa
OCCUPATION	Teamster	OCCUPATION	Hwife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive July 17 at 1 P. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jos R. Numbers

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Boise Ida

Filed 7/30 1915 M. S. Parker

Registrar

Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

3-13-70

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
MAR 13 1970
Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 32311

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Harlan (Name on Original Certificate) who was born (Was Born or Died) on July 17, 1915 (Date of Event)

in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
childs name	unnamed	Ethel Julia Harlan

Subscribed and sworn to before me this 13 day of March 1970

Hazel L. Hurlbert

Notary Public, residing at Eagle Ida

My commission expires Sept 20, 1972

(Seal)

*Signed E. J. Stample

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

6017 Randolph Dr.

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

.....

(Street Address, City, State)

Own childs birth certificate on file - Idaho - # 242758 gives name of mother as Ethel Julia Harlan. Child born May 15, 1936.
Viewed by V.S.

MAR 1 3 1970

Social Security Card, # 518 38 2892 gives name as Ethel Julia Harlan Stample.
Card issued June 1948.
Viewed by V.S.

962-117-001-294

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

[illegible] of Ada

City of Meridian R.F.D. 1

Registration District No. 8

File No. 32312

No. ..... St.

Primary Registration District No. 2004

Registered No. 40

Hospital .....

FULL NAME OF CHILD ? Lorin Archie Roberts

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	July (Month) 17 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	William Archie Roberts	FULL MAIDEN NAME	Maud Squier
RESIDENCE	Idaho, Meridian	RESIDENCE	Meridian, Idaho
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Colorado	BIRTHPLACE	Kansas
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 12:45 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Maurice H. Tallman M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Boise, Idaho

Filed 7/21 1915 M. A. Parker
Registrar

S-Y CO. 24695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 17 1959

Own child's birth certificate, Idaho #399687, viewed by VS

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Ada } ss.

Certificate No. 32312

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
not named Roberts (Name on Original Certificate) who was born (Was Born or Died) on July 17, 1915 (Date of Event)
in Meridian, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name of child	not named Roberts	Lorin Archie Roberts

Subscribed and sworn to before me this 17th day of February, 19 59.

Notary Public, residing at Boise, Idaho
My commission expires Aug. 18, 1962
(Seal)

Signed [signature] (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

6705 Morley Drive W. Boise Idaho (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Ada } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17th day of February, 19 59.

Notary Public, residing at Boise, Idaho
My commission expires Aug. 18, 1962
(Seal)

Signed [signature] (Signature of Any Credible Person)

1506 Hays St Boise Idaho (Street Address, City, State)

Boise High School Diploma gives name as Lorin Archie Roberts. Graduated June 1, 1934. W. D. Vincent, Supt. of Schools.
Viewed by V. S.

MAR 5 1965

FEB 17 1976

383-123-001-243

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. Vine & State Sts

Registration District No. 8 File No. 32313

Primary Registration District No. 2004 Registered No. 41

Hospital

FULL NAME OF CHILD Donald Wayne Tyler

Sex of Child Male	~~Twin~~ ~~Triplet~~ or other? and Number in order of birth 3 (To be answered only in event of plural births)	Legitimate? yes	Date of Birth July (Month) 23 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Ralph R. Tyler	FULL MAIDEN NAME	Ella M Buchholz
RESIDENCE	State & Vine Sts	RESIDENCE	Vine & State Sts
COLOR	W. AGE AT LAST BIRTHDAY 23 (Years)	COLOR	White AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE	Nebr.	BIRTHPLACE	U.S.
OCCUPATION	Chauffeur	OCCUPATION	Housekpr

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Froom

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Boise Ida

Filed 7/25 1915 M. S. Parker

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO
BUREAU OF VITAL [illegible]

CERTIFICATE OF BIRTH

PLACE OF BIRTH

(County of) _____

D

FEB

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. Near Soldiers Home
(d) Name of Hospital or Maternity Home: home of parents
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years 6 months 23 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. Near Soldiers Home
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Boise Idaho

4. FULL NAME OF CHILD Donald Wayne Tyler

5. Date of Birth of Child (Month, day, year) 7-23-1915

6. Sex male

7. Twin or Triplet one If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy nine

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Ralph Le Roy Tyler
11. Color or Race white
12. Age at time of THIS birth 33 yrs.
13. Birthplace Lincoln (City or town) Nebraska (State or foreign country)
14. Exact Occupation Grocery Clerk
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ella May Buchholz
17. Color or Race white
18. Age at time of THIS birth 27 yrs.
19. Birthplace Crandon (City or town) South Dakota (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 8 A. M. on the date and at the place stated above, and that personal particulars were furnished by Ella May Tyler (First name) (Last name) who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Mrs Clara Buchholz M.D. Midwife Address Asotin Wash Date Jan 20 '44

State of Washington
County of Asotin } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 56 years, and that Mrs Klara Buchholz (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

.....Signature
.....P. O. Address

Subscribed and sworn to before me this.....day of....., 19.....

(SEAL) .....Notary Public, residing at.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on.....by....., Registrar.

K

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local ~~registrar for~~ record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

353-128-001-619

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of ada

City of —

No. R #1 *St.*

Hospital

Registration District No. 8 **File No.** 32314

Primary Registration District No. 2004 **Registered No.** 42

FULL NAME OF CHILD Cecil

Sex of Child M	**Twin Triplet or other?** and **Number in order of birth** (To be answered only in event of plural births)	**Legitimate?** Yes	**Date of Birth** 7 (Month) 28 (Day) 1915 (Year)

FATHER		**MOTHER**	
FULL NAME	John Cecil	**FULL MAIDEN NAME**	Ida Wartman
RESIDENCE	Bench R #1	**RESIDENCE**	Bench R #1
COLOR	W.	**COLOR**	W.
AGE AT LAST BIRTHDAY	52 (Years)	**AGE AT LAST BIRTHDAY**	34 (Years)
BIRTHPLACE	Illinois	**BIRTHPLACE**	Iowa
OCCUPATION	Rancher	**OCCUPATION**	Housewife

Number of child of this mother, including present birth 8 **Number of children of this mother now living, including present birth** 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive **at** 2 A M **on the date above stated.**

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred A Pettinger

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Talk Bldg.

Filed 7/30/15 19....

M. S. Parke
Registrar

S-Y CO. 24695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

32316

City of Boise

Registration District No. 8

File No.

No. Near Cole School St.

386-124-001-866

Primary Registration District No. 2004

Registered No. 44

Hospital

FULL NAME OF CHILD Walter James Thomas

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
M	—	—	yes	6 (Month) 24 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Roscoe Henry Thomas	FULL MAIDEN NAME	Edith Bell Howell
RESIDENCE	Boise	RESIDENCE	Boise
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Negaunee, Michigan	BIRTHPLACE	Iowa
OCCUPATION	Laborer	OCCUPATION	Hw.

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. Alley Calloway

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Boise Ida

Filed Aug 3 19 15

[illegible] Registrar

Registrar

S-Y CO. 24655

CC issued 2-17-1941

Dep # 1915 150763

DEPARTMENT OF PUBLIC H. LTH— AL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGI. ICATE OF BIRTH OR DEATH

State of Idaho }
County of Bannock } ss.

Certificate No. 32316

Date Filed Dec 12 19

The undersigned does solemnly swear that certain facts on the certificate of Birth
(Birth or death)
for R. H. Thomas Sr., (Name on original certificate) who [illegible] (Was born or died) on July 18 1888 (Date of event)
in Negaunee Mich (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Birthplace of father	England	Negaunee, Michigan

Subscribed and sworn to before me this 30 W day of October, 1941

Notary Public, residing at Pocatello Idaho

My commission expires June 20 1943
[SEAL]

Signed R. H. Thomas Sr.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

343 No 10th Pocatello Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
[SEAL]

Signed
(Signature of any credible person other than the previous affiant.)

(Street Address, City, State)

Received for filing on By
(Registrar's signature)

AUG 1 8 1947

854-230-001-515

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Ada

City of Ustick

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—2m-1-1-18

CERTIFICATE OF BIRTH

Registration District No. 8 File No. 32317

Primary Registration District No. 2004 Registered No. 45

FULL NAME OF CHILD Fern Nettie Hedberg

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Fe		Yes	7-30-1915

FATHER		MOTHER	
FULL NAME	John E. Hedberg	FULL MAIDEN NAME	Nettie J. Van Aller
RESIDENCE	Ustick	RESIDENCE	Ustick
COLOR	W. AGE AT LAST BIRTHDAY 36 (Years)	COLOR	W AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE	Sweeden	BIRTHPLACE	Neb.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 8 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred A Pittenger

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Falk Bldg

Filed Aug 3 1915

W. S. Parker
Registrar

S-Y CO. 24655

Registrar

DECEASED

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 32317

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)

for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)

in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	none given	Vera Nellie Hedberg

Subscribed and sworn to before me this 18 day of Sept, 19 44

Notary Public, residing at Burke

My commission expires 1/14/47
(Seal)

Signed Mrs J. E. Hedberg
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19 .....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

SEP 18 1944

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[illegible]

[illegible]

CERTIFICATE OF BIRTH

County of Ada

City of Kuna

No. 2 St.

Hospital —

Registration District No. 8 File No. 32318

Primary Registration District No. 2004 Registered No. 46

FULL NAME OF CHILD Don Eugene Journey

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	July 19 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Glenn A. Journey	FULL MAIDEN NAME	Ada M Stout
RESIDENCE	Kuna, Idaho	RESIDENCE	Kuna Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Clinton Mo.	BIRTHPLACE	Marshalltown Iowa
OCCUPATION	Carpenter	OCCUPATION	House-wife

Number of child of this mother, including present birth Two Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8 30 A.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. L. McCauley

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Kuna, Idaho

Filed Aug 3 19 15 W. S. Parker

Registrar

Registrar

S-Y CO. 24655

Certified Copy issued Jan. 31, 1941. E.W.

Amended 3-1-71
291-212-001-953
PLACE OF BIRTH

Form V. S. No. 11-[illegible]-1-1-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32319

County of Ada

City of Boise

c/o Falk Bldg. (for mail)
No. St.

Hospital Bogart Sta B. & I.

Registration District No. 8

File No.

Primary Registration District No. 2004

Registered No. 47 47

FULL NAME OF CHILD RUTH MARGARETTE BRANDEL

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F	—		—	yes	7 (Month) 12 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John N. Brandel	FULL MAIDEN NAME	Mary Ritzman
RESIDENCE	Bogart Station	RESIDENCE	Bogart Sta. B & I
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	54	AGE AT LAST BIRTHDAY (Years)	4[illegible]
BIRTHPLACE	Germany	BIRTHPLACE	Switzerland
OCCUPATION	Tailor	OCCUPATION	Hw.

Number of child of this mother, including present birth 12

Number of children of this mother now living, including present birth 12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2:45 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. Allen Callaway
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Boise Idaho

Filed Aug 3 1915

M. O. Parker
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

RECEIVED MAR - 1 1937 Bureau of Vital Statistics

Certificate No. 32319

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Brendal (Name on Original Certificate) who born (Was Born or Died) on July 12, 1915 (Date of Event)
in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Ruth ~~Marguerite~~ Margarette Brandel
Father's name	John N. Brendal	John N. Brandel

Subscribed and sworn to before me this 15th day of Feb, 19 37

Notary Public, residing at Boise

My commission expires 4-20-40

(Seal)

Signed ..... (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

..... (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed ..... (Signature of Any Credible Person)

..... (Street Address, City, State)

FORM DH 60-155

State Of California State Board of Cosmetology License gives name as Ruth Margarette Brandel. Passed the examination and license issued May 31, 1927. Viewed by V.S.

Social Security Card (which is obviously old) gives name as Ruth Brandel Olson issued by Federal Security Agency -Social Security Board #563-01-5209

Viewed by VS

MAR 2 1971

Obituary for father lists his name as John N. Brandel died 1939. Daughter is listed as Ruth Margarette Brandel.
Viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

County of Ada

CERTIFICATE OF BIRTH

City of Boise

Registration District No. 28

File No. 32920

No. 2815 W. Bannock

Primary Registration District No. 2004

Registered No. 12 48

Hospital

FULL NAME OF CHILD Wilbur Francis Calnon

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
male	—	—	yes	July 1 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Clarence E. Calnon	FULL MAIDEN NAME	Jessie S. White
RESIDENCE	2815 W. Bannock	RESIDENCE	2815 W. Bannock
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Nebraska
OCCUPATION	Laborer	OCCUPATION	housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1:20 P.M. on the date above stated.

(Born alive)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. N. Lukey

Physician

(Physician or midwife)

Given names added from a supplemental report.

19

Address 315 Overland Bld'g.

Filed July 6th 1915

M. S. Parker

Registrar

Registrar

S-Y CO. 24658

K

DECEASED

265-128-021-331

[redacted]ACE OF BIRTH Amended 12/6/73

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Franklin

City of Glendale

No. ..... St.

Hospital .....

Registration District No. 27

Primary Registration District No. 2119

File No. 32321

Registered No. 205

FULL NAME OF CHILD DONALD J. SWENSEN

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	7 (Month) 28 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Peter Swensen	FULL MAIDEN NAME	Mahal Clayton
RESIDENCE	Glendale, Idaho.	RESIDENCE	Glendale, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Logan, Utah.	BIRTHPLACE	Preston, Idaho.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 3:12 a. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Preston, Idaho.

Filed 8/10 1915 [signature]
Registrar

Registrar

B-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1-18-73

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Nov 13 2 23 PM '73

Certificate No. 32321

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Donald J. Swensen (Name on Original Certificate) who was born (Was Born or Died) on July 28, 1911 (Date of Event)
in Glendale (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by LDS church record (Bible Record, Insurance Policy, Etc.) prepared on Sept. 13-1915 (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Date of birth	July 28, 1911	July 28, 1915

Subscribed and sworn to before me this 20th day of August, 1973

Notary Public, residing at Payette Idaho
My commission expires July 26 1978
(Seal)

Signed Mabel Swensen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Route 1 Payette Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14th day of November, 1973

Notary Public, residing at Blackfoot, Idaho
My commission expires July 19, 1975
(Seal)

Signed Mrs Vera S Call
(Signature of Any Credible Person)
365 Jo Street Idaho Falls Idaho
(Street Address, City, State)

FORM DH 60-155 CL (S) fc

DEC 19 1973

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 32321

County of Ada } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)

for Unnamed (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on July 28, 1915 (DATE OF EVENT)

in Glendale, Ida (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Mother (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Omitted	Donald J. Swensen

Subscribed and sworn to before me this 5th day of [illegible], 19 42

[illegible]

Notary Public, residing at Boise, Ida

My commission expires [illegible]

(SEAL)

Signed Mahala C. Swensen

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

.....

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.

County of .....

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....

day of ....., 19 .....

Notary Public, residing at .....

My commission expires .....

(SEAL)

Signed .....

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

.....

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....

(REGISTRAR'S SIGNATURE)

JAN 18 1973

JUN 8 342

753-119-021-613

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

No. ..... St.

Hospital .....

Registration District No. 27 File No. 32322

Primary Registration District No. 2119 Registered No. 204

FULL NAME OF CHILD Orel W. Petersen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	7 (Month) 19 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Ephriam Petersen	FULL MAIDEN NAME	Ethel Walker
RESIDENCE	Preston, Idaho	RESIDENCE	Preston, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Mink Creek Idaho	BIRTHPLACE	Riverdale, Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8:10 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R Culter

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Preston, Idaho

Filed 8/10 19 15 D R Culter
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 25 1942

753-119-021-617

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32323

County of Franklin

City of Preston,

No. ..... St.

Hospital .....

Registration District No. 27 File No. .....

Primary Registration District No. 2119 Registered No. 206

FULL NAME OF CHILD Chester Edward Petersen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	7 (Month) 19 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Christian Petersen,	FULL MAIDEN NAME	Johanna Wagnes
RESIDENCE	Preston, Idaho .	RESIDENCE	Preston, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Denmark	BIRTHPLACE	Norway
OCCUPATION	Shoemaker	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 3:30 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Preston, Idaho.

Filed 8/10 1915 [signature] Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 2 8 19

396-205-051-866

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32324

County of Franklin

City of Preston

No. ..... St.

Hospital .....

Registration District No. 27 File No. .....

Primary Registration District No. 2119 Registered No. 202

FULL NAME OF CHILD DOROTHY CROCKETT

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	July, 5 (Month) 1915 (Day) (Year)

FATHER		MOTHER	
FULL NAME	Alvin D. Crockett	FULL MAIDEN NAME	Amelia E. Howell
RESIDENCE	Preston, Idaho.	RESIDENCE	Preston, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	60 (Years)	AGE AT LAST BIRTHDAY	44 (Years)
BIRTHPLACE	Payson, Utah.	BIRTHPLACE	Clifton, Idaho.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8:25 a. M on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R Cutler

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Preston, Idaho.

Filed 8/10 1915 Dr A R Cutler Registrar

Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT REC

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss. Certificate No. 32324

County of ..... } Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)

for Dorothy Crockett (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on July 5, 1915 (DATE OF EVENT)

in Preston Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Insurance Policy (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on February 2, 1933 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Dorothy Crockett

Subscribed and sworn to before me this 3 day of Febry. 1943

Notary Public, residing at Preston Idaho

My commission expires Dec 17 1944

(SEAL)

Signed ..... (SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Amelia H. Crockett

(STREET ADDRESS, CITY, STATE)

205 E Oneida St. Preston Idaho

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.

County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....

day of ....., 19 .....

Notary Public, residing at .....

My commission expires .....

(SEAL)

Signed ..... (SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

..... (STREET ADDRESS, CITY, STATE)

Received for filing on ..... By ..... (REGISTRAR'S SIGNATURE)

FEB 1 8 1972

FEB 5 19[illegible]

819-13-021-769

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32325

County of Franklin

City of Preston

No. ..... St.

Hospital .....

Registration District No. 27 File No. .....

Primary Registration District No. 2119 Registered No. 209

FULL NAME OF CHILD Keith Porter Hart

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	7 (Month) 13 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Chas. L. Hart	FULL MAIDEN NAME	Eleanor S. Porter.
RESIDENCE	Preston, Idaho.	RESIDENCE	Preston, Idaho.
COLOR	White	COLOR	white
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE		BIRTHPLACE	Preston, Idaho.
OCCUPATION	Wire Cheif on telephone	OCCUPATION	Household duties

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Preston, Idaho.

Filed 8/10 1915 [signature] Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 21 1943

864-124-021-314

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Cederville

No. ..... *St.*

Hospital .....

Registration District No. 27 **File No.** 32326

Primary Registration District No. 2119 **Registered No.** 203

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	7 (Month) 24 (Day) 5 91 (Year)

FATHER		MOTHER	
FULL NAME	Magness LeRoy Homed	FULL MAIDEN NAME	Arletta Alvira Campbell
RESIDENCE	Cederville, Idaho.	RESIDENCE	Cederville, Idaho.
COLOR	White	COLOR	white
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Newton, Utah.	BIRTHPLACE	Weston, Idaho.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was orn alive (Born alive or stillborn) at 6 A. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R Cutler

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Preston, Idaho.

Filed 8/10 19 15 Dr A R Cutler Registrar

..... Registrar

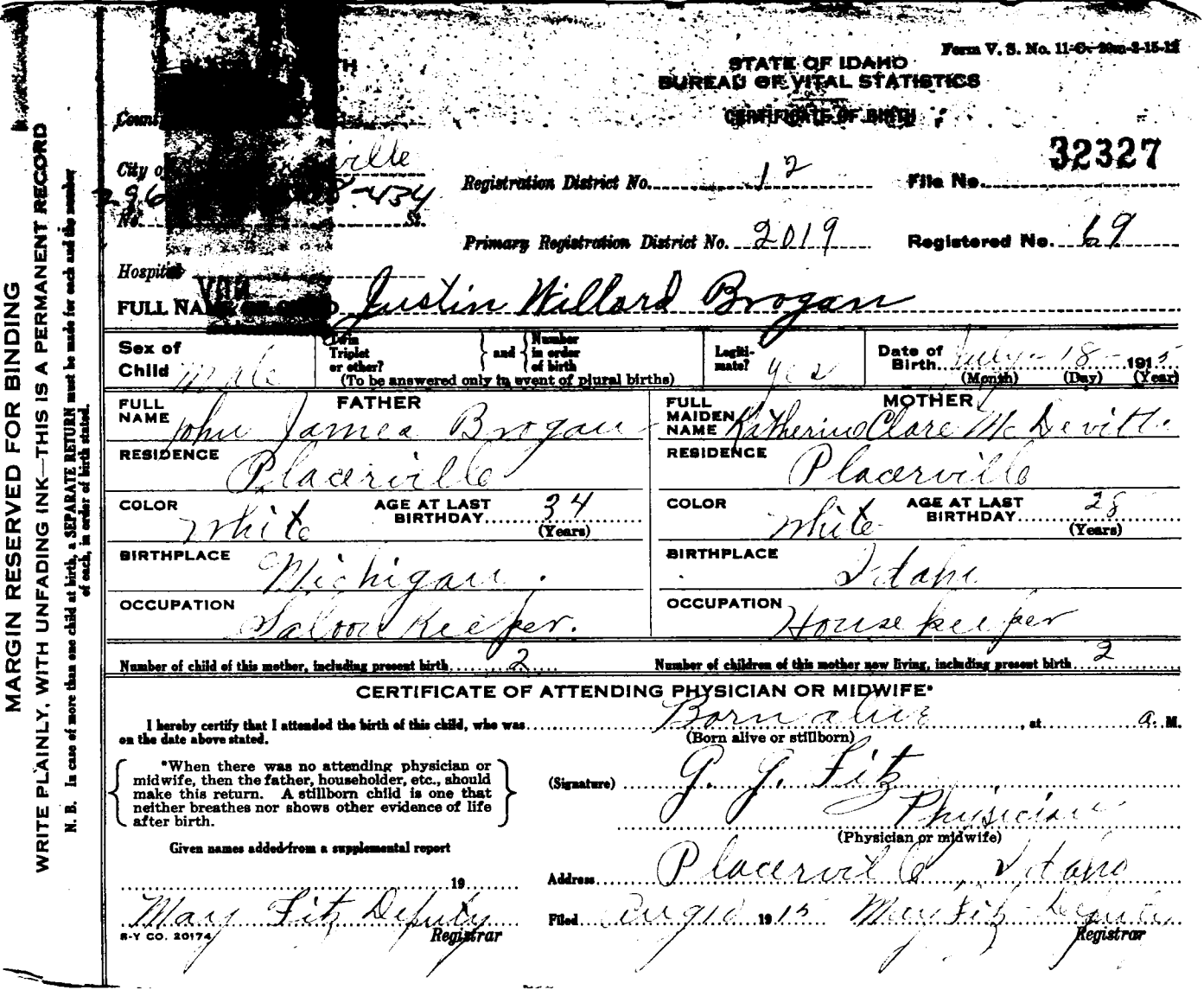
S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP 001915-417391



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C-20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Count[redacted]

City o[redacted]ville

296[redacted]-434

No. [redacted] St.

Registration District No. 12 File No. 32327

Primary Registration District No. 2019 Registered No. 69

Hospital

FULL NA[redacted] Justin Willard Brogan

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	July 18 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John James Brogan	FULL MAIDEN NAME	Katherine Clare McDevitt
RESIDENCE	Placerville	RESIDENCE	Placerville
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Michigan	BIRTHPLACE	Idaho
OCCUPATION	Saloon Keeper	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. J. Fitz

Physician (Physician or midwife)

Given names added from a supplemental report

19

Address Placerville, Idaho

Mary Fitz Deputy Registrar

Filed Aug 10 1915 Mary Fitz Deputy Registrar

S-Y CO. 20174

JUL 10 1967

NOV 3 1967

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

566-[redacted]
031-39[redacted]
PLA[redacted]

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of [redacted]

City of Ne[redacted]ce

No. ..... St.

Hospital .....

Registration District No. 47 File No. 32328

Primary Registration District No. 2124 Registered No. 27

FULL NAME OF CHILD Audrey Evelyn

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F.		Yes	7 5 1915

FATHER		MOTHER	
FULL NAME	Edgar Boott	FULL MAIDEN NAME	Gladys Craig
RESIDENCE	Nezperce, Idaho	RESIDENCE	Nezperce, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Minn.	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Hwk

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5:00 p.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. P. Jones, M. D.
(Physician ~~or midwife~~)

Given names added from a supplemental report.

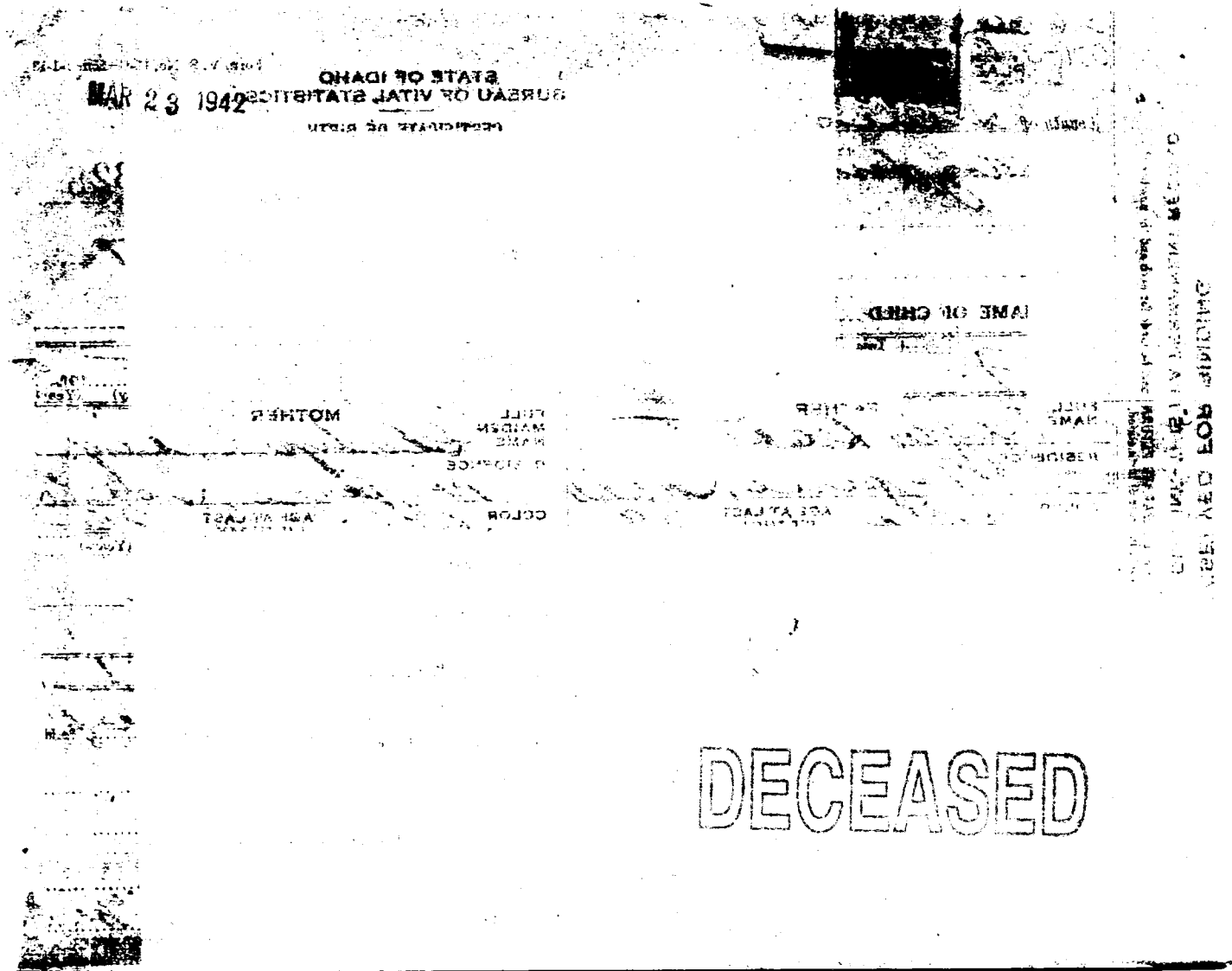
..... 19.....

Address Nezperce, Idaho

Filed 7-15 1915 J. P. Jones M. D.
Registrar

Registrar

S-Y CO. 24655


DECEASED

692-106-031-558

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Lewis

City of Nyssa

No ....., ... St.

Hospital Home

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 47 File No. 32329

Primary Registration District No. 2124 Registered No. 28

FULL NAME OF CHILD Ellen Clara Fox.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.		2	yes	July 6 1915

FATHER		MOTHER	
FULL NAME	Abraham R. Fox	FULL MAIDEN NAME	Mary A Lehman
RESIDENCE	Nyssa Idaho	RESIDENCE	Nyssa Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	32
COLOR	White	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Indiana	BIRTHPLACE	Ohio
OCCUPATION	Farmer & Stockman	OCCUPATION	Farmer

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John L. Keeley

(Physician or Midwife)

Address Nyssa Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed 7-26 1915 J.P. Jones

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH INK—THIS IS A PERMANENT RECORD

N. B. [illegible]

FULL NAME

PATRICK

AGE AT LAST

MOTHER

MAIDEN NAME

AGE AT LAST

Address

Filed ..... 19 .....

Posted up

296-221-031-467

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Lewis

City of Nezperce

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 47 File No. 32330

Primary Registration District No. 2124 Registered No. 29

FULL NAME OF CHILD Edna Marie Brock

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes	7 21 1915

FATHER		MOTHER	
FULL NAME	J. W. Brock	FULL MAIDEN NAME	Ella Doggett
RESIDENCE	Nezperce, Idaho	RESIDENCE	Nezperce, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Wash	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Hwk

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8:30 p.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. P. Jones, M. D.

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19.....

Address Nezperce, Idaho

Filed 7-21 1915 J. P. Jones

Registrar

Registrar

8-Y CO. 24658

DEC 1 1947

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029-858

PLACE OF BIR[redacted]

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Juliaetta

Registration District No. ..... File No. 32331

No. ..... St.

Primary Registration District No. 2148 Registered No. .....

Hospital .....

FULL NAME OF CHILD Manuel Kenneth Erickson

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	May 29 1915

	FATHER	MOTHER
FULL NAME	F. L. Ericksson	FULL MAIDEN NAME Clara Lehman
RESIDENCE	Juliaetta Ida.	Juliaetta
COLOR	White	White
AGE AT LAST BIRTHDAY	32 (Years)	24 (Years)
BIRTHPLACE	Wash	Wis.
OCCUPATION	Farmer.	Housewife.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) S A Roe

M D

(Physician or midwife)

Address Juliaetta Ida

Filed May 29 19 15 S A Roe Registrar

S-Y CO. 24668

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

FEB 2 7 1975

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of [illegible]

City of near Juliaetta

666-[illegible]035-[illegible]

No. ..... St.

Hospital .....

Registration District No. ..... File No. 32332

Primary Registration District No. 2[illegible] Registered No. .....

FULL NAME OF CHILD John Louis Woodruff

Sex of Child: male	Twin, Triplet or [illegible] — and Number in order of birth — (Not incorporated only in event of plural births)	Legitimate? yes	Date of Birth: May 25 1915 (Month) (Day) (Year)

	FATHER		MOTHER
FULL NAME	Roy Chester Woodruff.	FULL MAIDEN NAME	Elmina Dyer.
RESIDENCE	Juliaetta, R.F.D. #2	RESIDENCE	Juliaetta R.D.
COLOR	White. AGE AT LAST BIRTHDAY 33. (Years)	COLOR	White AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE	Ills.	BIRTHPLACE	Tenn.
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10 a. M on the date above stated. (Born alive or [illegible])

*When there was no attending physician or midwife, then the father, household, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. A. Roe

M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... Address Juliaetta Ida.

..... Registrar Filed May 25 1915 S. A. Roe Registrar

8-7 CO. 24[illegible]

[redacted]

532-101-029-3

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Juliaetta

No. ..... St.

Hospital .....

Registration District No. .....

File No. 32333

Primary Registration District No. 2148

Registered No. .....

FULL NAME OF CHILD Lester Lloyd Eckman

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	yes	May (Month) 1 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Lloyd Eckman	FULL MAIDEN NAME	Artie Clark
RESIDENCE	Juliaetta R.F.D. #1	RESIDENCE	Juliaetta
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Kans	BIRTHPLACE	Idaho.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at ..... M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S A Roe

M D (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Juliaetta Ida

Filed May 3 1915

S A Roe
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 1 7 1948

DECEASED

533-210-035-312

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-30-11

32334

County of Nez Perce

City of Myrtle

Registration District No. _____ File No. _____

No. _____, _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Bertha Marie Elliott

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
girl		Yes	June 10, 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	William G. Elliott	FULL MAIDEN NAME	Rose J. Cassell
RESIDENCE	Myrtle Idaho	RESIDENCE	Myrtle
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	58 (Years)	AGE AT LAST BIRTHDAY	42 (Years)
BIRTHPLACE	Virginia	BIRTHPLACE	Virginia
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 11

Number of children, of this mother, now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1:15 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. B. Virgil George

Midwife (Physician or Midwife)

Given names added from a supplemental report

_____, 19____

Address Colfax Wash.

Filed July 1 1915 S. A. Roe Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 1140

PLACE OF BIRTH

DATE OF BIRTH

445-226-031-819

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

[redacted] OF IDAHO
B[redacted]TAL STATISTICS
[redacted]TE OF BIRTH

County of Lewis

City of Kamiah, Idaho

No. ..... *St.*

Hospital .....

Registration District No. 49 **File No.** 32335

Primary Registration District No. 2128 **Registered No.** .....

FULL NAME OF CHILD ~~E. Francis~~ Emily Louise Mueller

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		yes	7 (Month) 26 (Day) 1915 (Year)

FULL NAME	FATHER	FULL MAIDEN NAME	MOTHER
	Emil L. Mueller		Olive Harvey
RESIDENCE	Kamiah, Idaho	RESIDENCE	Kamiah,
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Minn	BIRTHPLACE	Kan.
OCCUPATION	Pharmacist	OCCUPATION	House Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1:40 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. McMahan

M.D. (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Kamiah, Idaho

Filed 8/1/15 19 W. F. McMahan Registrar

..... Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

115-131
031-249

PLACE OF BIRTH

Form V. S. No. 11-C—20m-3-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Lewis

City of Kamiah

Registration District No. 40 File No. 32336

No. ..... St.

Primary Registration District No. 2128 Registered No. .....

Hospital Lawrence

FULL NAME OF CHILD William Davis

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		yes	7 31 15

FATHER

FULL NAME: Floyd Davis

RESIDENCE: Winona, Ida.

COLOR: W AGE AT LAST BIRTHDAY: 25 (Years)

BIRTHPLACE: Wash

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Elizabeth Burns

RESIDENCE: Winona, Idaho

COLOR: White AGE AT LAST BIRTHDAY: 19 (Years)

BIRTHPLACE: Wilbur, Washington

OCCUPATION: Housewife

Number of child of this mother, including present birth: 2

Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10:05P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. McMahan, M.D.
(Physician or midwife)

Address Kamiah, Idaho.

Given names added from a supplemental report

..... 19.....

Filed 8/5/15. 19..... W. F. McMahan
Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 22 1951

MAY 14 1951

685 - 207-025- 549

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32337

County of Nez Perce

City of Lapwai

Registration District No. 95 File No.

No. St.

Primary Registration District No. 1009 Registered No. 1

Hospital

FULL NAME OF CHILD Iris Anna Whitcomb

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	July 7- 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Lee Whitcomb	Pearl Simmons
RESIDENCE	Lapwai	Lapwai
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	30	22
BIRTHPLACE	Lewiston Idaho	Lewiston Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 3.0 P. M. on the date above stated. (Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) L. J. Perkins

(Physician ~~or midwife~~)

Address Lewiston Idaho

Filed Aug- 10- 1915 L. J. Perkins Registrar

R-Y CO. 20174

[redacted]

792-113-035-168

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32338

County of Nez Perce

City of Lewiston

No. ..... St.

Hospital St Josephs

Registration District No. 96 File No. .....

Primary Registration District No. 1009 Registered No. 2

FULL NAME OF CHILD Gibson Raymond David

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	July 13 1918 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	B. J. Gibson	FULL MAIDEN NAME	Leah Johnson
RESIDENCE	Orofino Idaho	RESIDENCE	Grangeville Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Michigan	BIRTHPLACE	Mich
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth One Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elmer G Broadack

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Lewiston Idaho

Filed Aug 10 1918 L J Perkins

Registrar

Registrar

6-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

819-229-025-415

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32339

County of Nez Perce

City of Lewiston Orchards

Registration District No. 95 File No.

No. St.

Hospital

Primary Registration District No. 1009 Registered No. 3

FULL NAME OF CHILD Ruth Marie Harrison

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	July 29 1915

FATHER		MOTHER	
FULL NAME	Roy C. Harrison	FULL MAIDEN NAME	Rosa C. Martin
RESIDENCE	Lewiston Orchards, Nez Perce Co.	RESIDENCE	Lewiston Orchards, Nez Perce Co.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Mississippi	BIRTHPLACE	Texas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7:00 p. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. E. Carson

(Physician or midwife)

Address Lewiston Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Aug. 10 19 15 L. J. Perkins

Registrar

S-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
APR 10 1942

847-209-023-125

PLACE OF BIRTH

[redacted] Form V. S. No. 11-C—15m-6-20-11

STATE C[redacted]

Bureau of V[redacted]

CERTIFICATE OF BIRTH - 1

County of Kem

City of Emmett

Registration District No. 6 File No. 32340

No. ....., ... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Dorothea Madge Hughes

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	8-9-1915

FATHER		MOTHER	
FULL NAME	Charley Edward Hughes	FULL MAIDEN NAME	Annie Mahala Abney
RESIDENCE	Emmett	RESIDENCE	Iowa
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Clayton Co Iowa	BIRTHPLACE	Iowa
OCCUPATION	Brick and Stone Mason	OCCUPATION	Housewife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 1-45 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. L. Reynolds

(Physician or Midwife)

Address Emmett

Given names added from a supplemental report

....., 19.....

Filed 8-11 1915 L. L. Reynolds

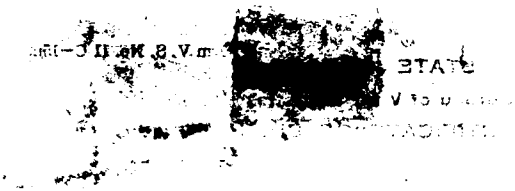
S-Y CO., 16670 Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



431-128-008-599

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

1-C-25m-1-1-19

32341

County of Boise

City of Horseshoe Bend

Registration District No. 6

File No. [redacted]

No. ..... St.

Primary Registration District No. .....

Registered No. .....

Hospital .....

FULL NAME OF CHILD Edgar Olof McAlister

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	7-28-1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Seth H McAlister	FULL MAIDEN NAME	Mae C Erickson
RESIDENCE	Horseshoe Bend	RESIDENCE	Horseshoe Bend
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Sweden
OCCUPATION	Electric Engineer	OCCUPATION	House wife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 11-35 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Reynolds
(Physician or midwife)

Given names added from a supplemental report.

..... 19..

Address Emmett Ida

Filed 7-30 1915 J. L. Reynolds
Registrar

Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 2 1942

JUL 10 1942

918-225-023-613

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

AMENDED 2/11/46

County of Gem

City of Emmett

No. ..... St.

Registration District No. 6 File No. 32342

Hospital ..... Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD HARRIET EDNA RAY
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes	7 – 29 – 1915

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Wm. Eugene Ray	FULL MAIDEN NAME	Susan Gladys Watson
RESIDENCE	Juneau, Alaska	RESIDENCE	Juneau, Alaska
COLOR	White	AGE AT LAST BIRTHDAY (Years)	born Sept. 6, 1871 (43)
COLOR	White	AGE AT LAST BIRTHDAY (Years)	born Nov. 17, 1886 (28)
BIRTHPLACE	Spirit Lake, Iowa	BIRTHPLACE	Brownsville, Oregon
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8:05 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. N. Cummings
(Physician or midwife)

Address Emmett, Idaho

Give names added from a supplemental report.

..... 192.....

..... Registrar.

Filed 8-12-1915 J. L. Reynolds
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMENDED AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Ada } ss.

Certificate No. 32342

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Ray (Name on Original Certificate) who Born (Was Born or Died) on July 29, 1915 (Date of Event)
in Emmett, Ida. (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Mother (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Harriet Edna Ray

Subscribed and sworn to before me this 6th
day of March, 19 42

E. E. Olson
Notary Public, residing at Boise, Ida

My commission expires
(Seal)

Signed Susan J Ray
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person (Other Than Previous Year)

(Street Address, City, State)

FEB 2 1946

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 32342

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Father's Birth Date	43 yrs of age	Sept. 6, 1871
Mothers Birth Date	29 Yrs of age	Nov. 17, 1886

Subscribed and sworn to before me this 9th day of Feb., 1946

Notary Public, residing at Boise Idaho

My commission expires Jan. 8, 1948

(Seal)

Signed Emma L Ellis
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

311 Jackson St Boise Ida.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada }

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th day of Feb., 1946

Notary Public, residing at Boise Idaho

My commission expires Jan. 8, 1948

(Seal)

Signed Susan Gladys Ray
(Signature of Any Credible Person)

2317-N31 st Rt 3 Boise
(Street Address, City, State)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

415-128-033-715

PLACE OF BIRTH

Form V. S. No. 11—5m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Emmett

Registration District No. 4 File No. 32343

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Hubert Douglas Martin

Sex of Child Male | Twin Triplet or other? | and | Number in order of birth | (To be answered only in event of plural births) | Legitimate? yes | Date of Birth 7 (Month) 28 (Day) 1915 (Year)

FATHER	MOTHER
FULL NAME Jno Albert Martin	FULL MAIDEN NAME Margaret Elsie Parrish
RESIDENCE Emmett	RESIDENCE Emmett
COLOR White	AGE AT LAST BIRTHDAY 33 (Years)
COLOR White	AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Missouri	BIRTHPLACE Emmett
OCCUPATION Rancher	OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8 15 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L A Cummings

(Physician or midwife)

Address Emmett

Given names added from a supplemental report.

..... 19.....

.....
Registrar

Filed 8-12 1915

J. L. Reynolds
Registrar

S-Y CO. 24686

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 32343

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	None given	Hubert Douglas Martin

Subscribed and sworn to before me this 7th day of May, 19 43

Eugene Ambrose

Notary Public, residing at Boise

My commission expires 1/14/47
(Seal)

Signed Margaret Martin
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19 .....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

.....
(Street Address, City, State)

MAY 26 1944

JAN 12 1949

MAY 7 1943

168-227-023-893

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gem

City of Emmett

No. ..... *St.*

Hospital .....

Registration District No. 6 **File No.** 32344

Primary Registration District No. ..... **Registered No.** .....

FULL NAME OF CHILD NELLIE EVELYN JOHNSTON

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	7 (Month) / 27 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Jno Burke Johnston	FULL MAIDEN NAME	Nellie Grace Hill
RESIDENCE	Emmett	RESIDENCE	Emmett
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Mexico Mo	BIRTHPLACE	Batavia Iowa
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8 35 P M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R N Cummings

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Emmett

Filed 8-12 1915 J L Reynolds

Registrar

Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

(County of)

STATE OF IOWA
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED JAN 3 1967 Bureau of Vital Statistics

State of IDAHO } ss.
County of ADA

Certificate No. 32344

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Johnston (Name on Original Certificate) who was born (Was Born or Died) on July 27, 1915 (Date of Event) in Emmett, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Nellie E. Johnston Evelyn

Subscribed and sworn to before me this 27th day of December, 19 66

[illegible]

Notary Public, residing at Boise, Idaho

My commission expires September 1, 1968

(Seal)

Signed [illegible]

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

[illegible]

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires

(Seal)

Signed

(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155 in office 12-27-66. 1cc pd- Rec #4935

Child's Birth Cert. on file: (Idaho Birth) #443828 gives full maiden name of mothe
as Nellie Evelyn Johnston - viewed by V.S.

JAN

Marriage license issued Aug.14,1941 by AdaCounty Recorder, Otto Peterson
gives name of Bride as Nellie Evelyn Johnston.
Viewed by V. S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

13-124-023-155

PLACE OF BIRTH

Form V. S. No. 11—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gem

City of Emmett

Registration District No. 4

File No. 32345

No. _____ St.

Primary Registration District No. _____

Registered No. _____

Hospital _____

FULL NAME OF CHILD JOHN AFTON PATTEN

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male			yes	July 24 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Jno Patton	FULL MAIDEN NAME	Eva Jensen
RESIDENCE	Emmett	RESIDENCE	Emmett
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Monti Utah	BIRTHPLACE	Marion Utah
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 12:20 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. N. Cunningham

(Physician or midwife)

Address Emmett

Given names added from a supplemental report.

_____ 19____

Filed Aug 12 1915

_____ Registrar

J. L. Reynolds Registrar

S-Y CO. 24656

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Bonneville Idaho } ss.
County of ~~St~~ Bonneville }

Certificate No. 32345

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for John Afton Patten (Name on Original Certificate) who was born (Was Born or Died) on July 24, 1913 (Date of Event)
in Emmett Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Social Security act number 519-01-2079 prepared on , (Give Date) are:
(~~Bible Record, Insurance Policy, Etc.~~)

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	John Afton Patten

Subscribed and sworn to before me this 11th
day of May, 1942
H. Brandall Jr.
Notary Public, residing at Idaho Falls
My commission expires Feb 10 1946
(Seal)

Signed Eva J Patten
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bonneville }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11th
day of May, 1942
H. Brandall Jr.
Notary Public, residing at Idaho Falls
My commission expires Feb. 10, 1942.
(Seal)

Signed Hattie Ricks
(Signature of Any Credible Person Other Than Previous Year)

474 L St. Idaho Falls, Idaho
(Street Address, City, State)

MAY 15 19[illegible]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

BUR[redacted]

County of [redacted]

[redacted]6

City of Emmett

Registration District No. 4

File No.

No. St.

Primary Registration District No.

Registered No.

Hospital

FULL NAME OF CHILD Robert Cummings VanLimburgh

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	7 (Month) 7 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Wm John VanLimburgh	FULL MAIDEN NAME	Sophia M. Boode
RESIDENCE	Emmett	RESIDENCE	Emmett
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Rotterdam Holland	BIRTHPLACE	Amsterdam Holland
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 11 12 P M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. N. Cummings

(Physician or midwife)

Given names added from a supplemental report.

19

Address Emmett

Filed 8-12- 1915 J. L. Reynolds

Registrar

Registrar

S-Y CO. 24656

386-206-023-719

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32347

County of Gem

City of Emmett

No. ..... St.

Hospital .....

Registration District No. 6 File No. .....

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Ruth Marie Thornton

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	7 (Month) 6 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Lewis Edmond Thornton	FULL MAIDEN NAME	Clara Belle Parkinson
RESIDENCE	Ola Idaho	RESIDENCE	Ola
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	St Louis Mo	BIRTHPLACE	Steamboat Springs Colo
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10 40 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R H Cummings
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Emmett

Filed 8-12 1915 J L Reynolds
Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Doc 001915-2996603

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss. Certificate No. 32347

County of ..... } 17 9 48 AM '78 Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unname Thornton (Name on Original Certificate) who was born (Was Born or Died) on July 6, 1915 (Date of Event)

in Emmett (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed Thornton	Ruth Marie Thornton

Subscribed and sworn to before me this 17 day of [illegible], 19[illegible]

[illegible]

Notary Public, residing at [illegible]

My commission expires [illegible]

(Seal)

X Signed Joseph L. Holt

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.

County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of

....., 19.....

.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

.....

(Street Address, City, State)

Boise High School Diploma issued by The Boise High School certifies that Ruth Thonton completed the prescribed Course of Study and filled satisfactorily all otherrequirements for Graduation, is awarded this Diploma. W. D. Vincent, Superintendent of Schools.
Viewed by V.S.

Own childs birth certificate on file with Vital Statistics gives name as Ruth Marie Thornton. Child born August 5, 1950 in Boise, Idaho. Certificate # 50-8853
Viewed by V.S.

799-201-033-437

Form V. S. No. 11-C

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32348

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

Registration District No. 100

File No. .....

Primary Registration District No. 2178

Registered No. 141

FULL NAME OF CHILD Lelah Margarete Priest

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		Yes	7 (Month) 1 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Thomas Priest	FULL MAIDEN NAME	Margarete McGarry
RESIDENCE	Rexburg Ida	RESIDENCE	Rexburg
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Ida	BIRTHPLACE	Ida
OCCUPATION	Farmer	OCCUPATION	—

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6:30 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G G Espe

M D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 7-15 1915

G G Espe
Registrar

Registrar

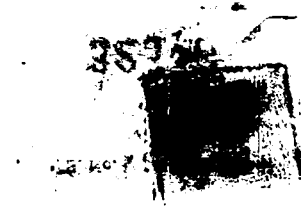
S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 2 8 1944



866-211-022-867

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11 [illegible] 8-7-11

32349

PLACE OF BIRTH

County of Fremont

City of Teton

No. ....., ... St.

Hospital House

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 100 File No. .....

Primary Registration District No. 2178 Registered No. 142

FULL NAME OF CHILD Boyd Hoggard Howes

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth
Female			4	yes	July (Month) 11 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Culbert Roy Howes	FULL MAIDEN NAME	Leah Lorene Hoggard
RESIDENCE	Teton Idaho	RESIDENCE	Teton Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Lehi Utah	BIRTHPLACE	American Fork Utah
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 4 Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2.55 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Sorensen

Mid Wife (Physician or Midwife)

Given names added from a supplemental report

....., 19....

Address Sugar R. F. D. #1 Box 40

Filed 8-1 1915 G G Espe

Registrar

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

Close Ind

135-213-033-515

Form V. S. No. 11-C—25m-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

Registration District No. 10 File No. 32350

Primary Registration District No. 2178 Registered No. 143

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	7 13 1915

FATHER		MOTHER	
FULL NAME	Aaron Alvey	FULL MAIDEN NAME	Mary Van Leuven
RESIDENCE	Rexburg, Ida	RESIDENCE	Rexburg, Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	49	AGE AT LAST BIRTHDAY (Years)	46
BIRTHPLACE	Eng.	BIRTHPLACE	Ut
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 12

Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3:20 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G G Estes

M D (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed 8/5 1915 G G Estes Registrar

S-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

997-219-033-622

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Madison

City of Sugar

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 32351

Primary Registration District No. 2178 Registered No. 144

FULL NAME OF CHILD Seona O. Rigby

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		yes	7 14 1915

FATHER		MOTHER	
FULL NAME	Henry Rigby	FULL MAIDEN NAME	Anna C Osborn
RESIDENCE	Sugar, Ida	RESIDENCE	Sugar, Ida
COLOR	W AGE AT LAST BIRTHDAY 46 (Years)	COLOR	W AGE AT LAST BIRTHDAY 44 (Years)
BIRTHPLACE	Ut	BIRTHPLACE	Ida
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G G Espe

M D
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed 8/5 — 1915 — G G Espe
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED JUN 12 1967 Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 32351

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Rigby (female child) (Name on Original Certificate) who was born (Was Born or Died) on July 19, 1915 (Date of Event) in Sugar, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Seona O. Rigby

Subscribed and sworn to before me this 7 day of June, 1967

Garda O Grant

Notary Public, residing at 2323 S.W. Temple

My commission expires Feb. 1971

(Seal)

Signed Bianca Rigby Crosland

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

4315 Crusader Dr Salt Lake City Utah 84107

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Salt Lake }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7 day of June, 1967

Notary Public, residing at 2323 S.W. Temple

My commission expires Feb. 1971

(Seal)

Signed Garda O Grant

(Signature of Any Credible Person)

.....

(Street Address, City, State)

FORM DH 60-155 CL 6-1-67. two copies pd. rec. #1297.

L.D.S. Church Cert. of Baptism and Confirmation, Aug. 5, 1923 gives full name as Seona O Rigby, daughter of Henry E. Rigby and Anna Osborn - viewed by V.S., born July 19, 1915 at Sugar City, Idaho -

JUN 15 1967

Marriage Certificate, State of Utah, County of Salt Lake, married July 14, 1937 gives full name of groom as Donald Robert King and full name of bride as Seona Osborn Rigby- viewed by V.S.

692-221-033-432

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE [illegible]
BUREAU OF [illegible]
CERTIF[illegible]

[illegible] Madison [illegible]

[illegible] 1[illegible] File No. [illegible]352

No. [illegible]

Primary Registration District No. 2178 Registered No. 145

Hospital

FULL NAME OF CHILD Phyllis Mae Fisher

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		yes	7 (Month) 21 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Chas Fisher	FULL MAIDEN NAME	Ida McKenna
RESIDENCE	Rexburg, Ida	RESIDENCE	Rexburg, Ida
COLOR	W. AGE AT LAST BIRTHDAY 22 (Years)	COLOR	W AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE	Ut	BIRTHPLACE	Wy.
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3.45 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G G Espe

M D
(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed 8/15 1915 G G Espe

Registrar Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RE[illegible]

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the [illegible] of each, in order of birth stated.

County of Mich
City of Bay

photocopy of application for social security account number dated March 18, 1946 gives name as Phyllis Mae Fisher, viewed by V.S. child's birth certificate #426577, Idaho; gives name as Phyllis Mae Fisher.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Madison } ss.

Certificate No. 32352

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Fisher (Name on Original Certificate) who born (Was Born or Died) on July 21, 1915 (Date of Event) in Rexburg, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Phyllis Mae Fisher

Subscribed and sworn to before me this 21 day of July, 1960

Notary Public, residing at Rexburg, Idaho
My commission expires 11-19-1963
(Seal)

Signed [illegible] Fisher
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Madison } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21 day of July, 1960

Notary Public, residing at Rexburg, Idaho
My commission expires 11-12-63
(Seal)

Signed [illegible]
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DPH 55.155 CL 5-31-60. one copy pd. receipt #02740.

AUG 10 1960

JUN 22 1967

866-122-033-135

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

Registration District No. 100 File No. 32353

Primary Registration District No. 2178 Registered No. 146

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	7 12 1915

FATHER		MOTHER	
FULL NAME	Christopher Hoffman	FULL MAIDEN NAME	Lorna Avery
RESIDENCE	Rexburg Ida	RESIDENCE	Rexburg Ida
COLOR	W	COLOR	
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Denmark	BIRTHPLACE	Ut
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (or stillborn) at 8:45 P.M. on the date above stated.

(Signature) G G Espe

M D

(Physician or midwife)

Address .....

Filed 8-1 1915 G G Espe Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y CO. 24658

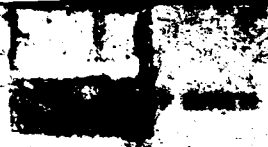
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Teton

No. 193-126-022-462, St.

Hospital Home

Registration District No. 110 File No. 32354

Primary Registration District No. 2178 Registered No. 147

FULL NAME OF CHILD Deward, M. Archibald

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male	2	yes	July 26, 1915

FATHER		MOTHER	
FULL NAME	Thomas Loosley Archibald	FULL MAIDEN NAME	Emma Loretta Moss
RESIDENCE	Teton, Idaho	RESIDENCE	Teton Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Medicine Lodge, Idaho	BIRTHPLACE	Mount Plesant Utah
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Sorensen

Mid Wife (Physician or Midwife)

Given names added from a supplemental report

....., 19....

Address Sugar R F D #1 Box 40

Filed 8/1 1915 G. Hespe

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

STATE OF IDAHO

MAR 8 1976

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32355

County of [redacted]on

City of Rexburg

No. ..... St.

Hospital .....

Registration District No. 100

File No. .....

Primary Registration District No. 2178

Registered No. 148

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		yes	7 (Month) 28 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Howard S Eckersell	FULL MAIDEN NAME	Sarah Ann Gold
RESIDENCE	Rexburg	RESIDENCE	Rexburg
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Rexburg Ida	BIRTHPLACE	Independence Ida
OCCUPATION	Laberor	OCCUPATION	

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12-30 AM on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Almira M Nelson

Midwife (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 8-1 1915 G G Espe Registrar

Registrar

S-Y CO. 24655

244-128-034 + 745

PLACE OF BIRTH

County of [illegible]

City of Rexburg

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32356

Registration District No. 100 File No. .....

Primary Registration District No. 2178 Registered No. 149

FULL NAME OF CHILD GEORGE IRVING SUMMERS

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	7 28 1915

FATHER		MOTHER	
FULL NAME	Harvey Summers	FULL MAIDEN NAME	Eva Gunnel
RESIDENCE	Rexburg Ida	RESIDENCE	Rexburg Ida
COLOR	W AGE AT LAST BIRTHDAY 26 (Years)	COLOR	W AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE	Ida	BIRTHPLACE	Wt
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6 05 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G G Espe

M D
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed 8/5 1915 G G Espe
Registrar

Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Madison }

Certificate No. 32 356

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of July 28, 1915 (BIRTH OR DEATH)
for George Irving Summers (NAME ON ORIGINAL CERTIFICATE) who Was Born (WAS BORN OR DIED) on July 28, 1915 (DATE OF EVENT)
in Rexburg, Idaho (PLACE OF EVENT) ~~are erroneous or~~ were omitted; and that, to the best of his knowledge, the
true facts as shown by Church Record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on September 5, 1915 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name Omitted.	Cert. No. 32356	George Irving Summers.

Subscribed and sworn to before me this 25
day of Feb. 1942.

Notary Public, residing at Rexburg
My commission expires Sept 5-1942
(SEAL)

Signed Jos. W. Barker, Ward Clerk.
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Rexburg, Madison Co., Idaho.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Madison }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25th
day of February, 1942.

Notary Public, residing at Rexburg
My commission expires Sept 5-1942.
(SEAL)

Signed Henry Summers
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on By
(REGISTRAR'S SIGNATURE)

235-4129-053-154

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 32357

Primary Registration District No. 2178 Registered No. 150

FULL NAME OF CHILD Kirk Anderson Stephens

Sex of Child: M | Twin, Triplet or other? ..... and Number in order of birth ..... (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth: 7 (Month) 29 (Day) 191 5 (Year)

FATHER		MOTHER	
FULL NAME	Clarence R. Stephens	FULL MAIDEN NAME	Lydia Anderson
RESIDENCE	Rexburg, Ida	RESIDENCE	Rexburg, Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Ida	BIRTHPLACE	Mt
OCCUPATION	Laborer	OCCUPATION	

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Immaculate (Born alive or stillborn) at 11 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G G Cooke M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed 8/5 1915 G G Cooke

Registrar

S-Y CO. 24655

SEP 3 1954

643-130-033-231

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 32358

Primary Registration District No. 2178 Registered No. 151

FULL NAME OF CHILD LYLE LORAYNE WILLIAMS

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	7 30 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Lyle Egra Williams	Reda Blaser
RESIDENCE	Rexburg, Ida	Rexburg, Ida
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	20	19
BIRTHPLACE	Ut	Switzerland
OCCUPATION	Laborer	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7a.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. L. Esplin

(Physician or midwife)

Given names added from a supplemental report.

..... 19.... Address .....

..... Registrar Filed 8-5 1915 G. L. Esplin Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

Certificate No. 32358

State of Idaho }ss.
County of Bonneville

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth or Death)
for Lyle Lorayne (Name on Original Certificate) who was born (Was Born or Died) on July 3 3, 1915 (Date of Event)
in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Lyle Lorayne Williams

Subscribed and sworn to before me this 9 day of [illegible], 1942

Notary Public, residing at Idaho Falls, Idaho.

My commission expires Jan. 3, 1944
(Seal)

Signed Mrs Lyle Williams (Mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

225 - 9th St. Idaho Falls
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }ss.
County of

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

JUN - 6 1942

498-230
033-613

PLACE OF BIRTH

[redacted] V. S. No. 11-C—25m-1-1-13

[redacted]

County of Madison

City of Rexburg

No. _____ St.

Hospital _____

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 32359

Primary Registration District No. 2178 Registered No. 152

FULL NAME OF CHILD ~~Hisu~~ Fusako Miyasaki

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		yes	7 (Month) 30 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	R. Miyasaki	FULL MAIDEN NAME	Mitsu watanabi
RESIDENCE	Rexburg	RESIDENCE	Rexburg
COLOR	Jap	COLOR	Jap
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Laberor	OCCUPATION	Laberor

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

1 Photostat copy 1/3/42

I hereby certify that I attended the birth of this child, who was Born alive at 12-25 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Almira M Nelson
Midwife
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address _____

Filed 8-1 1915 G G Espe
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

JAN 30 1959

AUG 8 1962

965-231-033-653

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Rexburg

Registration District No. 100

File No. 32360

No. _____ St.

Primary Registration District No. 2178

Registered No. 153

Hospital _____

FULL NAME OF CHILD Alta Hermenia Zweifel

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl		yes	7 31 1915

FATHER		MOTHER	
FULL NAME	John Zweifel	FULL MAIDEN NAME	Hermenia Felix
RESIDENCE	Rexburg	RESIDENCE	Rexburg
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Rexburg	BIRTHPLACE	Switzerland
OCCUPATION	Laberor	OCCUPATION	House wife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12-15 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Almira M Nelson

midwife (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address _____

Filed 8-1 1915

G G Espe
Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

BIRTH NOV 1 1965

381-204-037-225

Form V. S. No. 11-C—[illegible]

PLACE OF BIRTH

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 32361

Primary Registration District No. 2178 Registered No. 154

FULL NAME OF CHILD Louise Thatcher

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes	8 4 1915

FATHER		MOTHER	
FULL NAME	Cearon D. Thatcher	FULL MAIDEN NAME	Effie Skelton
RESIDENCE	Rexburg, Ida	RESIDENCE	Rexburg, Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Ut	BIRTHPLACE	Ut
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2,40 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G G Espe

MD
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed 8-7 1915 G G Espe
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
APR 1 1966
Bureau of Vital Statistics

State of .....
County of ..... } ss.

Certificate No. 32361

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Thatcher (female child) (Name on Original Certificate) who was born (Was Born or Died) on Aug. 4, 1915 (Date of Event)
in Rexburg, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Mabel Louise Thatcher

Subscribed and sworn to before me this 6th day of April, 1966

Margaret M. Stewart
Notary Public, residing at Burbank, Calif.
My commission expires .....
(Seal)

MARGARET M. STEWART
My Commission Expires May 10, 1966

Signed Edna I. Thatcher
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

7433 Amiga, Reseda, Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

State of California
County of Los Angeles } ss.

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th day of April, 1966

Margaret M. Stewart
Notary Public, residing at Burbank, Calif.
My commission expires .....
(Seal)

MARGARET M. STEWART
NOTARY PUBLIC
STATE OF CALIFORNIA
COUNTY OF LOS ANGELES
My Commission Expires May 10, 1966

Signed Clarence E. Thatcher
(Signature of Any Credible Person)

7433 Amiga, Reseda, Calif.
(Street Address, City, State)

FORM DH 60-155

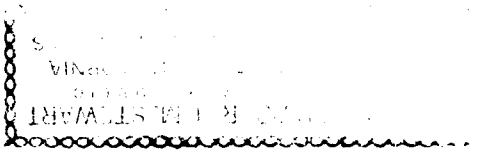
CL 3-1-66. one copy pd. rec. #7568.

Rec. letter June 9, 1966 requesting full name to be added as Louise Thatcher -

L.D.S. Church Cert. of Baptism and Confirmation, Dec. 2, 1923 gives full name as Louise Mabel Thatcher, daughter of Aaron D. Thatcher and Effie J. Skelton, born Aug. 4, 1915 at Rexburg, Idaho - viewd by V.S.

JUN 10 1966

Certificate of Marriage, married June 6, 1949 at Los Angeles, California gives full name of groom as Robert Burton Pritchett and full name of bride as Louise Thatcher - viewed by V.S.



219 - 228
030 - 261

PLACE OF [redacted]

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32362

County of Lemhi

City of Salmon

Registration District No. 41 File No.

No. St.

Primary Registration District No. 2126 Registered No. 145

Hospital

FULL NAME OF CHILD Genevra Ellen Barnett

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	July 28 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	William Thomas Barnett	Mary L Swartz
RESIDENCE	Lunday Idaho	Lunday Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	31	19
BIRTHPLACE	Idaho	Bannack Montana
OCCUPATION	Farming	Housekeeping

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. L. Whitwell

(Physician or ~~midwife~~)

Address

Given names added from a supplemental report.

19

Registrar

Filed Aug 2 1915 Edith D. Herndon Deputy Registrar

S-Y CO. 24659

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF [illegible]
BUREAU OF VITAL STATISTICS

[redacted]

296-304
009-[illegible]

PLA[illegible]

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of —

No. ..... St.

Hospital .....

Registration District No. 81 File No. 32363

Primary Registration District No. 2158 Registered No. .....

FULL NAME OF CHILD Not named Brown

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—	—	—	Yes	July (Month) 4 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Earnest M. Brown	FULL MAIDEN NAME	Roberta Humes
RESIDENCE	57 N R 4 W B M	RESIDENCE	57 N R 4 W B M
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE		BIRTHPLACE	
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 6th Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E D McCarty

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Priest River

Filed July 12 1915 E D McCarty Registrar

Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

D

225-107-802-618

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32364

County of Bonner

City of Priest River — Registration District No. 81 — File No.

No. ..... St. — Primary Registration District No. 2105 — Registered No. 40

Hospital

FULL NAME OF CHILD James Edward Kenny

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	—	Yes	July 7 1915

FATHER		MOTHER	
FULL NAME	James William Kenny	FULL MAIDEN NAME	Thomas Myrtle Fay
RESIDENCE	Priest River	RESIDENCE	Priest River
COLOR	White	AGE AT LAST BIRTHDAY (Years)	37
COLOR	White	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Canada	BIRTHPLACE	Ill.
OCCUPATION	Musician & Barber	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 — Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8:00 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E D McCarty

Physician (Physician or midwife)

Address Priest River

Given names added from a supplemental report

..... 19.....

Filed July 10 1915 E D McCarty

..... Registrar — Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

BIRTH

APR 7 194

238-216-009-2[redacted]

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Priest River

Registration District No. 81 File No. 32365

No. ..... St.

Primary Registration District No. 2158 Registered No. 43

Hospital .....

FULL NAME OF CHILD Gertrude Schaefer

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	July (Month) 16 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	John E. Schaefer	FULL MAIDEN NAME	Marg. Brackendorf.
RESIDENCE	Priest River	RESIDENCE	Priest River
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Miss	BIRTHPLACE	Iowa
OCCUPATION	Contractor	OCCUPATION	House wife

Number of child of this mother, including present birth Three Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 11:25 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Houston E. Snyder MD

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed July 20 1915 E D McCarty Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 7 1942

Registered No.

263-213-023-958

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32366

County of Gem

City of Letha

Registration District No. 6

File No.

No. St.

Primary Registration District No.

Registered No.

Hospital

FULL NAME OF CHILD Lottie Leona Bott

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	yes	7 (Month) 13 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Edward H Bott	FULL MAIDEN NAME	Nellie M Reynolds
RESIDENCE	Letha	RESIDENCE	same
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Iowa	BIRTHPLACE	Colo
OCCUPATION	Rancher	OCCUPATION	Hw

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7:10 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. O. Clark M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address Emmett

Filed 8/13/1915

J. L. Reynolds
Registrar

Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

BOTT

Dup OD 1915 - 334886

719 - 208 - 023

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11—25m-1-1-18

PLACE OF BIRTH

County of Gem

City of Emmett

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 6 File No. 32368

Primary Registration District No. ..... Registered No. 4

FULL NAME OF CHILD Atha Esther Gardunia

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl	##		##	yes	7- 8- 1915

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Edgar C. Gardunia	FULL MAIDEN NAME	Esther M. Sherrow
RESIDENCE	Gross	RESIDENCE	same
COLOR	White	COLOR	white
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Mich	BIRTHPLACE	Mo.
OCCUPATION	Rancher	OCCUPATION	Hw.

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 1 P. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) B O Clark MD

(Physician or midwife)

Address Emmett

Filed 8/13 19 15 J. L. Reynolds Registrar

S-Y CO. 24656

NOV 23 1946

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Ada } ss.

Certificate No. 32368

Date Filed Aug. 13, 1915

FEB 23 1966

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Atha Esther Gardunia (Name on Original Certificate) who born (Was Born or Died) on July 8, 1915 (Date of Event) in Emmett, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Public School Diploma (Bible Record, Insurance Policy, Etc.) prepared on 29. May 1930 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full name	No name	Atha Esther Gardunia

Subscribed and sworn to before me this 9. day of February, 1966

Margaret J. Frost

Notary Public, residing at Emmett Idaho

My commission expires Jan. 13. 1967

(Seal)

Signed X Esther M Hill Mother

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

512 Monroe, Emmett Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Gem } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9. day of February, 1966

Margaret J. Frost

Notary Public, residing at Emmett, Idaho

My commission expires 13. Jan. 1967

(Seal)

Signed X Garland [illegible]

(Signature of Any Credible Person)

Husband

521 Monroe, Emmett Idaho

(Street Address, City, State)

FORM DH 60-155

Marriage license gives name of bride as Atha Esther Gardunia. Married Sept.23,193 -in Emmett, Idaho. W. C. Crouch Probate Ck Judge APR 12 1966

Viewed by V. S.

Certificate of Promotion gives name as Atha Esther Gardunia. Completed studies prescribed for the 5th grade May 20, 1927. Mrs. Marie Whitney, Teacher Burns, Oregon.
Viewed by V. S.

249-205-023-693

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11—25m-1-1-18

PLACE OF BIRTH

County of Gem

City of Emmett

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 6 File No. 32369

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
girl	**		**	yes	7. 5- 1915

FATHER	MOTHER
FULL NAME: Robert Smith	FULL MAIDEN NAME: Pearl E. Wills
RESIDENCE: Emmett	RESIDENCE: same
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 22 (Years)	AGE AT LAST BIRTHDAY: 20 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Neb.
OCCUPATION: Rancher	OCCUPATION: Hw.

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 11/10 A. M. on the date above stated.
(Born alive or stillborn)

(Signature) B. O. Blank M D

(Physician or midwife)

Address Emmett

Filed 8-13 1915 J. L. Raymond Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y CO. 24656

855-221-023-263

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32371

County of Gem

City of Emmett

No. ..... *St.*

Hospital .....

Registration District No. 4 **File No.** .....

Primary Registration District No. ..... **Registered No.** .....

FULL NAME OF CHILD Doris Hazel Henderson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—		—	yes	7-21-1915

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Arthur C Henderson	FULL MAIDEN NAME	Marie Bott
RESIDENCE	Emmett	RESIDENCE	same
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Colo	BIRTHPLACE	Iowa
OCCUPATION	Rancher	OCCUPATION	Hw

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 10 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B O Clark M D

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Emmett

Filed 8/13/1915 J. L. Reynolds
Registrar

Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
JUN 17 4 38 PM '75

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss. Certificate No. 32371

County of ..... } Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Henderson (Name on Original Certificate) who was born (Was Born or Died) on July 21, 1915 (Date of Event)

in Emmett (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
childs name	omitted	Doris Hazel

Subscribed and sworn to before me this 17th day of June, 1975

Florence Curtright

Notary Public, residing at Boise

My commission expires 4-20-78

(Seal)

Signed Ruth H. Looney

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.

County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of

....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

.....

(Street Address, City, State)

FORM DH 60-155

Family Bible Record gives name as Doris Hazel Henderson daughter of Arthur C. Henderson and Marie Bott. Born in Emmett, Idaho, on July 21, o 1915. Viewed by V.S.

JUN 17 1975

Own childs birth certificate on file with Bureau of Vital Statistics, state file # 236202; gives mother's maiden name as Doris Hazel Henderson. Child born Arthur Nels Bonde, August 2, 1935 in Parma, Idaho. Viewed by V.S.

294-128-023-415

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gem

City of Emmett

Registration District No. 6

File No. 32372

No. _____ St.

Primary Registration District No. _____

Registered No. _____

Hospital _____

FULL NAME OF CHILD John William Simmons

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	Yes	7 (Month) 28 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Warren T Simmons	FULL MAIDEN NAME	Nellie Davidson
RESIDENCE	Emmett	RESIDENCE	Emmett
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Okl.	BIRTHPLACE	Ida
OCCUPATION	Rancher	OCCUPATION	Hon

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 9.40 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. J. Clark

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Emmett

Filed 8/13 1915 J. L. Reynolds

Registrar

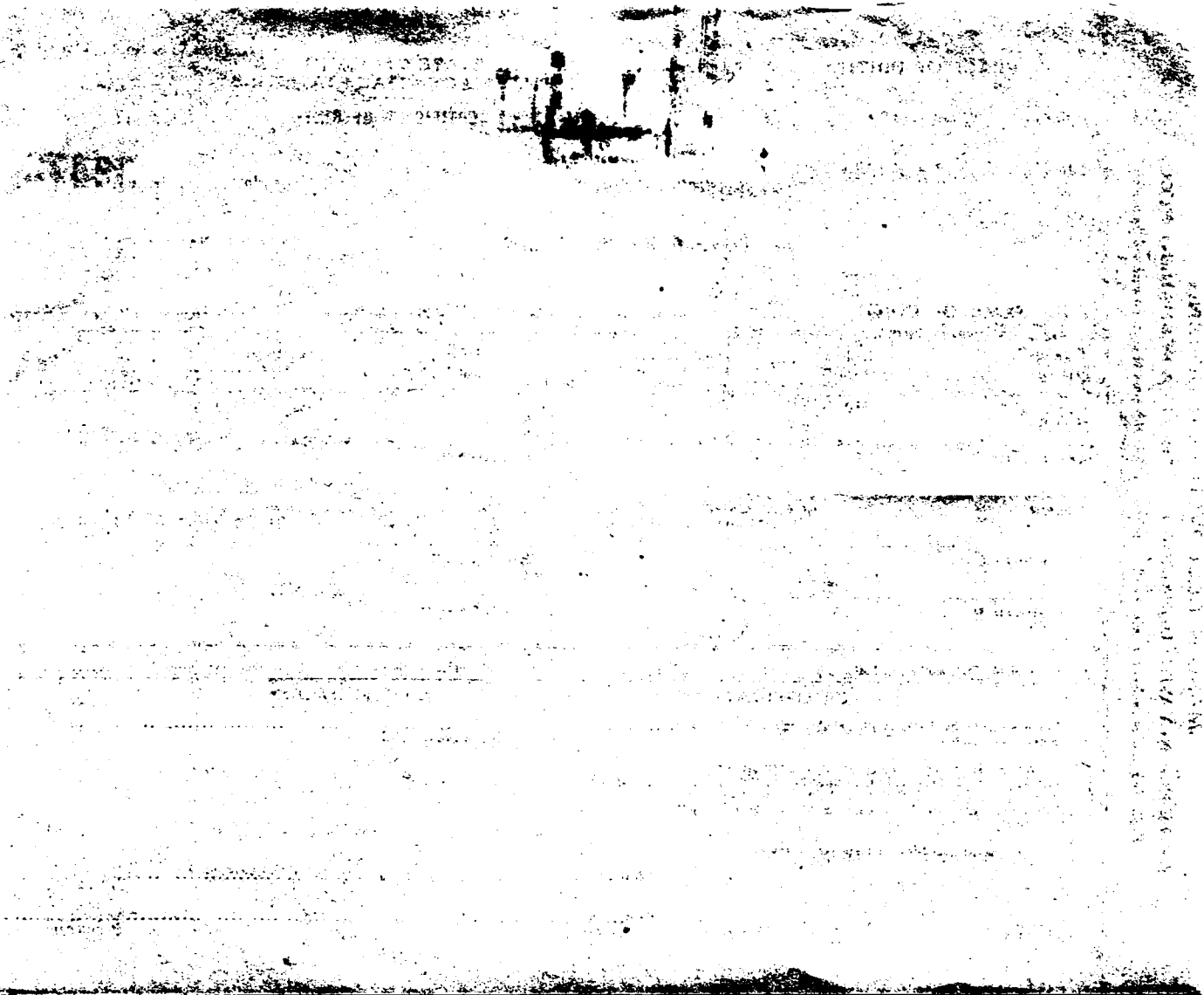
Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



993-220-55-296

[redacted]

Form V. S. No. 11—25m-1-1-18

PLACE OF BIRTH

County of Nez Perce.

City of Culdesac.

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 97 — File No. 32373

Primary Registration District No. 2174 — Registered No. .....

FULL NAME OF CHILD Rachael Elizabeth Rickman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	yes.	6 - 20 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Lewis. Rickman.	Bessie Broncheau.
RESIDENCE	Culdesac. R.F.D.	Culdesac. R.F.D.
COLOR	White.	Indian.
AGE AT LAST BIRTHDAY (Years)	29	23 -
BIRTHPLACE	Iowa.	Culdesac -
OCCUPATION	farmer.	housewife

Number of child of this mother, including present birth 3. — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1:00 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) William T. Hatch - M.D.

(Physician or midwife)

Address Lapwai. Idaho —

Filed July 19. 15

Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 1 8 1975

DECEASED

245-120-035-286

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Ney Perce

City of Lapwai

Registration District No. 97

File No. 32374

No. ..... St.

Primary Registration District No. 2174

Registered No. .....

Hospital .....

FULL NAME OF CHILD Wilson Woodrow Bundy

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	7 (Month) 20 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Wm. Bundy	FULL MAIDEN NAME	Dell Shoodler
RESIDENCE	Culdesoe	RESIDENCE	Culdesoe
COLOR	W	COLOR	
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Farmer wife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Wilson Woodrow Bundy at 11 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John N. Alley
Phys
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Lapwai

Filed July 22 1915 John N. Alley
Registrar

Registrar

8-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

266-127-004-269

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration [redacted] 52

File No. 32375

Primary Registration District No. 2136

Registered No. .....

FULL NAME OF CHILD Denzel Boothe

Sex of Child: Male	Twin Triplet or other? ✓ and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth July 27 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Louis Boothe	FULL MAIDEN NAME	Laura Sorenson
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Laborer	OCCUPATION	Wife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 3 30 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H H King MD

Physician (Physician or midwife)

Address Montpelier Idaho

Filed Aug 1 20 1915 H H King MD Registrar

Given names added from a supplemental report

..... 19.....

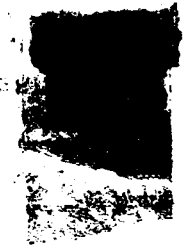
..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



249-113-040.642

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—20m-3-15-12

32377

County of ~~Benwah~~ Shoshone

City of ~~St Joe~~ Wardner

Registration District No. 12 m

File No. 92

No. ..... St.

Primary Registration District No. 2201

Registered No. .....

Hospital Mrs Petzinick's Robert Emery

FULL NAME OF CHILD Robt Smith

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male	2	yes	July 13 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Henry A Smith	FULL MAIDEN NAME	Hazel Ornstead
RESIDENCE	St Joe Idaho	RESIDENCE	St Joe
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Kansas	BIRTHPLACE	Mich
OCCUPATION	Tel. Operator	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. C. Lindsay

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Kellogg Idaho

Filed 8/14 1915 Geo S Lasher Registrar

Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Shoshone

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32379

City of Wardner

No. 214-209-040-155 St.

Registration District No. 123 File No. 90

Primary Registration District No. 2201 Registered No.

Hospital

FULL NAME OF CHILD Katherine Elizabeth Kanyuck

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
female	2	yes	July 9 1915

FATHER		MOTHER	
FULL NAME	Geo Kanuck	FULL MAIDEN NAME	Matta Anna
RESIDENCE	Wardner	RESIDENCE	Wardner
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Pensylvania	BIRTHPLACE	Hungary
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 10:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. C. Lindsay

Physician
(Physician or midwife)

Given names added from a supplemental report

Address Kellogg Ida

Geo S Lasber
Registrar

Filed 8/14 1915 Geo S Lasber
Registrar

S-Y CO. 20174

MAR 26 1942

Z - KANACK

433-114-003-349

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STAT[redacted]
BUREAU OF [redacted]STICS
CERTIFICA[redacted]

32380

County of Bannock

City of Turner

No. ..... St.

Hospital .....

Registration District No. 11 File No. .....

Primary Registration District No. 2048 Registered No. 132

FULL NAME OF CHILD Thomas J McCann

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	July (Month) 14 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Thomas James McCann	FULL MAIDEN NAME	Etta Curtis
RESIDENCE	Turner	RESIDENCE	
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	48 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Smithfield Utah	BIRTHPLACE	Burville Utah
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born Alive (Born alive or stillborn), at 6 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ellen Egbert

Midwife (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Turner Bannock Co. Idaho

Ellis Kanly Registrar

Filed Aug 10 1915 Ellis Kanly Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STAT[redacted]
BUREAU OF [redacted]TICS
CERTIFI[redacted]

PLACE OF BIRTH

County of .....

of .....

St. .....

Registration District No. ..... File No. .....

Primary Registration District No. ..... Registered No. .....

OF CHILD .....

Twin / Triplet / or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth ..... 191 4 (Month) (Day) (Year)

FATHER	FULL MAIDEN NAME	MOTHER
	RESIDENCE	
AGE AT LAST BIRTHDAY ..... (Years)	COLOR	AGE AT LAST BIRTHDAY ..... (Years)
	BIRTHPLACE	
	OCCUPATION	

Number of children of this mother now living, including present birth .....

OF ATTENDING PHYSICIAN OR MIDWIFE*

..... , at ..... M

(Born alive or stillborn)

(Signature) .....

.....

(Physician or midwife)

.....

..... 19 .....

Registrar

366-107-003-266

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bannock

City of Lago

No. Idaho St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 32381

Registration District No. 11 File No.

Primary Registration District No. 2048 Registered No. 146

FULL NAME OF CHILD George Beemis

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth
Boy		yes	August 7 (Month) 7 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Ray Coombs	FULL MAIDEN NAME	Martha Boollard
RESIDENCE	Thatcher Idaho	RESIDENCE	Thatcher Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	29 (Years) 1915
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Blacksmith	OCCUPATION	—

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born ~~alive~~ or stillborn) at 7 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Ann Jones

~~(Physician~~ or midwife)

Address Mary A. Jones

Given names added from a supplemental report

1915

Filed Aug 10 1915 Lago Idaho

Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

552-224-003-258

Form V. S. No. 11-C-[illegible]

PLACE OF BIRTH

Amended 3-9-77

County of Bannock

City of Lago

No. Idaho St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 32382

Primary Registration District No. 2048 Registered No. 143

FULL NAME OF CHILD Isabell Nester

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month)
girl		yes	July 24 1915

FATHER		MOTHER	
FULL NAME	Clarry C Nester	FULL MAIDEN NAME	Louico In[illegible]
RESIDENCE	Lago Idaho	RESIDENCE	Lago Idah[illegible]
COLOR	Whi AGE AT LAST BIRTHDAY 26 (Years) 1915	COLOR	whit AGE AT LAST BIRTHDAY 25 (Years) 1915
BIRTHPLACE	West Virginia	BIRTHPLACE	~~Utah~~ Idaho
OCCUPATION	farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 7 1 M. on the date above stated. (Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary A Turner

(~~Physician~~ or midwife)

Given names added from a supplemental report

..... 19.....

Address Mary A Turner

Filed Aug 10, 1915 Lago Idaho

Registrar

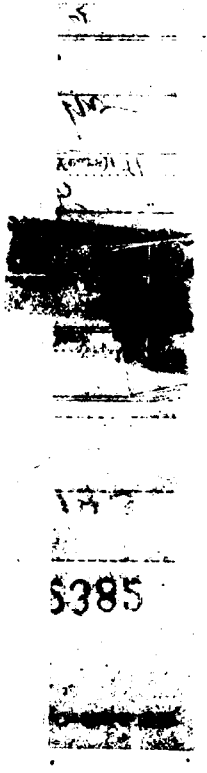
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss. Certificate No. 32382

County of ..... } 2 17 PM '77 Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Z¼ Pearl Snider Nester (Name on Original Certificate) who was born (Was Born or Died) on July 24, 1915 (Date of Event)

in Lago (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	Pearl Snider Nester	Isabell Nester
Birthplace of father	Utah	West Virginia

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.

County of Salt Lake }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4th day of March, 1977

Notary Public, residing at Provo Utah

My commission expires 2-1-77

(Seal)

Signed Lawrence C. [illegible]

(Signature of Any Credible Person)

[illegible] 60 West 36 [illegible] #93

(Street Address, City, State)

[illegible]

FORM DH 60-155

In office - no corresp 3-1=77

1 cp pd 3-1-77

Certificate of Blessing gives name as Isabelle Nester daughter of Larry Clay Nester and Lavica Snyder born July 24, 1915 at Bannock County. Blessed Sept. 5, 1915 in L.D.S.Church.
Viewed by V.S.
Public School Diploma issued by Bannock County, Idaho gives name of graduate as Isabelle Nester. Graduated May 22, 1931. Nora Boyum, County Supt. of Public Instruction.
Viewed by V.S.

Death certificate of father filed with Vital Statistics, Idaho, state file # 55-4166 gives birthplace for Larry Clay Nester as Belington, West Virginia Certificate # 55-4166.
Viewed by V.S.

Certificate of brother on file with vital statistics gives birthplace of father as West Virginia. Brother born January 24, 1928, in Grace, Idaho.
Viewed by V.S.

381-227-003-394

Form V. S. No. 11-C—20m-8-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32383

County of Bannock

City of Robin

No. ..... *St.*

Hospital .....

Registration District No. .....

Primary Registration District No. .....

File No. .....

Registered No. 108

FULL NAME OF CHILD Elizabeth Lorene Chatterton

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	July (Month) 27 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Wilford Lorenzo Chatterton	FULL MAIDEN NAME	Myrtle May Crump
RESIDENCE	Marsh Center	RESIDENCE	Myrtle May Crump
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Nancy E. Marley

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

[illegible]

Registrar

Address Robin, Idaho.

Filed Aug. 10 1915 [illegible]

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 5 1971

261-112-003-613

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Soda Springs

No. _____ St.

Hospital _____

Registration District No. 11

File No. 32384

Primary Registration District No. 2048

Registered No. 113

FULL NAME OF CHILD William Carl Swanson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	July 12 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Carl Oscar Swanson	FULL MAIDEN NAME	Lula Watson
RESIDENCE	Soda Springs	RESIDENCE	Soda Springs
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Household

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1:30 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Russell Tigret, Physician
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Ellis Kaiser
Registrar

Address Soda Springs Ida

Filed July 10, 1915 Ellis Kaiser
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 20 1942

996-214-003-356

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Soda Springs

No. _____ St.

Hospital _____

Registration District No. 11

File No. 32385

Primary Registration District No. 2048

Registered No. 112

FULL NAME OF CHILD ~~Joan~~ CATHERINE Irwin

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	July (Month) 14 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Rev. Percy Crawford Irwin	FULL MAIDEN NAME	Eunice Lewis
RESIDENCE	Soda Springs	RESIDENCE	Soda Springs
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Tenn.	BIRTHPLACE	Ind. Ter. (Oklahoma)
OCCUPATION	Minister	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Russell Tigret

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Eric Kerry
Registrar

Address Soda Springs

Filed Aug. 10 1915

Eric Kerry
Registrar

8-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Kansas } ss.
County of Osage }

Certificate No. 32385

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Grace Irwin (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on July 14, 1916 (DATE OF EVENT)
in Soda Springs, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible Record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on July 14, 1916 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Grace	Catherine Irwin

Subscribed and sworn to before me this 1st day of March, 1943

Ada Neehart

Notary Public, residing at Lyndon Kansas

My commission expires 8-16, 1945

(SEAL)

Signed Percy C. Irwin, Father
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Lyndon Kansas
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Kansas } ss.
County of Osage }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st day of March, 1943

Notary Public, residing at Lyndon Kansas

My commission expires 8-16-1945

(SEAL)

Signed Eunice Lewis Irwin, Mother
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Lyndon Kansas
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

MAR 5 1943

JUN 26 1945

753-121-003-381

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32386

County of Bannock

City of Soda Springs

No. ..... St.

Registration District No. 11 File No. .....

Primary Registration District No. 2048 Registered No. 111

Hospital .....

FULL NAME OF CHILD Nels Nelson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male			Yes	July 26 (Month) (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Nelson J. Nelson	FULL MAIDEN NAME	Hazen Jane Thatcher
RESIDENCE	Soda Springs	RESIDENCE	Soda Springs, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	41 (Years)
BIRTHPLACE	Denmark	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10:30 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Russell Liguet, Physician
(Physician or midwife)

Address Soda Springs

Given names added from a supplemental report.

..... 19.....

Ellis Kasey
Registrar

Filed Aug 2 19 16 Ellis Kasey
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

397-124-003-844

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32387

County of Bannock

City of Soda Springs

Registration District No. 11

File No. ~~110~~

No. ..... St.

Primary Registration District No. 2048

Registered No. 110

Hospital .....

FULL NAME OF CHILD Russell Tigert

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	July 24 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Russell Tigert	FULL MAIDEN NAME	Alice Pearl Humphrey
RESIDENCE	Soda Springs	RESIDENCE	Soda Springs
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Mississippi	BIRTHPLACE	Miss.
OCCUPATION	Physician	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11:30 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Russell Tigert

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Ellis Kaney
Registrar

Address Soda Springs

Filed Aug. 10 1915 Ellis Kaney
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 16 1951

9/4-107-003-213

PLACE OF BIRTH

Amended 10-3-60

County of Bannock

City of Soda Springs

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 32388

Primary Registration District No. 2048 Registered No. 114

FULL NAME OF CHILD Francis L. Ramey
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
make				yes	July 7 1915

What bacterioidal solution was used in eyes? .....

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

FATHER	MOTHER
FULL NAME: Thomas Scott Ramey	FULL MAIDEN NAME: Theo Baker
RESIDENCE: Pocatello	RESIDENCE: Pocatello
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 31 (Years)	AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: Kansas	BIRTHPLACE: California
OCCUPATION: Laborer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 3 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 192....

Ellis Kaealy
Registrar.

(Signature) Russell Tignet

Physician
(Physician or midwife)

Address Soda Springs, Idaho

Filed Aug. 10 1915 Ellis Kaealy
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certificate of Baptism gives name as Francis Loyal Ramey dated June 4, 1933; viewed by VS. Also gives fathers name as Thomas Scott Ramey.

Army of the United States Honorable Discharge gives name as Francis L. Ramey dated July 6, 1943. Viewed by VS.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 32388

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Louis Ramey (Name on Original Certificate) who was born (Was Born or Died) on July 7, 1915 (Date of Event) in Soda Springs, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name of child	Louis Ramey	Francis L. Ramey
last name of father	Ramey	Ramey

Subscribed and sworn to before me this 30th day of September, 19 60.

Notary Public, residing at Boise, Idaho.

My commission expires June 30 - 1963

(Seal)

Signed D. L. Ramey

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

.....

(Street Address, City, State)

FORM DH 60-155

1 copy paid 9-23-60

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Amended 9/3/69

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Bannock

City of Soda Springs

No. 451-210-003-557 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 11

File No. 32389

Primary Registration District No. 2048

Registered No. 115

FULL NAME OF CHILD RONELLA Meacham

Sex of Child Female

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth July (Month) 10 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Andrew Meacham	FULL MAIDEN NAME	Coba Verham
RESIDENCE	Soda Springs	RESIDENCE	Soda Springs
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Holland
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 A. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Russell Tigret

Physician (Physician or midwife)

Address Soda Springs, Idaho

Given names added from a supplemental report.

19

Ellis Kaney Registrar

Filed Aug 10, 1910 Ellis Kaney Registrar

S-Y CO. 24655

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED

AUG 21 1969

Bureau of Vital Statistics

State of California } ss.
County of San Joaquin

Certificate No. 32389

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Coba Meacham (Name on Original Certificate) who was born (Was Born or Died) on July 10, 1915 (Date of Event) in Soda Springs, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Coba	Ronella Meacham

Subscribed and sworn to before me this 18th day of August, 1969

Delpha Mooberry

Notary Public, residing at Stockton, Calif.

My commission expires Oct. 7, 1970

(Seal)

X Signed Coba Meacham

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of San Joaquin

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18th day of August, 1969

Delpha Mooberry

Notary Public, residing at Stockton, Calif.

My commission expires Oct. 7, 1969

(Seal)

Signed Allan D. Brough

(Signature of Any Credible Person)

118 Edan ave Stockton 95207

(Street Address, City, State)

FORM DH 60-155 CL 8/15/69 1 copd.

Certificate of Baptism and Confirmation Dated Mar. 16, 1930 gives name as Ronella Meacham born July 10, 1915. Daughter of Andrew and Coba Verham. Viewed By V. S.

SEP 3 1969

Marriage Certificate between DeVan Brough and Ronella Meacham dated April 28, 1940 in Idaho Falls, Idaho. Signed by John A. Orm. Viewed by V. S.

236-208-003-155

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—[illegible]

PLACE OF BIRTH

County of Bad Horock

City of Lava Hot Springs

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 32390

Primary Registration District No. 2047 Registered No. 120

FULL NAME OF CHILD Jesse Levare Blotzmann

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
girl	1	Yes	July (Month) 8 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Robert R Bloxum	FULL MAIDEN NAME	Bellie J Avery
RESIDENCE	Lava Hot Springs Ida	RESIDENCE	Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Labror	OCCUPATION	Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8.30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Amy L. Toone

Midwife (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Lava Hotsprings Ida

Eric Kaney Registrar

Filed Aug 10 1915 Eric Kaney Registrar

S-Y CO. 20174

[redacted]

[redacted]

[redacted]

466-109-003-981

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Bannock

City of Lund

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32391

Registration District No. ~~82~~ 11 File No. .....

Primary Registration District No. ~~3161~~ 2048 Registered No. 129

FULL NAME OF CHILD Max Leon Moore

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	July 9 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Jurileon Moore	FULL MAIDEN NAME	Margaret Ryan
RESIDENCE	Lund	RESIDENCE	Lund
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 12.05 a. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. R. J. Smith
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Bancroft

Elis Kaely
Registrar

Filed Aug 10 1915 Elis Kaely
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF)
AU OF VITAL
ERTIFICATE O

951-229-003454

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Lago

No. Idaho St.

Hospital

Registration District No. 11 File No. 32392

Primary Registration District No. 2048 Registered No. 144

FULL NAME OF CHILD Lilias A Rasmussen

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
girl			yes	~~Feb~~ June 29 1915

FATHER		MOTHER	
FULL NAME	Lasers Rasmussen	FULL MAIDEN NAME	Annie Anderson
RESIDENCE	Lago Idaho	RESIDENCE	Lago Idaho
COLOR	white	COLOR	whi
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Denmark
OCCUPATION	farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 9 P M. on the date above stated.
(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary A Turner
~~(Physician~~ or midwife)

Given names added from a supplemental report

..... 19.....

Address Lago Idaho

Filed Aug. 10, 1915 Eric Kardy
Registrar

Eric Kardy
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MAR 31 19[illegible]

363-215-003-343

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

name added 5-18-79

County of Bannock

City of Arimo

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32393

Registration District No. 11 File No. .....

Primary Registration District No. 2046 Registered No. 142

FULL NAME OF CHILD ALMIRA Cole

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		Yes	6 (Month) 15 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Robert E Cole	FULL MAIDEN NAME	Elmira Cutler
RESIDENCE	Arimo Ida	RESIDENCE	Arimo Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Willard Ut	BIRTHPLACE	Perry, Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth VII Number of children of this mother now living, including present birth VII

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11 p. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Casper W Paul

(Physician or midwife)

Address Downey, Ida

Given names added from a supplemental report

..... 19.....

Eric Kaerly Registrar

Filed Aug 10, 1915 Eric Kaerly Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MAR 21 1974

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
VITAL STATISTICS
APR 19 11 28 AM '79

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of .....

Certificate No. 32393

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for June Cole (Name on Original Certificate) who was born (Was Born or Died) on June 15, 1915 (Date of Event)
in Arimo, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	June Cole	~~[illegible]~~ Almira Cole

Subscribed and sworn to before me this 27 day of May, 1974

Notary Public, residing at Arimo, Idaho
My commission expires April 1976
(Seal)

Signed Dora C. Gunter
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Arimo Ida.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bannock

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27 day of May, 1974

Notary Public, residing at Arimo, Idaho
My commission expires April 1976
(Seal)

Signed Arda A. Page
(Signature of Any Credible Person)

2316 Chateau Dr. Roy, Utah
(Street Address, City, State)

FORM DH 60-155

CL 3/21/74

386-110-003-893

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bannock

City of Downey

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 32394

Primary Registration District No. 2046 Registered No. 641

FULL NAME OF CHILD Robert ~~Baby~~ Thornton

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
m		yes	6 (Month) 10 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Ephraim Thornton	FULL MAIDEN NAME	Nettie Hickman
RESIDENCE	Downey	RESIDENCE	Downey
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Downey	BIRTHPLACE	Malad Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 59 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Casper W Paul MD
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Downey Idaho

Ellis Kaely Registrar

Filed Aug 10, 1915 Ellis Kaely Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

335-108-003-745

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32395

County of Bannock

City of Downey

Registration District No. 11 File No.

No. St.

Primary Registration District No. 2046 Registered No. 140

Hospital Myrow

FULL NAME OF CHILD Marion Earl Clegg

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
m			yes	6 8 1915

FATHER		MOTHER	
FULL NAME	Earl Clegg	FULL MAIDEN NAME	Carol M. Hunter
RESIDENCE	Downey	RESIDENCE	Downey
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Downey	BIRTHPLACE	Arnio, Ida
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 6.9 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Andrew Lovd M.D.
(Physician or midwife)

Address Downey Idaho

Given names added from a supplemental report

....., 19.....

Ellis Kaney
Registrar

Filed Aug 10, 1915 Ellis Kaney
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 2 1 1945

515-120-003-238

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Downey

No. ..... St.

Hospital .....

AMENDED 5/13/46

Registration District No. 11 File No. 32396

Primary Registration District No. ..... Registered No. 139

FULL NAME OF CHILD Morris Jacob Naef
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		Yes	June 20 1915

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Chas. D. Naef	FULL MAIDEN NAME	Kate Schiebel
RESIDENCE	Downey	RESIDENCE	Downey
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Providence, Utah	BIRTHPLACE	Pleasant Valley, Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Casper W. Pond

(Physician or midwife)

Address Downey, Idaho

Filed Aug. 10 1915 Ellis Kackley
Registrar.

Give names added from a supplemental report.

....., 192....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dep. # 1915. 421906

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bannock }

Certificate No. 32396

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth for Oscar Neff (Name on Original Certificate) who was born (Was Born or Died) on June 20, 1915 (Date of Event) in Downey, Idaho (Place of Event) are erroneous or were omitted: and that, to the best of his knowledge, the true facts are shown by Church records (Bible Record, Insurance Policy, Etc.) prepared on June 20, 1915 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Oscar Neff	Morris Jacob Naef

Subscribed and sworn to before me this 9th day of May, 19 46

Notary Public, residing at Downey, Idaho

My commission expires 9-15-48

(Seal)

Signed Katherine Naef, Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Downey, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bannock }

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws,)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th day of May, 19 46

Notary Public, residing at Downey, Idaho

My commission expires 9-15-48

(Seal)

Signed H. C. Bowen
(Signature of Any Credible Person)

Downey Ida
(Street Address, City, State)

613-226-003-313

PLACE OF BIRTH Amended 5-7-75

F. V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Downey

No. ..... St.

Hospital .....

Registration District No. 11

Primary Registration District No. 2046

File No. 32397

Registered No. 138

FULL NAME OF CHILD Dorothy Sophronia Watson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
X		Yes	6 (Month) 26 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Israel E. Watson	FULL MAIDEN NAME	Fronia Tollett
RESIDENCE	Downey	RESIDENCE	Downey
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Smithfield, Ut.	BIRTHPLACE	Hyde Park, Ut.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8

Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9 p. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Casper W Ford

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Downey Ida

Filed Aug 10, 1915 Ellis Kanly Registrar

Ellis Kanly Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 14 1975

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
MAY 6 1 00 PM '75

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of IDAHO
County of Twin Falls } ss.

Certificate No. 32397

Date Filed August 10, 1915

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Louise Watson (Name on Original Certificate) who was born (Was Born or Died) on June 26, 1915 (Date of Event)
in Downey, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Blessing Record/Baptism record (Bible Record, Insurance Policy, Etc.) prepared on 9/5/1915 & 7/31/1926 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Louise Watson	Dorothy Sophronia Watson
father's name	Iseral	Israel

Subscribed and sworn to before me this 5th day of May, 1975

Notary Public, residing at Twin Falls, Idaho
My commission expires 4-11-78
(Seal)

Signed Pearl Watson Rapp
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60. 155

CL 4/14/75

Statement regarding Family Records gives name as Dorothy Sophronia Watson who was born on June 26, 1915 in Downey, Idaho to Israel E. Watson and Fronia Follett. Record issued Sept. 5, 1915.
Viewed by V.S.

MAY 7 1975

Certificate of Blessing gives name as Dorothy Sophronia Watson daughter of Israel E. Watson and Fronia Follett born June 26, 1915 at Bannock County, Idaho, Blessed Sept. 5, 1915
Viewed by V.S.

Certificate of Baptism and Confirmation gives name as Dorothy Sophronia Watson daughter of Israel E. Watson and Fronia Follett born June 26, 1915 at Downey, Idaho. Baptized July 31, 1926. L. D. S. Church issued Certificate.
Viewed by V.S.

432-130-003-265

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Downey

No. ..... St.

Hospital .....

Registration District No. 11 File No. 32398

Primary Registration District No. 2046 Registered No. 137

FULL NAME OF CHILD Gerald Orville McKenzie

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		yes	6 (Month) 30 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Chas. H McKenzie	FULL MAIDEN NAME	Zina Swensen
RESIDENCE	Downey	RESIDENCE	Downey
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Swan Lake, Idaho	BIRTHPLACE	Hyde Park, Ut.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11 p. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Casper W Paul

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Downey, Ida

Elis Kaely Registrar

Filed Aug 10, 1915 Elis Kaely Registrar

S-Y CO. 20174

FEB 8 1944

386-114-003-386

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bannock

City of Hawkins

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 32399

Primary Registration District No. 2046 Registered No. 136

FULL NAME OF CHILD Oscar Lyons

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy		5	yes	May 14 1915

FATHER

FULL NAME John T. Lyons

RESIDENCE Hawkins

COLOR White AGE AT LAST BIRTHDAY 33 (Years)

BIRTHPLACE Clarkston Ut.

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Alta M. Thompson

RESIDENCE Hawkins

COLOR White AGE AT LAST BIRTHDAY 24 (Years)

BIRTHPLACE Henryville

OCCUPATION Farmer's wife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born, (Born alive or stillborn) at 5 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Anna B. Jensen

Midwife
(Physician or midwife)

Address Hawkins

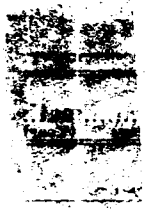
Given names added from a supplemental report

..... 19.....

Ellis Kagley
Registrar

Filed Aug 10, 1915 Ellis Kagley
Registrar

B-Y CO. 20174



238-206-003-997

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-8-15-12

PLACE OF BIRTH

County of Bannock

City of Hawkins

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32400

Registration District No. 11 File No. .....

Primary Registration District No. 2046 Registered No. 135

FULL NAME OF CHILD Alice Schmerer

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl		2	yes	Mar 6 1915

FATHER		MOTHER	
FULL NAME	Albert Schmerer	FULL MAIDEN NAME	Ella Riggs
RESIDENCE	Hawkins	RESIDENCE	Hawkins
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Farmington Utah
OCCUPATION	Farmer	OCCUPATION	Farmer's wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 5 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

Ellis Kaercly Registrar

(Signature) Anna B. Jensen
Midwife
(Physician or midwife)

Address Hawkins

Filed Aug 10 1915 Ellis Kaercly Registrar

S-Y CO. 20174

Form V.S. No. 11-C—20m-1-51

IDAHO
STATISTICS

OF BIRTH

666-103-003-123

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32401

County of Bannock

City of Robin

Registration District No. 11 **File No.**

No. ..... *St.*

Primary Registration District No. 2046 **Registered No.** 134

Hospital

FULL NAME OF CHILD Virgil Woolverton

Sex of Child	Twin Triplet or other? and Number in order of birth 4 (To be answered only in event of plural births)	Legitimate? yes	Date of Birth March (Month) 3 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	William Woolverton	FULL MAIDEN NAME	Edeth E. Asthout
RESIDENCE	Robin	RESIDENCE	Robin
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Robin	BIRTHPLACE	Cornkreek
OCCUPATION	Farmer	OCCUPATION	Farmer's wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 10 p. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Anna B. Jensen

Midwife (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Robin

Elis Kaely Registrar

Filed Aug 10 1915 Elis Kaely Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

209-102-003-653

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Robin

No. ..... St.

Hospital .....

Registration District No. 11 File No. 32402

Primary Registration District No. 2046 Registered No. 133

FULL NAME OF CHILD Alvin E. Krueger

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy	11	Yes	June (Month) 2 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Charles Krueger	FULL MAIDEN NAME	Hatty Weller
RESIDENCE	Robin	RESIDENCE	Robin
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	50	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Wisconunsen	BIRTHPLACE	Germany
OCCUPATION	Farmer	OCCUPATION	Farmer's wife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 6 30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Anna B. Jensen
Midwife
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Robin Idaho

Elis Kasly Registrar

Filed Aug 10, 1915 Elis Kasly Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 1 0 1970

947-227-003-365

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH amended 3/6/80

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Chesterfield

Registration District No. ~~[illegible]~~ 11 File No. 32403

No. ..... St.

Primary Registration District No. ~~3161~~ 2048 Registered No. 131

Hospital .....

FULL NAME OF CHILD Elda Ivalue Ruger

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
f		Yes	June 27 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	G. Arthur Ruger	FULL MAIDEN NAME	Ivalue Loveland
RESIDENCE	Chesterfield	RESIDENCE	Chesterfield
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farming	OCCUPATION	—

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7 15 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. R. J. Smith

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Bancroft, Ida

Ellis Kaesly Registrar

Filed Aug 14 1915 Ellis Kaesly Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF
BUREAU OF VI
DIRECTOR

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

RECEIVED
BUREAU OF
VITAL STATISTICS
FEB 6 2 47 PM '80

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____ }

Certificate No. 32403
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Ivalue Ruger (Name on Original Certificate) who was born (Was Born, Died, etc.) on June 27, 1915 (Date of Event)

in Chesterfield (Bannock) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Child's first name	omitted	Elda

Subscribed and sworn to before me this 28th day of January, 1980.

Notary Public, Florence Curtright

Residing at Burley

My commission expires Lifetime

(Seal)

Elda R. Nielsen
Signature of Applicant

Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

Supporting Signature

Street Address, City, State

In office 1-28-80 Corresp. Corresp. fc

Family Group sheet froGrover Arthur Ruger and Florence Ivalue Loveland gives child's name as Elda Ivalue Ruger born June 27, 195 at Chesterfield, Idaho. Baptized Oct 4, 1924. viewex by V. S.

MAR 5 1980

Back of report card dated May 23, 1924 signed by L. Rigby, Teacher gives parents ~~child's~~ name as Ivalue Ruger. and child's name as Elda Ruger. viewed by VS

253-127-003-155

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH amended 11/24/80

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Chesterfield

No. _____ St.

Hospital _____

Registration District No. ~~87~~ 11 2048 File No. 32404

Primary Registration District No. 3161 Registered No. 130

FULL NAME OF CHILD Joe P. Kelly

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
m		Yes	June 27 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Walter J. Kelly	FULL MAIDEN NAME	Adell Jensen
RESIDENCE	Chesterfield	RESIDENCE	Chesterfield
COLOR	w AGE AT LAST BIRTHDAY 37 (Years)	COLOR	w AGE AT LAST BIRTHDAY 38 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9:30 p.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. R. J. Smith
(Physician or midwife)

Given names ad[illegible] a supplemental report.

Address Bancroft, Ida

_____ 19__

Elis K[illegible] Registrar

Filed Aug 10 1915 Elis Kelly Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____ }

Certificate No. 32404
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Manfred Kelly (Name on Original Certificate) who was born (Was Born, Died, etc.) on June 27, 1915 (Date of Event)

in Chesterfield, Idaho (Bannock) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	Manfred Kelly	Joe P. Kelly

Subscribed and sworn to before me this 18th day of November, 19[illegible].

Notary Public, Florence Curtright
Residing at Boise
My commission expires Lifetime
(Seal)

Ida L. Maughan
Signature of Applicant

9450 Lyle Street
Street Address, City, State
Boise, Idaho 83709

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

(Must be completed __)
(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Own daughter's birth certif on file in Idaho #420817 gives name as Ruth Kelly born June 8 1946. father's name as Joe P. Kelly andmother's nameas Marie Katherine Larson. viewed by V.S. Birthplace listed as Bancroft Idaho

Membership record from the LDS Church gives name as Joe P Kelly born June 15 1915 at Kelly Idaho. fther's name as Walter James Kelly and Dell Jenson as the mother'. Baptized June 30, 1923. viewed by V. S

962-212-003-236

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bannock

City of Virginia

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 32405

Primary Registration District No. 2046 Registered No. 126

FULL NAME OF CHILD ~~Lillian~~ Marjorie Robinson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	Date of Birth 6 (Month) 12 (Day) 1915 (Year)
X			

FATHER		MOTHER	
FULL NAME	Julian L. Robinson	FULL MAIDEN NAME	LaVernia V. Stoddard
RESIDENCE	Virginia Ida	RESIDENCE	Virginia, Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Richmond, Uh	BIRTHPLACE	Richmond, Uh
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 5 p. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Casper W. Paul M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Downey, Ida

Eric Kaely Registrar

Filed Aug 10 1915 Eric Kaely Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 32405

County of Bannock } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)

for Marjorie Robinson (NAME ON ORIGINAL CERTIFICATE) who (WAS BORN OR ~~DIED~~) on June 12 - 1915 (DATE OF EVENT)

in Virginia (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts as shown by (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Lullian Robinson	Marjorie Robinson

Subscribed and sworn to before me this 9th

day of May 19 42

Signed LaVerna S. Robinson

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Notary Public, residing at Richmond Utah

My commission expires 2-11-43

(SEAL)

Richmond - Utah

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.

County of Idaho

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th

day of May 19 42

Signed Susan T. Stoddard

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at Richmond Utah

My commission expires 2-11-43

(SEAL)

Richmond - Utah

(STREET ADDRESS, CITY, STATE)

Received for filing on MAY 12 1942 By

(REGISTRAR'S SIGNATURE)

AUG 21 1962

294-211-003-312

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Downey

Registration District No. 11 File No. 32406

No. ..... St.

Primary Registration District No. 2046 Registered No. 125

Hospital Emma

FULL NAME OF CHILD ~~Baby~~ Simpson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
X		yes	6 (Month) 11 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Geo Simpson	FULL MAIDEN NAME	Sarah C Lake
RESIDENCE	Downey	RESIDENCE	Downey
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	70 (Years)	AGE AT LAST BIRTHDAY	49 (Years)
BIRTHPLACE	England	BIRTHPLACE	England
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 15 Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Casper W Fand

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Downey, Ida

Ellis Kaely Registrar

Filed Aug 10, 1915 Ellis Kaely Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 2 6 2018

265-109-003-465

Form V. S. No. 11-C—20m-8-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Lava Hot Springs

Registration District No. 11 File No. 32407

No. ..... St.

Primary Registration District No. 2047 Registered No. 124

Hospital .....

FULL NAME OF CHILD Louis Gerald Bond

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy	3	yes	Mar 9 1915

FATHER		MOTHER	
FULL NAME	Fred Bond	FULL MAIDEN NAME	Clara Monroe
RESIDENCE	Lava Hot Springs Idaho	RESIDENCE	Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	St Louis Mo	BIRTHPLACE	Idaho
OCCUPATION	Labror	OCCUPATION	Wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 11 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Amy L Toone

midwife (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Lava Hot Springs Idaho

Eric Kavel Registrar

Filed Aug 10, 1915 Eric Kavel Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 20 19

574-125-003-313

Form V. S. No. 11-C—20m-8-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Lava Hot Springs

Registration District No. 11 File No. 32408

No. ..... St.

Primary Registration District No. 2047 Registered No. 123

Hospital .....

FULL NAME OF CHILD Edward Wilson Exum ~~123~~

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	yes	May (Month) 25 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Oliver K. Exum	FULL MAIDEN NAME	Allie Talman
RESIDENCE	Lava Hot Springs	RESIDENCE	Lava Hot Springs
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Madison Co. Mississippi	BIRTHPLACE	Chesterfield Ida.
OCCUPATION	Farming	OCCUPATION	Farming - wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive ~~Tam~~ at 11 o'clock P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frances F. Merrick

Midwife
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Lava Hot Springs

Ellis Kokley
Registrar

Filed Aug 10 1915 Ellis Kokley
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

155-101-003-219

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32409

County of Bemerk

City of Downey

Registration District No. 11 File No.

No. St.

Primary Registration District No. 2046 Registered No. 122

Hospital Chuckey

FULL NAME OF CHILD Baby Jensen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		yes	6 (Month) 1 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Jas. A Jensen	FULL MAIDEN NAME	Martha Adelia Barnes
RESIDENCE	Downey	RESIDENCE	Downey
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Hymn, Ut.	BIRTHPLACE	Kaysville, Ut.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was elm (Born alive or stillborn) at 9 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Casper W Pond M.D.

(Physician or midwife)

Given names added from a supplemental report

19

Elis Kaley Registrar

Address Downey

Filed Aug 10, 1915 Elis Kaley Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

386-208-003-689

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bannock

City of Downey

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 32410

Primary Registration District No. 2046 Registered No. 121

FULL NAME OF CHILD Afton Thomas

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth 6 (Month) 8 (Day) 1915 (Year)
X		Yes	

FATHER		MOTHER	
FULL NAME	Nathaniel E Thomas	FULL MAIDEN NAME	Susan E Whitt
RESIDENCE	Downey	RESIDENCE	Downey
COLOR	W AGE AT LAST BIRTHDAY 35 (Years)	COLOR	W AGE AT LAST BIRTHDAY 38 (Years)
BIRTHPLACE	Richmond Ut	BIRTHPLACE	Ogden Ut
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Caspar W Paul M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Eric Kaney Registrar

Address Downey, Ida

Filed Aug 10, 1915 Eric Kaney Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

791 - 21D -003-294

Amended 11-16-66

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 32411
Local Reg. No. 119
Reg. Dist. No. 82

1. PLACE OF BIRTH

a. COUNTY: Bannock

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Bancroft

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Bannock

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Bancroft

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Mary b. (Middle): June c. (Last): Grace

4. SEX: Female

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): June 12, 1915

FATHER OF CHILD

7. FULL NAME

a. (First): John b. (Middle): F. c. (Last): Grace

8. AGE (At time of this birth): 54 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Virginia

10. USUAL OCCUPATION: Farming

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Clarinda b. (Middle): c. (Last): Simpson

13. AGE (At time of this birth): 44 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Kentucky

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 9

b. How many OTHER children were born alive but are now dead? 1

c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Dr. R. J. Smith

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Bancroft, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: Aug. 19, 1915

22. REGISTRAR'S SIGNATURE: Ellis Kackley

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address
ON OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
OCT 3 1 1966
Bureau of Vital Statistics

State of Idaho } ss.
County of Minidoka }

Certificate No. 32411

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Mary June Grace (Name on Original Certificate) who was born (Was Born or Died) on June 7, 1915 (Date of Event)
in Bancroft, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Ins. Policy & Family Record (Bible Record, Insurance Policy, Etc.) prepared on 8/31/35 & 6/12/15 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Date of Birth	June 7, 1915	June 12, 1915

Subscribed and sworn to before me this 21 day of October, 19 66

Notary Public, residing at Rupert, Idaho
My commission expires Oct. 1, 1970
(Seal)

Signed Mrs. Ethel Grace Woodward
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

506 13th Street, Rupert, Idaho
(Street Address, City, State) 83350

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Minidoka }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21st day of October, 19 66

Notary Public, residing at Rupert, Idaho
My commission expires Oct. 1, 1970
(Seal)

Signed
(Signature of Any Credible Person)

506 13th Street, Rupert, Idaho
(Street Address, City, State) 83350

FORM DH 60-155 CL 9-28-66.

Application to the Metropolitan Life Insurance Co., dated Aug. 29, 1935gives full name of insured as Mary June Grace, age 20, born June 12, 1915 at Bancroft, Idaho ~~beneficiary -:-~~ beneficiary is given as Clarinda Grace, mother - viewed by V.S.

Not. Photo Copy of Family Record, appears old and unaltered, of John Floyd Grace and Clarinda Simpson Grace family - gives one child's full name as Mary June Grace born June 12, 1915 - viewed by V.S.

319-206-003-553

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Chesterfield

No. ..... St.

Hospital .....

Registration District No. 82 11 2048

File No. 32412

Primary Registration District No. 3161

Registered No. 118

FULL NAME OF CHILD Fay Call

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
f		Yes	June 6 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Albert G. Call	FULL MAIDEN NAME	Annie Nelson
RESIDENCE	Chesterfield	RESIDENCE	Chesterfield
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	— wife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6 40 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. W. Smith
(Physician or midwife)

Given names added from a supplemental report.

Address Bancroft Ida

..... 19....

Ellis Kaney
Registrar

Filed Aug 10, 1915 Ellis Kaney
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 2 1972

764-219-003-766

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Lava Hot Springs

Registration District No. 11 File No. 32414

No. ..... St.

Primary Registration District No. 2047 Registered No. 116

Hospital .....

FULL NAME OF CHILD Mary Amelia Godfrey

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
girl			1	yes	June 19 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Clarence W. Godfrey	FULL MAIDEN NAME	Olive Goody
RESIDENCE	Lava Hot Springs Ida	RESIDENCE	Lava Hot Springs Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 11.30 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Amy L Toone

Midwife (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Lava Hot Springs Ida

Elis Kaney Registrar

Filed Aug 10, 1915 Elis Kaney Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STAT

FEB 5 1960

255-115-003-143

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of ~~Dowpey~~ Virginia

No. ..... St.

Hospital .....

Registration District No. 11 File No. 32415

Primary Registration District No. 2046 Registered No. 128

FULL NAME OF CHILD Weldon Keith Bennett

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	6 (Month) 15 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Chauncy P. Bennett	FULL MAIDEN NAME	Amy Juchau
RESIDENCE	Virginia Ida	RESIDENCE	Virginia Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Kaysville Ut.	BIRTHPLACE	Smithfield, Ut
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 11 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Casper W Paul MD

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Dawson

Ellis Kaerly
Registrar

Filed Aug 19 1915 Ellis Kaerly
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 24 1972

313-227-003-453

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Chesterfield

Registration District No. ~~87~~ 11 2048

File No. 32416

No. ..... St.

Primary Registration District No. ~~3161~~

Registered No. 127

Hospital .....

FULL NAME OF CHILD Viola Call

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
f		Yes	June 27 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	L. Granville Call	FULL MAIDEN NAME	Elva Aileen Meehan
RESIDENCE	Chesterfield	RESIDENCE	Chesterfield
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Wyoming	BIRTHPLACE	Idaho
OCCUPATION	Farming	OCCUPATION	Wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7 45 a.m. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. R. J. Smith

(Physician or midwife)

Given names added from a supplemental report.

Address Bancroft, Ida

..... 19....

Ellis Kaerly Registrar

Filed Aug 14 1915 Ellis Kaerly Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 2 2 1942

365-207-042-685

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Jerome

No. ..... St.

Hospital Twin Falls

Registration District No. 38

Primary Registration District No. 2086

File No. 32417

Registered No. .....

FULL NAME OF CHILD Imogene Alfreda Love

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.			Yes	Aug 7 1915

FATHER		MOTHER	
FULL NAME	C A Love	FULL MAIDEN NAME	Hattie White
RESIDENCE	Jerome Idaho	RESIDENCE	Jerome Ida
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Mo.
OCCUPATION	Mcht	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 5:30 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr A A Newberry
(Physician or midwife)

Address .....

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 8/7 1915 A A Newberry
Registrar

S-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT [illegible]

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the months of each, in order of birth stated.

STATE OF IDAHO

CERTIFICATE OF BIRTH

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

RECEIVED
VITAL STATISTICS
APR 9 52 AM '77

Affidavit to Correct or Amend An Original Certificate of Birth or Death

Certificate No. 32417

State of Idaho } ss.
County of Twin Falls }

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for not named Love (Name on Original Certificate) who was born (Was Born or Died) on Aug. 7, 1915 (Date of Event)
in Filer, Twin Falls, Co. (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Church Baptismal Record prepared on June 14, 1925 (Give Date). are
(Family Bible Record, Insurance Policy, Etc.)

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name of child	not Named Love	Imogene Alfreda Love

Subscribed and sworn to before me this 20th day of July, 19 59.

Notary Public, residing at Filer Idaho
My commission expires JANUARY 12 1963
(Seal)

Signed Rev. Merwin C. Shay
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

P.O. Box 385 Filer Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Twin Falls }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20th day of July, 19 59.

Notary Public, residing at Filer Idaho
My commission expires JANUARY 12, 1963
(Seal)

Signed Jack F. Ramsey
(Signature of Any Credible Person)

P.O. Box 457 Filer Idaho
(Street Address, City, State)

Form DPH 55. 185

Own child's birth certificate on file with Vital Statistics, under state file #279480 gives name of mother as Imogene Alfreda Love. Child, Donnal Marie was born April 9, 1939 at Twin Falls, Idaho to Ernest Bjork and Imogene Alfreda Love.
Viewed by V.S.

Baptismal Record issued by the First Methodist Church gives name as Imogene Alfreda Love. Baptized June 14, 1925, Pastor, Rev. Mervyn Shay.
Viewed by V.S.

Name added 8/22/72
[illegible]124-042-219

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Filer

No. _____ St.

Hospital _____

Registration District No. 38

File No. 32418

Primary Registration District No. 2086

Registered No. _____

FULL NAME OF CHILD Loy Denzil Aman

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy		Yes	8 24 1915

FATHER		MOTHER	
FULL NAME	Burt Aman	FULL MAIDEN NAME	Sophia Barbezat
RESIDENCE	Filer Ida	RESIDENCE	Filer Ida
COLOR	W. AGE AT LAST BIRTHDAY 35 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 36 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Wash
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at 9 45 P M on the date above stated.
(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr A A Newberry
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address _____

Filed 9/24 1915 A A Newberry
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECEASED

8-17-72

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of .....

Certificate No. 32418

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Aman (Name on Original Certificate) who was born (Was Born or Died) on Aug. 24, 1915 (Date of Event)

in Filer, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed Aman	Loy Denzil Aman

Subscribed and sworn to before me this 17th day of August, 1972

[illegible] Cartright

Notary Public, residing at Ferry

My commission expires 4-28-76

(Seal)

Signed Mrs. Mae Aman

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

716 Roosevelt - Kamiah Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of .....

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

716

(Street Address, City, State)

AUG 2[illegible]

Own childs birth certificate Kennth Ray Aman born May 28, 1941 Nampa, Idaho State file No. 314143, gives fathers name as Loy Denzil,Aman.
Viewed by VS

Marriage certificate for Loy Denzil Aman and Mae Glenore Dalton in Weiser Idaho by James S. Barr, A Minister. Married on August 5, 1940 -- viewed by VS.

415-104-047-245

PLACE OF BIRTH

County of Twin Falls

City of Filer

No. _____ St.

Hospital _____

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 38 File No. 32419

Primary Registration District No. 2086 Registered No. _____

FULL NAME OF CHILD Donald Arthur Davis

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			Yes.	Aug 1 1915

FATHER		MOTHER	
FULL NAME	Raleigh Davis	FULL MAIDEN NAME	Mabel Smith
RESIDENCE	Filer Ida	RESIDENCE	Filer Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	So Dak	BIRTHPLACE	Iowa
OCCUPATION	Machinist	OCCUPATION	Housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at 7:30 a m on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr A A Newberry
(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Address _____

Filed 9-15 1915 A A Newberry
Registrar

S-Y CO. 24685

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 4

Form V. S. No. 11-C—15m-6-20-11

PL[redacted]H

County [redacted]

City of Wiseshine

381-208-032-249

No. ....., ... St.

Hospital Dell Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. .....

File No. 32420

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Elisabeth McIver Chapman

Sex of Child Female	**Twin, Triplet, or other?** and **Number in order of birth** (To be answered only in event of plural births)	**Legitimate?** Yes	**Date of birth** Sept. (Month), 8 (Day), 1915 (Year)

FATHER		MOTHER	
FULL NAME	Fred Wm Barnes Chapman	**FULL MAIDEN NAME**	Jessie May Burnside
RESIDENCE	Wendell Idaho	**RESIDENCE**	Wendell Idaho
COLOR	White	**COLOR**	White
AGE AT LAST BIRTHDAY	35 (Years)	**AGE AT LAST BIRTHDAY**	26 (Years)
BIRTHPLACE	Scotland	**BIRTHPLACE**	Idaho
OCCUPATION	Livingman	**OCCUPATION**	Wife

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth Me

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, **at** 2 A. M. **on the date above stated.**

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible] M.D.

Physician

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed Sept 8th 1915 J. L. Fullers

Registrar

Registrar

S-Y CO., 16670

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Calif } ss. JAN 23 1942 Certificate No. 32420
County of San Diego } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH) for Betty MacIvor Chapman (NAME ON ORIGINAL CERTIFICATE) who Born (WAS BORN ~~OR DIED~~) on Sept. 8, 1915 (DATE OF EVENT) in Shoshone, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by personal knowledge (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Sept 8, 1915 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	Betty MacIvor Chapman	Elizabeth MacIvor Chapman

Subscribed and sworn to before me this 20th day of January, 1942
Mildred C. B. Wells
Notary Public, residing at La Jolla Calif.
My commission expires March 21, 1945
(SEAL) My Commission Expires March 20, 1945.

Signed F. W. Chapman
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
1305 [illegible] La Jolla Calif.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of San Diego }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20 day of January, 1942
Mildred C. B. Wells
Notary Public, residing at La Jolla, Calif.
My commission expires March 20, 1945
(SEAL) My Commission Expires March 20, 1945.

Signed F. B. [illegible]
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
6825 La Jolla Blvd La Jolla, Calif.
(STREET ADDRESS, CITY, STATE)

Received for filing on JAN 23 1942 By
(REGISTRAR'S SIGNATURE)

385-204-032-216

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

32421

County of Lincoln

City of Shoshone

No. ....., ... St.

Hospital Home

Registration District No. ..... File No. .....

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Adele Maude Cheney

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
F	other	2nd	yes	Sept. 4, 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Earl a Cheney	FULL MAIDEN NAME	Harriet M. Sawyer
RESIDENCE	Shoshone	RESIDENCE	Shoshone
COLOR	W. AGE AT LAST BIRTHDAY 30 (Years)	COLOR	W AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE	Michigan	BIRTHPLACE	Washington
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. F. Zeller

M.D.
(Physician or Midwife)

Given name added from a supplemental report

....., 19.....

Address .....

Filed Sept 7th 1915 J. L. Freeman
Registrar

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JAN 28 1966

249-125-032-255

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Lincoln

City of Shoshone

No. ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 16 File No. 32422

Primary Registration District No. 2016 Registered No. .....

FULL NAME OF CHILD John Burgess

Sex of Child	Twin, Triplet, or other? and Number in order of birth	Legitimate?	Date of birth
Male	15 (To be answered only in event of plural births)	Yes	Aug. (Month) 25 (Day), 1915 (Year)

FATHER		MOTHER	
FULL NAME	Charles E. Burgess	FULL MAIDEN NAME	Carrie E. Kenaston
RESIDENCE	Shoshone Idaho	RESIDENCE	Shoshone
COLOR	White, AGE AT LAST BIRTHDAY 49 (Years)	COLOR	White AGE AT LAST BIRTHDAY 4[illegible] (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 15

Number of children, of this mother, now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, (Born alive or stillborn) at 4:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or Midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed Sept. 2d 1915 J. R. Fullen Registrar

Registrar

S-Y CO., 16870

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

799-129-032-495

Child's name and father's name amended Feb. 14, 1984 fc

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lincoln

City of Richfield

Registration District No. ..... File No. 32423

No. ....., ... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Richard W Bridmore

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy			yes	7 29 1917

FATHER	MOTHER
FULL NAME REYNOLDS Richard W. Bridmore	FULL MAIDEN NAME Cathrine C Miller
RESIDENCE Richfield	RESIDENCE Richfield
COLOR White	AGE AT LAST BIRTHDAY 36 (Years)
COLOR White	AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE Colo	BIRTHPLACE Colo.
OCCUPATION Rancher	OCCUPATION House Wife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10 a M. on the date above stated.

(Signature) J H Powell M D

(Physician or Midwife)

Address .....

Filed Sept 7 1917

J L Turner Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

FEB 9 1942

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____

Certificate No. 32423
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Richard W. Pridmore, JR (Name on Original Certificate) who was born (Was Born, Died, etc.) on July 29, 1915 (Date of Event)

in Richfield (Lincoln) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	Richard W. Pridmore, Jr	Richard W. Pridmore
father's name	Richard W. Pridmore	Reynolds W. Pridmore

Subscribed and sworn to before me this 4th day of February, 1984.

Notary Public, Florence Curtright
Residing at Rome
My commission expires 4-20-86
(Seal)

Richard W. Pridmore
Signature of Applicant

_____
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____

(Must be completed __)
(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19__.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Certificate of birth of a sister shows father's name as Reynolds W. Pridmore Sister born May 7, 1911 in Richfield, Idaho, to Reynolds W. Pridmore and Kathryn Clendenin Miller.
Viewed by V.s.

Another sister born September 24, 1923 shows name of father as Reynolds W. Pridmore and mother as Kathryn C. Miller. Certificate # 115561
Viewed by V.S.

315-106-032-349

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lincoln

City of Shoshone

No. ....., ... St.

Hospital .....

Registration District No. 6 File No. 32424

Primary Registration District No. 2016 Registered No. .....

FULL NAME OF CHILD Alfred William Sandy

Sex of Child	Twin, Triplet, or other? and Number in order of birth	Legitimate?	Date of birth
Male	2nd (To be answered only in event of plural births)	Yes	July (Month), 6 (Day), 1915 (Year)

FATHER		MOTHER	
FULL NAME	Horace Albert Sandy	FULL MAIDEN NAME	Ada Bell Turnbull
RESIDENCE	Shoshone Idaho	RESIDENCE	Shoshone Idaho
COLOR	White	COLOR	W
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	England	BIRTHPLACE	Colorado
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 2nd

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or Midwife)

Address Shoshone Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed Aug 21 1915 J. L. Fuller Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

K

DECEASED

dup 01915-226593

619-104-032-693

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Lincoln

City of Richfield

No. ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. ..... File No. 32425

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Harry Farner

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Boy		yes	7 4 1915

FATHER		MOTHER	
FULL NAME	Ervin Farner	FULL MAIDEN NAME	Lola Withrow
RESIDENCE	Richfield	RESIDENCE	Richfield
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Ill	BIRTHPLACE	Texas
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jos P Powell M D

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Registrar

Address .....

Filed Sept 7 1915 J L Fuller Registrar

S-Y CO., 16670

958-102-032-275

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lincoln

City of near Richfield

Registration District No. _____ File No. 32426

No. _____, _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Jno Bartlet Reynolds

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth
male				yes	7 (Month) 2 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Floyd E Reynolds	FULL MAIDEN NAME	Dorthy E Speedy
RESIDENCE	Richfield	RESIDENCE	Richfield
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Michigan	BIRTHPLACE	Minn
OCCUPATION	Rancher	OCCUPATION	Hose wife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J L Powell MD

(Physician or Midwife)

Given names added from a supplemental report

_____, 19__

Address _____

Filed Sept 7th 1915 J L Turner Registrar

Registrar

S-Y CO., 16670

796-211-032-653

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Shoshone

Registration District No. 6

File No. 32427

No. ....., ... St.

Primary Registration District No. 2016

Registered No. .....

Hospital .....

FULL NAME OF CHILD Lorene Elsie Brough

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
Female	—	3	yes	June 11, 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Charles Dawson Brough	FULL MAIDEN NAME	Roy Delphia Wells
RESIDENCE	Shoshone Idaho	RESIDENCE	Shoshone Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Illinois
OCCUPATION	Laborer	OCCUPATION	Wife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 9.15 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature] M.D.

Physician

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed Aug 24 1915 J. L. Fullers

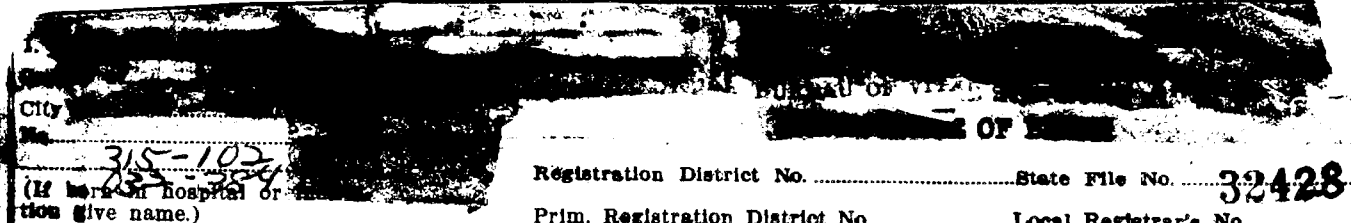
Registrar

Registrar

S-Y CO., 16670

of each, in order of birth stated

DuPont 1915-328346



City
No. 315-102
(If born in hospital or ... tion give name.)

Registration District No. ..... State File No. 32428
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Winston Dill Cannell

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ..... | 7. Legitimate? ..... | 8. Date of birth May 2, 1915 (Month, Day, Year)

FATHER	MOTHER
9. Full name George Cannell	18. Full maiden name Nellie Lyman
10. Residence (usual place of abode) (If non-resident, give place and State) Shoshone, Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) Shoshone
11. Color or race Wh. | 12. Age at last birthday 50 (years)	20. Color or race Wh. | 21. Age at last birthday 43 (years)
13. Birthplace (city or place) Springfield (State or country) Illinois	22. Birthplace (city or place) Plymouth (State or country) Wisconsin
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Building	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc Contractor	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ....., 19..... | 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19..... | 26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living ..... (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks \| 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive (Born Alive or Stillborn) at 9:00 A.M. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) [signature], M. D.

or ....., Midwife

Address Shoshone, Idaho

Give name added from a supplemental report .....

(Date of) .....

Filed Septm. 2d., 1915 [signature]
Registrar.

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of ... One child at birth a Separate Return must be made for each, and the number of each, in order of ...

JUL 1 1948

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—[illegible]

PLACE OF BIRTH

County of Richfield

City of Lincoln

No. 231-121-0[illegible]-281, St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. _____ File No. 324[illegible]

Primary Registration District No. _____ Registered No. _____

FULL NAME OF CHILD Harold Earl Black

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
M	✓	2	yes	Apr. 21 (Month) (Day) [illegible]

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	P. W. Black	FULL MAIDEN NAME	Ruth Shaw
RESIDENCE	Richfield	RESIDENCE	Richfield
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Belmont, Okla	BIRTHPLACE	Belmont, Kans
OCCUPATION	Laborer (Farm)	OCCUPATION	H. Wife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr W L Barbour

(Physician or Midwife)

Given names added from a supplemental report

_____, 19__

Address _____

Filed Sept 7th 1915 J L Fuller

Registrar

S-Y CO., 16670

1/28/41 L. B.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF [illegible]TH

County of [illegible]

City of Emmett

No. 693-228-023-331 St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 6 File No. 32430

Primary Registration District No. Registered No.

FULL NAME OF CHILD Maude Irene Williams

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	Aug 28, 1915

FATHER		MOTHER	
FULL NAME	Wm Thomas Williams	FULL MAIDEN NAME	Izetta May Clark
RESIDENCE	Emmett	RESIDENCE	Emmett Ida
COLOR	White	COLOR	W
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Kansas	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	H.W.

Number of child of this mother, including present birth 4 Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive 10-35 P.M. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Reynolds

Emmett
(Physician or Midwife)

Given names added from a supplemental report

Address Idaho

, 19

Filed [illegible] 15 19 J. L. Reynolds
Registrar

S-Y CO., 16670

NOV 2 1973

11-2-73

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of .....

Certificate No. 32430

Date Filed .....

DEC 13 4 09 PM '73

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Williams (Name on Original Certificate) who was born (Was Born or Died) on Aug. 28, 1915 (Date of Event)

in Emmett (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	omitted	Maude Irene Williams

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Ida } ss.
County of Ida

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19 day of December, 1973

[signature]

Notary Public, residing at Paul Idaho

My commission expires Aug 16, 1976

(Seal)

Signed X Mary Hanacott

(Signature of Any Credible Person)

X 1719 - N - 24 st Boise Idaho

(Street Address, City, State)

FORM DH 60-155

11-2-73 Correction corresp.

Own childs Hospital birth certificate St. Lukes Hospital , Boise, Idaho
Patricia Lynn Patterson born January 27, 1948 gives mothers name as
Maude Irene Williams.
Viewed by VS

DEC 19 1973

Family Bible , obviously old-by the family, gives name as Maude Irene Williams
born August 28, 1915 at Emmett, Idaho, parents William Thomas Williams and
Izetta May Clark.
Viewed by VS

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

381-111-[illegible]55

PLACE OF [illegible]

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of [illegible]

City of Emmett

Registration District No. 6

File No. 32431

No. ....., ... St.

Primary Registration District No. .....

Registered No. .....

Hospital .....

FULL NAME OF CHILD Frank Reed Chopin

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	8 – 11 , 1915

FATHER		MOTHER	
FULL NAME	Frank R Chopin	FULL MAIDEN NAME	Stella Reed
RESIDENCE	Emmett	RESIDENCE	Emmett
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Wyoming	BIRTHPLACE	Michigan
OCCUPATION	Barber	OCCUPATION	House wife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10-10 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Reynolds

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Emmett

Filed 8-17- 1915 J. L. Reynolds

Registrar

Registrar

S-Y CO., 16670

MAR 12 1968

331-130-023-434

Form U. S. No. 11—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gem

City of Emmett

Registration District No. 6 File No. 1 32432

No. Town St.

Primary Registration District No. Registered No.

Hospital

FULL NAME OF CHILD ROBERT McDOWELL CLARK

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
male	—	—	yes	8-20 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Jacob T Clark	FULL MAIDEN NAME	Ethel McDowall
RESIDENCE	Emmett	RESIDENCE	same
COLOR	Wh	COLOR	W
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Tuo	BIRTHPLACE	Idy
OCCUPATION	Rancher	OCCUPATION	Hw

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 12 20 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. O. Clark M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address Emmett

19

Filed 9-8 1915 J. L. Reynolds Registrar

Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 32432
County of Gem } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Robert McDowell (Name on Original Certificate) who was born (Was Born or Died) on Aug. 20th (Date of Event) in Emmett, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by X (Bible Record, Insurance Policy, Etc.) prepared on a latter date (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	~~Robert Henry Clark~~
		Robert McDowell Clark

Subscribed and sworn to before me this 1st day of April, 1942
W Maddaugh
Notary Public, residing at Veneta Oregon
My commission expires (Seal) My Commission Expires March 15, 1943

Signed X Mrs Ethel Clark
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.) mother.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st day of April, 1942
W Maddaugh Veneta Oregon
Notary Public, residing at
My commission expires (Seal)

Signed Mrs. Cora McDowell
(Signature of Any Credible Person Other Than Previous Year)
906 est 4th Eugene - Ore.
(Street Address, City, State)

JUN 4 1953

793-110-
007-768

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Blaine

City of Hill City 2 mi East

Registration District No. 58 File No. 32433

No. ..... St.

Primary Registration District No. 2138 Registered No. .....

Hospital .....

FULL NAME OF CHILD George Henry Gill

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Aug 10 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ed Gill	FULL MAIDEN NAME	Alda Gobsen
RESIDENCE	Hill City 2 mi East	RESIDENCE	Hill City
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Nebraska Nebraska
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O R Bloom M D
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Hill City

Filed 8-12 1915 D Higgs Registrar

Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

168-215-007 29 AMENDED CHILD'S NAME 2-22-99 MS

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Blaine

City of Canal

Registration District No. 58 File No. 32434

No. ____ St.

Primary Registration District No. 2138 Registered No. ____

Hospital ____

FULL NAME OF CHILD ~~Dorothy~~ Jane Johnson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	8 15 1915

FATHER		MOTHER	
FULL NAME	Earl H Johnson	FULL MAIDEN NAME	Emma A Skinner
RESIDENCE	Canal Idaho	RESIDENCE	Canal Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Wis	BIRTHPLACE	Mich
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1:00 M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D O Heggo M.D.
(Physician or midwife)

Given names added from a supplemental report.

____ 19____ Address Soldier Idaho

____ Registrar Filed 8-16 1915 D O Heggo Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MAR 2 4 2010 x3

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Center for Vital Statistics
and Health Policy

2-10-99

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____

Certificate No. I915-32434
Date Filed AUG. 16, 1915

The undersigned does solemnly swear that certain facts on the certificate of BIRTH

for DORITHY JANE JOHNSON (Name on Original Certificate) who WAS BORN (Was Born, Died, etc.) on AUG. 15, 1915 (Date of Event)

in CORRAL (BLAINE) ID (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
CHILD'S NAME	DORITHY JANE JOHNSON	DOROTHY JANE JOHNSON

Subscribed and sworn to before me this 19TH day of FEBRUARY, 1999

Notary Public, Gordon Klein

Residing at Anchorage, Ak

My commission expires 10/12/99

(Seal)

x Dorothy J. Russell
Signature of Applicant

x 9390 Waldron Dr Anchorage AK 99507
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____

(Must be completed __)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, ___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

MEDICARE CARD ISSUED TO DOROTHY J RUSSELL AUG. 1, 1980 VIEWED VS.

FARMERS INS. CARD ISSUED TO DOROTHY J RUSSELL 6/10/1996 VIEWED VS.

BLUE COSS BLUE SHIELD CARD ISSUED TO DOROTHY J RUSSELL ON MARCH 15, 1993 VIEWED VS.

495-122-007-622

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

County of Blaine

City of Soldier

No. ..... St.

Registration District No. 58

File No. 32435

Hospital .....

Primary Registration District No. 2138

Registered No. .....

FULL NAME OF CHILD Clarence Mink

Sex of Child Male

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? yes

Date of Birth 8 (Month) 22 (Day) 1915 (Year)

FATHER

FULL NAME Carl Mink

RESIDENCE Soldier Idaho

COLOR White

AGE AT LAST BIRTHDAY 23 (Years)

BIRTHPLACE Va.

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Jenna Osborn

RESIDENCE Soldier Ida.

COLOR White

AGE AT LAST BIRTHDAY 20 (Years)

BIRTHPLACE Neb.

OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 a. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D P Higgs

M D (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Soldier Ida

Filed 8-23 1915 D P Higgs Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

713-219-007-713

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32436

County of Blaine

City of Carral

No. ..... St.

Hospital .....

Registration District No. 58 File No. .....

Primary Registration District No. 2138 Registered No. .....

FULL NAME OF CHILD Mary Palmer

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Female			no	8 (Month) 19 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Unknown	FULL MAIDEN NAME	Metta Palmer
RESIDENCE	Unknown	RESIDENCE	Carral Ida
COLOR	—	COLOR	White
AGE AT LAST BIRTHDAY	— (Years)	AGE AT LAST BIRTHDAY	15 (Years)
BIRTHPLACE	?	BIRTHPLACE	Oak
OCCUPATION	—	OCCUPATION	?

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 11 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D B Higgs

M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Soldier Ida

Filed 8-20 1915 D B Higgs

..... Registrar

..... Registrar

S-Y CO. 24685

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

292-114-00[illegible]291

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

32437

County of Bonneville

City of Desmet

Registration District No. 31 File No. 10

No. ____, ____ St.

Primary Registration District No. ____ Registered No. ____

Hospital ____

FULL NAME OF CHILD Joseph Bishop

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		1	yes	Aug 14 1915

FATHER	MOTHER
FULL NAME: Augustine Bishop	FULL MAIDEN NAME: Cecilia Boccleme
RESIDENCE: Reservation	RESIDENCE: Reservation
COLOR: Indian	COLOR: Indian
AGE AT LAST BIRTHDAY: 18 (Years)	AGE AT LAST BIRTHDAY: 14 (Years)
BIRTHPLACE: Reservation	BIRTHPLACE: Reservation
OCCUPATION: Farmer	OCCUPATION: Housework

Number of child of this mother, including present birth: 1

Number of children, of this mother, now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn), at ____ M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) ____

(Physician or Midwife)

Given names added from a supplemental report

____, 19____ Address ____

____ Registrar

Filed Aug 29 1915 John Peet, Asst Local Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

[redacted]

STATE OF IDAHO

2 parent BIRTH PLACE

219-112-005-963

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

32438

County of Benewah

City of De Smet

No ....., ... St.

Hospital .....

Registration District No 31 File No. 9

Primary Registration District No ..... Registered No. .....

FULL NAME OF CHILD ~~Aloysius Barbieri~~ LOUIS BARBIERI

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	March 12, 1915

FATHER		MOTHER	
FULL NAME	Cesare Barbieri	FULL MAIDEN NAME	Catherine Rolandelli
RESIDENCE	Desmet, Ida	RESIDENCE	Desmet Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	San Piedra Vara, Genua	BIRTHPLACE	Buenos Ayres, South America
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ... six

Number of children, of this mother, now living, including present birth ... six

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at ..... M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

.....

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed Aug. 29, 1915 John Post, Asst. Local Registrar

..... Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of Spokane }

Certificate No. 32438

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (BIRTH OR DEATH)
for ..... (NAME ON ORIGINAL CERTIFICATE) who ..... (WAS BORN OR DIED) on ..... (DATE OF EVENT)
in ..... (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Louis Barbieri

Subscribed and sworn to before me this 13 day of August, 1942

Signed Mrs Catherine Barbieri
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Notary Public, residing at Spokane Wn.

My commission expires Feb. 28, 1943
(SEAL)

E418 Baldwin Ave, Spokane Wash
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Spokane }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13" day of August, 1942

Signed Mrs Mary McKenna
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at Spokane Wash.

My commission expires .....
(SEAL)

2423 S Grand Blvd, Spokane
(STREET ADDRESS, CITY, STATE)

Received for filing on AUG 15 1942 By .....
(REGISTRAR'S SIGNATURE)

SEP 2 2 1942

736-112-019-94

PLACE OF BIRTH

Form V. S. No. 11—25m-1-1-18

County of Custer

City of Mackay

No. ..... St.

Hospital .....

Registration District No. 76 File No. 32439

Primary Registration District No. 2153 Registered No. .....

FULL NAME OF CHILD Robert Riis Ploger.

Sex of Child	Twin Triplet or other	and	Number in order of birth	Legitimate?	Date of Birth
Male	One		One	Yes.	Aug (Month) 12 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Robt. Ploger.	FULL MAIDEN NAME	Frieda Riis.
RESIDENCE	Mackay	RESIDENCE	Mackay
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Denmark.	BIRTHPLACE	Norway.
OCCUPATION	Merchant.	OCCUPATION	House life.

Number of child of this mother, including present birth One Number of children of this mother now living, including present birth One.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N. H. Farrell

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19.....

Address Mackay Ida

Filed Sept 19 15 A Marie Diers

Registrar Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

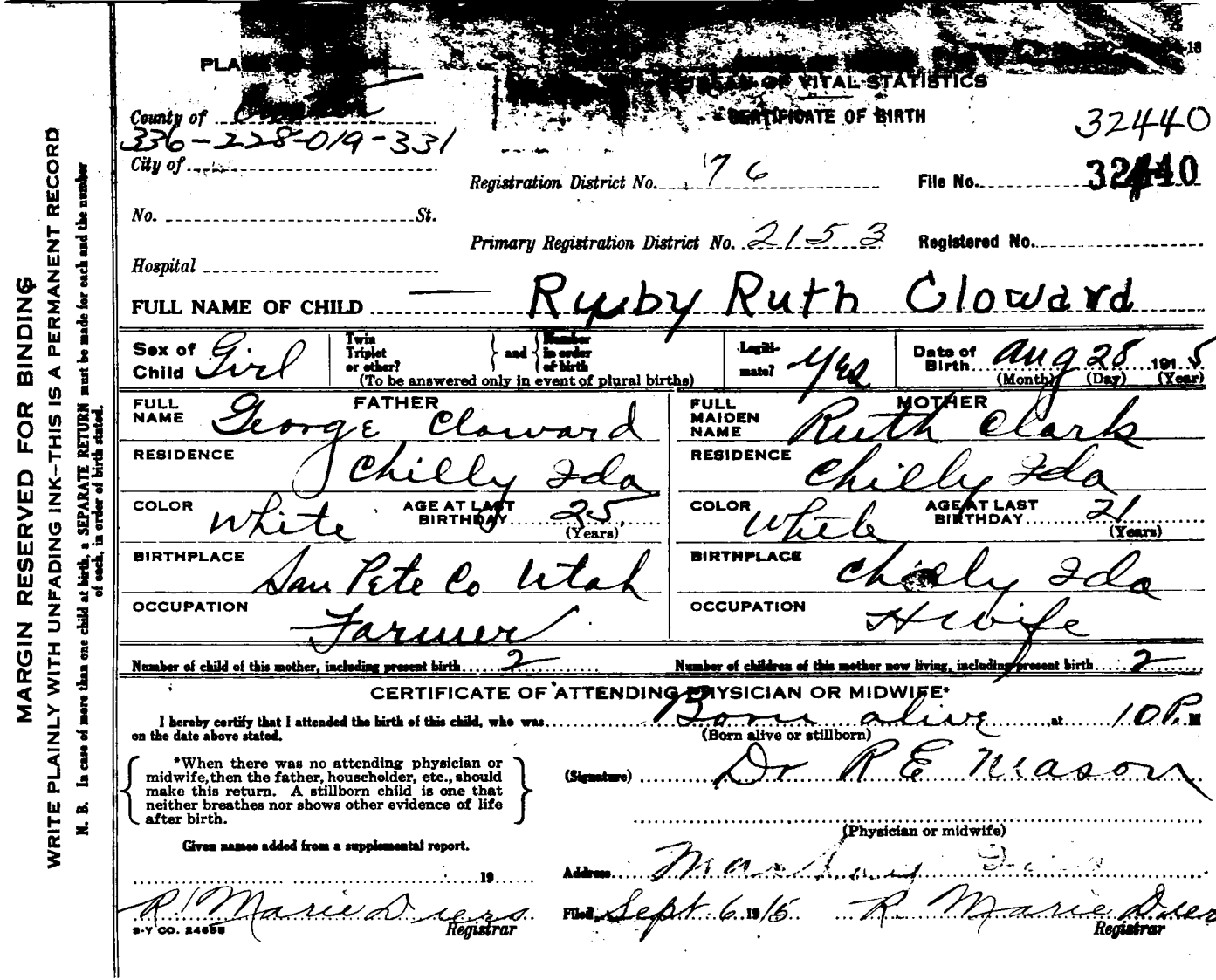
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



PLA[illegible]

[illegible] OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32440

County of [illegible]

336-228-019-331

City of

Registration District No. 76 File No. 32440

No. St.

Primary Registration District No. 2153 Registered No.

Hospital

FULL NAME OF CHILD — Ruby Ruth Cloward

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		Yes	Aug 28 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	George Cloward	FULL MAIDEN NAME	Ruth Clark
RESIDENCE	Chilly Ida	RESIDENCE	Chilly Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	San Pete Co Utah	BIRTHPLACE	Chilly Ida
OCCUPATION	Farmer	OCCUPATION	Hwife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr R E Mason

(Physician or midwife)

Given names added from a supplemental report.

19

Address Mar[illegible]

R. Marie Diers Registrar

Filed Sept 6 1915 R. Marie Diers Registrar

S-Y CO. 24655

FEB 3 1955

MAR 26 1964

959-224-019-194

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Custer

City of

No. St.

Hospital

Registration District No. 76

File No. 32441

Primary Registration District No. 2153

Registered No.

FULL NAME OF CHILD KATHERINE IDA IVIE

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		Yes	Aug 24 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Alden A Ivie	FULL MAIDEN NAME	May Ainsworth
RESIDENCE	Mackay Ida	RESIDENCE	Mackay Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	H Wife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 11 30 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr R E Mason

(Physician or midwife)

Given names added from a supplemental report.

19

Address Mackay Ida

R. Marie Diers
Registrar

Filed Sept 3 1915

R. Marie Diers
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Blaine }

Certificate No. 32441
Date Filed APR 20 1942

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for Katherine Ida Ivie (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Aug. 24, 1915 (DATE OF EVENT)
in Mackay, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by bible record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on a few days after birth (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	unnamed	Katherine Ida Ivie

Subscribed and sworn to before me this 17th day of April 1942

Joseph W. Fuld
Notary Public, residing at Hailey, Idaho
My commission expires Feb. 24, 1944
(SEAL)

Signed Mrs. Mary A. Ivie (mother)
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
Hailey, Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Blaine }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17th day of April 1942

Joseph W. Fuld
Notary Public, residing at Hailey, Idaho
My commission expires Feb. 24, 1944
(SEAL)

Signed Mrs. Mae Brass
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
Hailey, Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

JUN 4 1975

689-131-019-445

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

County of Custer

City of Mackay

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 76 File No. 32442

Primary Registration District No. 2153 Registered No. _____

FULL NAME OF CHILD _____

Sex of Child Male	Twin Triplet or other? One and Number in order of birth One (To be answered only in event of plural births)	Legitimate? Yes.	Date of Birth July (Month) 31 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Frank P. Whitney.	FULL MAIDEN NAME	Alibo Dunbar.
RESIDENCE	Mackay Ida.	RESIDENCE	Mackay.
COLOR	White. AGE AT LAST BIRTHDAY 30 (Years)	COLOR	White AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE	Idaho.	BIRTHPLACE	Utah.
OCCUPATION	Merchant.	OCCUPATION	House wife.

Number of child of this mother, including present birth One Number of children of this mother now living, including present birth None

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 3 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N. H. Farrell

(Physician or midwife)

Given names added from a supplemental report.

Address Mackay Idaho.

_____ 19__

R. Marie Diers
Registrar

Filed Sept 6 1915 R. Marie Diers
Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

D

142-105-019-366

Form V. S. No. 11-C—25m-1-1-18

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Custer

City of Mackay

Registration District No. 76

File No. 32443

No. ..... St.

Primary Registration District No. 2153

Registered No. .....

Hospital .....

FULL NAME OF CHILD Grant Lewis Ambrose

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	two		two	yes	Sept. 5 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Geo. L. Ambrose	FULL MAIDEN NAME	Amy M. Cooke
RESIDENCE	Mackay	RESIDENCE	Mackay
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Minnesota
OCCUPATION	Lawyer	OCCUPATION	housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. R. E. Mason

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Mackay, Ida

R. Marie Diers
Registrar

Filed Sept 7 1915 R. Marie Diers
Registrar

6-7 CO. 24688

FEB 28 1967

296-226-026-962

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-13

[redacted]TE OF IDAHO
[redacted]F VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Jefferson

City of Rudy

No. ..... St.

Hospital .....

Registration District No. 98 File No. 32444

Primary Registration District No. 2176 Registered No. 159

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
7	—	—	yes.	June 26 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Edwin J. Brown	FULL MAIDEN NAME	Edith Ross.
RESIDENCE	Rudy	RESIDENCE	Rudy
COLOR	W AGE AT LAST BIRTHDAY 29 (Years)	COLOR	W AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 7a. M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ellen Wheeler

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Rigby RD 3.

Filed Aug 10 1915 Ray H. Eisler

Registrar

Registrar

S-Y CO. 24652

BROWN

DUP 08 1915-DE 71-849

8 69-122-026-289

child's name amended 3/10/97 tlc

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Jefferson

City of Grant

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 32445

Primary Registration District No. 2176 Registered No. 149

FULL NAME OF CHILD Kiyomaro Hori

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M				Yes.	July 22 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Seitaro Hori	FULL MAIDEN NAME	Rin Shimomura
RESIDENCE	Grant	RESIDENCE	Grant
COLOR	Yellow AGE AT LAST BIRTHDAY 33 (Years)	COLOR	Yellow AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 2 p. M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John O. Mellor MD.

Idaho Falls

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed Aug 10 1915 Ray H. Fisher

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

3-9-87

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED BUREAU OF VITAL STATISTICS MAR 10 10 58 AM '87

State of OREGON
County of MALHEUR } ss.

Certificate No. 32445
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for Kiyomuro Hori (Name on Original Certificate) who was born (Was Born, Died, etc.) on July 22, 1915 (Date of Event)

in Grant (Jefferson) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs first name	Kiyomuro	Kiyomaro

Subscribed and sworn to before me this 9th day of March, 1987.

Notary Public, [signature]
Residing at NYSSA, OREGON
My commission expires 2/23/88
(Seal)

x Kiyomaro Hori
Signature of Applicant

x [illegible]
Street Address, City, State
2455 Jefferson drive [illegible]

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this [illegible] day of [illegible], 19[illegible].

Notary Public,
Residing at
My commission expires
(Seal)

[signature] (Hori)
Supporting Signature

2526 S. Lytle Bl. R.
Street Address, City, State

Own son's birth certificate on file in Idaho. #397360. child born May 29,1944 in Idaho Falls. father's name listed as Kiyomaro Hori. viewed by tlc

Title Insurance Policy from Land Tile Insurance Company, Ontario. Oregon gives nameas Kiyomaro Hori and Haruko Hori (wife). dated Mar. 3, 1962. viewed by tlc

766-130-026-381

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Rigby

No. ..... *St.*

Hospital .....

Registration District No. 98 **File No.** 32446

Primary Registration District No. 2176 **Registered No.** 148

FULL NAME OF CHILD Geo. S. Good

Sex of Child M	**Twin Triplet or other?** — **and** **Number in order of birth** — (To be answered only in event of plural births)	**Legitimate?** Yes	**Date of Birth** July 30 1915 (Month) (Day) (Year)

FATHER		**MOTHER**	
FULL NAME	Nimrod Good	**FULL MAIDEN NAME**	Ellen Chatburn
RESIDENCE	Rigby	**RESIDENCE**	Rigby
COLOR	W **AGE AT LAST BIRTHDAY** 36 (Years)	**COLOR**	W **AGE AT LAST BIRTHDAY** 36 (Years)
BIRTHPLACE	Indiana	**BIRTHPLACE**	Idaho
OCCUPATION	Schoolteacher	**OCCUPATION**	Housewife

Number of child of this mother, including present birth 3 **Number of children of this mother now living, including present birth** 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... **at** 1.50 P. M **on the date above stated.**

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. C. Foxton

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Rigby

Filed Aug 10 1915 Ray H. Fisher

Registrar *Registrar*

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 11 1958

845-101-026-814

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Rigby R.D.

No. ..... *St.*

Hospital .....

Registration District No. 98 **File No.** 32447

Primary Registration District No. 2176 **Registered No.** 147

FULL NAME OF CHILD Elden D. Hunter

Sex of Child M	**Twin Triplet or other?** — **and** **Number in order of birth** — (To be answered only in event of plural births)	**Legitimate?** Yes	**Date of Birth** Aug 1st 1915 (Month) (Day) (Year)

FATHER		**MOTHER**	
FULL NAME	D. W. Hunter	**FULL MAIDEN NAME**	Ruth Hamilton
RESIDENCE	Rigby RD.	**RESIDENCE**	Rigby R.D.
COLOR	W **AGE AT LAST BIRTHDAY** 32 (Years)	**COLOR**	W **AGE AT LAST BIRTHDAY** 28 (Years)
BIRTHPLACE	~~Utah~~	**BIRTHPLACE**	~~Utah~~
OCCUPATION	Farmer	**OCCUPATION**	Housewife

Number of child of this mother, including present birth 4 **Number of children of this mother now living, including present birth** 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... **at** 10.45 a. **M on the date above stated.**

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. C. Paxton

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... *Registrar*

Address Rigby, Ida.

Filed Aug 10 1915 Ray H. Fisher *Registrar*

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 17 1973

DEC 20 1944

418-111-026-238

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Jefferson

City of Rigby.

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 32448

Primary Registration District No. 7176 Registered No. 143

FULL NAME OF CHILD LeRay Maynock

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes.	Aug 11 1915

FATHER		MOTHER	
FULL NAME	Geo. O. Maynock	FULL MAIDEN NAME	Eliz. Scholes.
RESIDENCE	Rigby.	RESIDENCE	Rigby
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	England	BIRTHPLACE	England.
OCCUPATION	Farmer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Paxton

(Physician or midwife)

Address Rigby

Filed Sept 20 19 15 Ray H. Fisher

Registrar

Given names added from a supplemental report.

..... 19.....

.....

Registrar

S-Y CO. 24659

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 2 9 1975

962-216-026-365

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Jefferson

City of Rudy

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32449

Registration District No. 98 File No. .....

Primary Registration District No. 2176 Registered No. 138

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
7	—		—	Yes.	Aug 16 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wm. Robinson	FULL MAIDEN NAME	Rachel E. Connell
RESIDENCE	Rigby RD2.	RESIDENCE	Rigby. RD2.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 1P. M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Josephine H. Newman

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed Sept 10 1915 Ray H. Fisher

Registrar

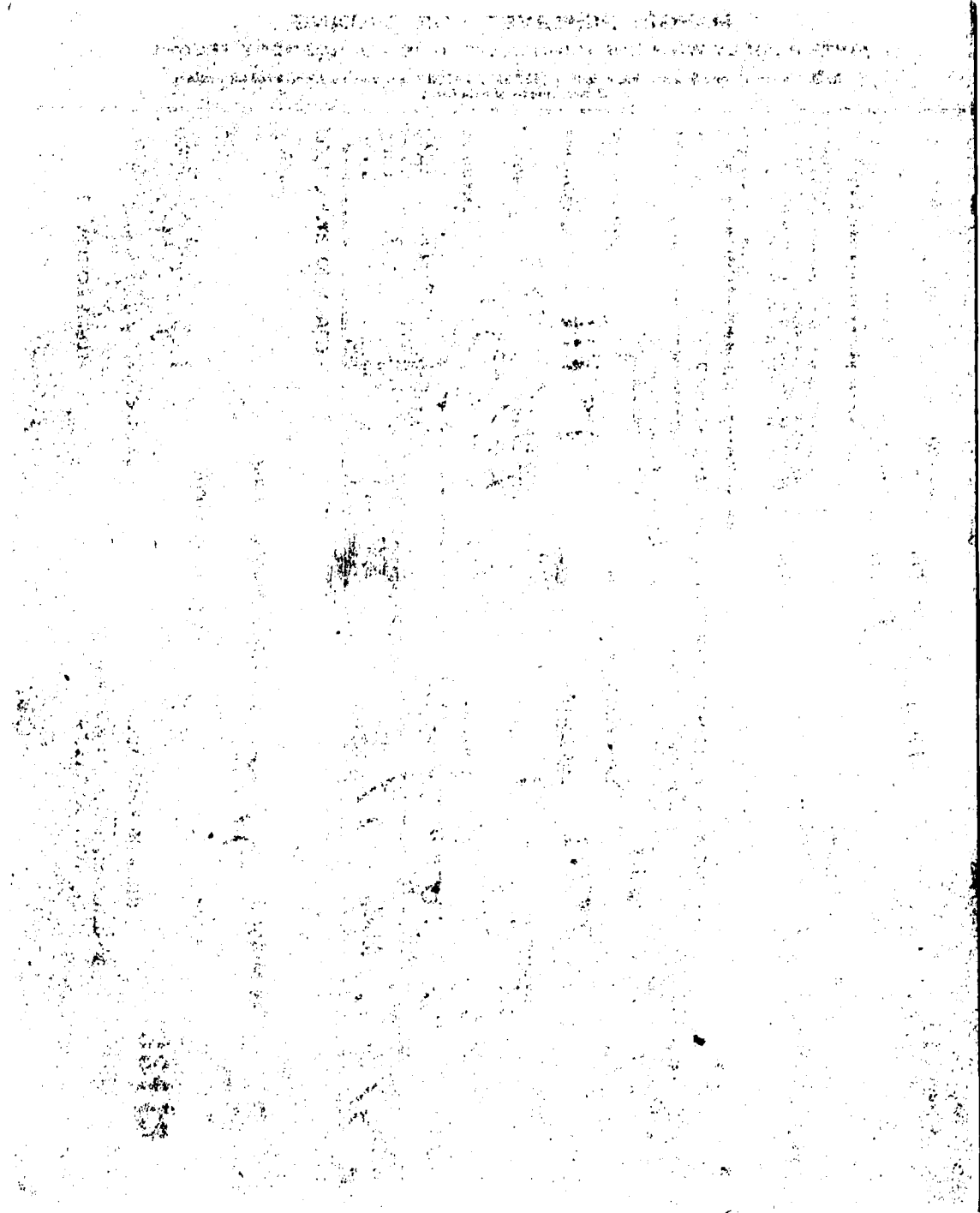
Registrar

6-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



235-213-026-244

Form V. S. No. 11-C—25m-1-1-18

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Jefferson

City of Rigby

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 32450

Primary Registration District No. 2176 Registered No. 135

FULL NAME OF CHILD Elizabeth Steele.

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
7				Yes.	Aug 13 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	J. H. Steele.	FULL MAIDEN NAME	Eliz. Sumner.
RESIDENCE	Rigby	RESIDENCE	Rigby.
COLOR	W AGE AT LAST BIRTHDAY 33 (Years)	COLOR	W AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE	~~Utah~~	BIRTHPLACE	England.
OCCUPATION	Banker	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 3.30 a. M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. C. Poxton

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Rigby

Filed Sept 10 1915 Ray H. Fisher

Registrar

Registrar

8-Y CO. 24632

386-218-026-766

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Lewisville

Name added 4-30-81

Registration District No. 98

File No. 32451

No. ..... St.

Primary Registration District No. 2176

Registered No. 134

Hospital .....

FULL NAME OF CHILD Elna Thomson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F	—		—	Yes.	Aug 18 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Henry Thomson	FULL MAIDEN NAME	Leora Goody
RESIDENCE	Lewisville	RESIDENCE	Lewisville
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	~~Utah~~	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife.

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 6.25 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. C. Paxton

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Rigby

Filed Sept 10 1915 Ray H. Fisher

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

3-2-81

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
7 45 AM '81

State of NEVADA
County of CLARK } ss.

Certificate No. 32451
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth

for Unnamed Thomson (Name on Original Certificate) who was born (Was Born, Died, etc.) on 8-18-15 (Date of Event)

in Lewisville (Jefferson) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Elna Thomson

Subscribed and sworn to before me this 6th day of March 19 81

Notary Public, Shirley J. Leavitt

Residing at

My commission expires

(Seal)

OFFICIAL SEAL
SHIRLEY J. LEAVITT
NOTARY PUBLIC - STATE OF NEVADA
COUNTY OF CLARK
My Comm. Expires Dec. 11, 1983

Elna Thomson Bradford
Signature of Applicant

1116 Reynolds Ave N. Las Vegas NV 89030
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ___)
(Is not necessary ___)

State of NEVADA
County of CLARK } ss.

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th day of March 19 81

Notary Public, Shirley J. Leavitt

Residing at

My commission expires

(Seal)

OFFICIAL SEAL
SHIRLEY J. LEAVITT
NOTARY PUBLIC - STATE OF NEVADA
COUNTY OF CLARK
My Comm. Expires Dec. 11, 1983

Judith D. Bradsford
Supporting Signature

1105 Webb Ave. North Las Vegas, NV 89030
Street Address, City, State

Certificate of Blessing, LDS Church, issued 5/8/51
Las Vegas 7th ward gives Elna Thomson daughter of
Henry Leo Thomson and Leora Goody born 8-18-15
in Lewisville, Jefferson Co. Idaho. Blessed Nov 7, 1915.
— viewed by VS.

APR 20 1981

Membership information record - LDS Church issued
microcard Sep 21, 1973 #15176924, gives: Elna Thomson
born 18 AUG 15, Lewisville, Idaho to Henry Leo Thomson
and Leora Goody - baptized 12 OCT 24 — viewed by VS

389-126-026-363

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Jefferson

City of Rigby

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 32452

Primary Registration District No. 2176 Registered No. 123.

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	—		—	Yes.	Aug 26 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Fred Christiansen	FULL MAIDEN NAME	Elizabeth Coles.
RESIDENCE	Rigby.	RESIDENCE	Rigby.
COLOR	W AGE AT LAST BIRTHDAY 25 (Years)	COLOR	W AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE	Denmark.	BIRTHPLACE	Idaho.
OCCUPATION	Blacksmith	OCCUPATION	Housewife.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 1.30 P. M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. C. Poxton

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Rigby

Filed Sept 10 1915 Ray H Fisher

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

231-114-026-666

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Jefferson

City of Menan

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 32453

Primary Registration District No. 2176 Registered No. 120

FULL NAME OF CHILD Jay C. Blair

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	—		—	Yes	July 14 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	J. Blair	FULL MAIDEN NAME	Lavina Woods
RESIDENCE	Menan	RESIDENCE	Menan
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Va.	BIRTHPLACE	West Va.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 6 P. M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Melton

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Menan

Filed Aug 20 1915 Ray H. Fisher

Registrar

Registrar

S-Y CO. 24655

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
FEB 3 10 31 AM '75

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 32453

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Blair (Male) (Name on Original Certificate) who was born (Was Born or Died) on July 14, 1915 (Date of Event)
in Menan, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Jay C. Blair

Subscribed and sworn to before me this 16 day of October, 1974.
Notary Public, residing at Bend, Oregon
My commission expires March 28, 1977
(Seal)

Signed Vina A. Blair Executrix
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Route 2, Box 610, Bend, Ore. 97701
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Deschutes }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16 day of October, 1974.
Notary Public, residing at Bend, Oregon
My commission expires March 28, 1977
(Seal)

Signed Vina Blair Ellis
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

CL 9/20/74 nm

Honorable Discharge from the U. S. Army gives name as Jay C. Blair. born July 14, ~~1915~~ 1915 at Idaho Falls, Idaho. date of separation given as Oct. 3, 1945. viewed by V. S.

MAR 2 0 1975

Birth certif. from St. Charles Hospital, Bend. Oregon for Carolyn May Blair daughter of Mr. & Mrs. Jay C. Blair. born Aug. 19, 1946. viewed by V. S.

693-216-026-799

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Lorenzo

No. ..... St.

Hospital .....

Registration District No. 98 File No. 32454

Primary Registration District No. 2176 Registered No. 119

FULL NAME OF CHILD Bertha Athylie Wilcox

Sex of Child: 7	Twin Triplet or other? — and Number in order of birth — (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth: July 16 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	M. L. Wilcox	FULL MAIDEN NAME	Sylvia Priest
RESIDENCE	Lorenzo	RESIDENCE	Lorenzo.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 1 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Milton

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Menan

Filed Aug 10 1915 Ray H. Fisher

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

OCT 1 1942

316-223-026-415

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Jefferson

City of Menan

No. ..... St.

Hospital .....

Registration District No. 98 File No. 32455

Primary Registration District No. 2176 Registered No. 117

FULL NAME OF CHILD Zilda Lawson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes.	July 23 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Frank Lawson	Vivian Montague
RESIDENCE	Menan	Menan
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	27	23
BIRTHPLACE	Idaho	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 1 a.m. M
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Melton

(Physician or midwife)

Address Menan

Given names added from a supplemental report.

..... 19....

Filed Aug 10 19 15 Ray H. Fisher
Registrar

..... Registrar

S-Y CO. 24688

OCT 29 1968

JUL 1 # 1944

219-121-026-154

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Jefferson

City of Menan

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 32456

Primary Registration District No. 2176 Registered No. 118

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Boy	\	\	Yes	July 21 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	J. P. Borker	FULL MAIDEN NAME	Nettie Andrews
RESIDENCE	Menan	RESIDENCE	Menan
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 7 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Melton

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Menan

Filed Aug 10 1915 Ray H. Fisher

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

791-129-026-797

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Lewisville

No. ..... St.

Hospital .....

Registration District No. 98 File No. 32457

Primary Registration District No. 2176 Registered No. 116.

FULL NAME OF CHILD MARK BRIGHAM GRAY

Sex of Child: M	Twin Triplet or other? — and Number in order of birth — (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth: July 29 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Spencer Gray	FULL MAIDEN NAME	Margaret Griffiths
RESIDENCE	Lewisville	RESIDENCE	Lewisville
COLOR	W AGE AT LAST BIRTHDAY 33 (Years)	COLOR	W AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 3 P. M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Melton

(Physician or midwife)

Given names added from a supplemental report.

..... 19..... Address Menan

Filed Aug 10 1915 Ray H. Fisher

Registrar Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Utah } ss.
County of [illegible] }

FEB 14 1942 Certificate No. 32457

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of [illegible] (Birth or Death)
for no name (Name on Original Certificate) who [illegible] (Was Born or Died) on July 29, 1913 (Date of Event)
in [illegible] (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by [illegible] (Bible Record, Insurance Policy, Etc.) prepared on July 31, 1913 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	no name	Mark Brigham Gray

Subscribed and sworn to before me this 12
day of Feb., 1942
Frank Armstrong
Notary Public residing at Salt Lake City, Ut.
My commission expires
(Seal)

Signed Marguerite G. Gray
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
1367 [illegible] (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Salt Lake }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12
day of February, 1942
Frank Armstrong
Notary Public, residing at Salt Lake City, Ut.
My commission expires Feb. 5, 19[illegible]
(Seal)

Signed [illegible]
(Signature of Any Credible Person Other Than Previous Year)
2019 E. 13th South Salt Lake City, Utah
(Street Address, City, State)

IEEE 1943

613-130-026-331

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Lewisville

Registration District No. 98 File No. 32458

No. St.

Primary Registration District No. 2176 Registered No. 115

Hospital

FULL NAME OF CHILD Delmont Walker

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M				Yes	July 30 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Eustus Earl Walker	FULL MAIDEN NAME	Lay Clark
RESIDENCE	Lewisville	RESIDENCE	Annie Lewisville
COLOR	W. AGE AT LAST BIRTHDAY 24 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE	Lewisville Idaho.	BIRTHPLACE	Menan Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 4 P.M. M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Milton

(Physician or midwife)

Given names added from a supplemental report.

..... 19...

Address .....

Filed Aug 10 1915 Ray H. Fisher

Registrar

Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

cc 3/14/41 RMF

295-131-026-155

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Jefferson

City of Lewisville

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 32459

No. ..... St.

Primary Registration District No. 2176 Registered No. 114

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	—	—	Yes	July 31 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ray Knighton	Myrtle Jensen
RESIDENCE	Lewisville	Lewisville
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	24	22
BIRTHPLACE	Idaho	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 9 a. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Melton

(Physician or midwife)

Address Menan

Given names added from a supplemental report.

..... 19.....

Filed Aug 16 19 15 Ray H. Funk

Registrar

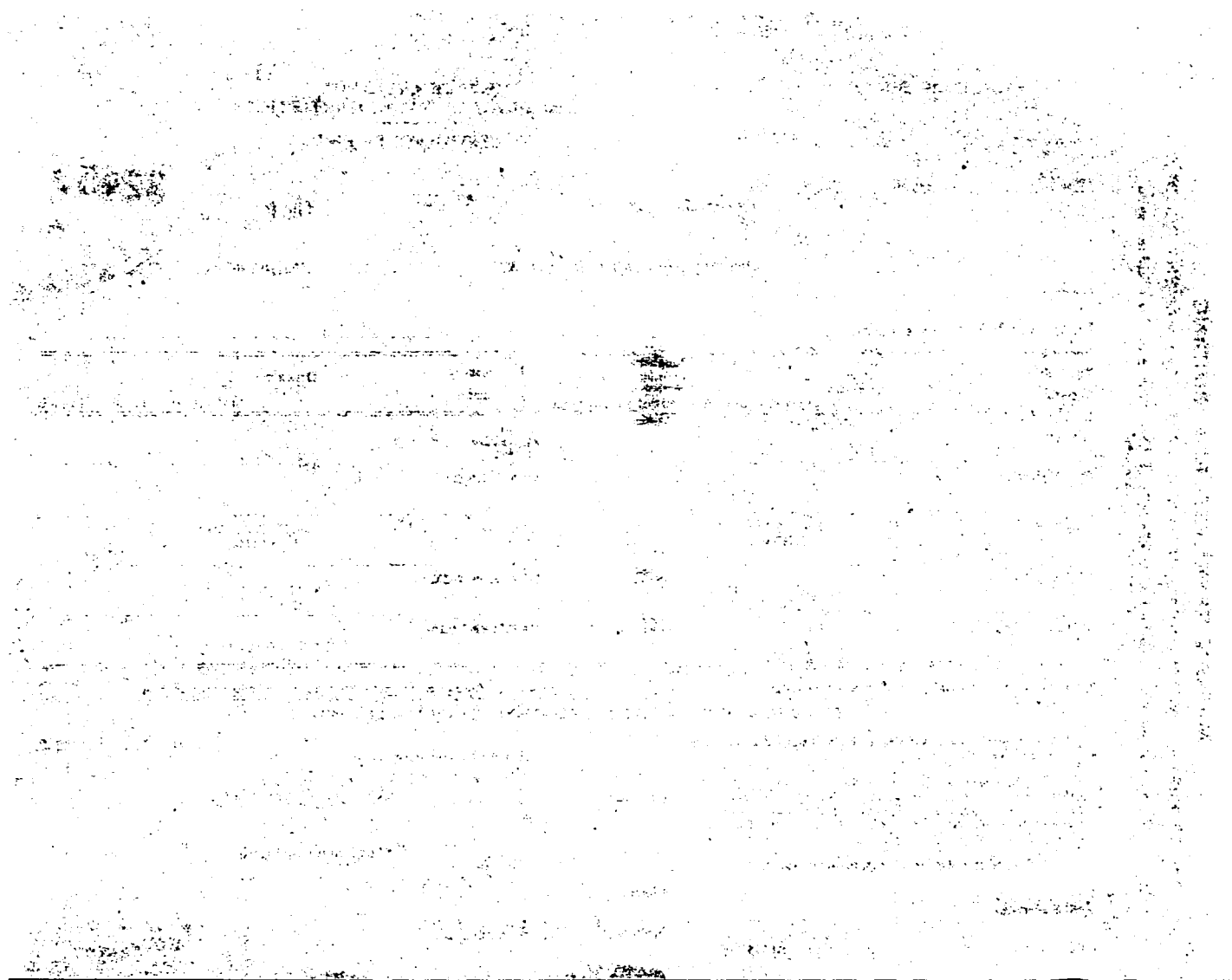
S-Y CO. 24688

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



867-203-026-169

PLACE OF BIRTH

County of Jefferson

City of Lewisville

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 32460

Primary Registration District No. 2176 Registered No. 113

FULL NAME OF CHILD Winnie Hoggan

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	Aug 3 1915

FATHER		MOTHER	
FULL NAME	A. J. Hoggan	FULL MAIDEN NAME	Ellen Jardine
RESIDENCE	Lewisville	RESIDENCE	Lewisville
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 5:40 P. M. on the date above stated.

(Signature) J. E. Millan

(Physician or midwife)

Address .....

Filed Sept 10 19 15 Ray H. Funk Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

..... Registrar

6-Y CO. 24698

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MAY 9 1975

DECEASED

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
JUN 3 4 20 PM '75

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 32460

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Hoggan (female) (Name on Original Certificate) who was born (Was Born or Died) on Aug. 3, 1915 (Date of Event)
in Lewisville, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Winnie Hoggan

Subscribed and sworn to before me this ..... day of
....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of .....
County of .....

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23rd day of
May, 19 75

Notary Public, residing at Lewisville, Idaho
My commission expires 2-1-77
(Seal)

Signed Mary Jo Hoggan
(Signature of Any Credible Person)

Box 122 Lewisville, Ida.
(Street Address, City, State)

FORM DH 60-155

CL 5/9/75 lbc pd. rec. #7499

AUG 22 1975

letter from Gem State Mutual Associations of Pocatello, Idaho gives name as Winnie Cottle and was born Aug. 3, 1915 at Lewisville, Idaho. application dated Aug. 8, 1935. viewed by V. S.

Letter from LDS Church, Menan First Ward Bishopric, Menan, Idaho concerning records gives name as Winnie Hoggan ~~XXXXXX~~. born Aug. 3, 1915 at Lewisville, Idaho. Father'sname given as Alam J. Hoggan and mother as Ellen Jardine. Blessed Sept. 5, 1915. Baptized Aug. 4, 1923. viewed by V. S.

815-115-0246-714

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Jefferson

City of Lewisville

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 32461

Primary Registration District No. 2176 Registered No. 112

FULL NAME OF CHILD Loyal Lester Hancock

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth
M			Yes.	Sept 15 (Month) (Day) 1915 (Year)

	FATHER	MOTHER
FULL NAME	Wm. Hancock	FULL MAIDEN NAME Geneva Poulson
RESIDENCE	Lewisville	RESIDENCE Lewisville
COLOR	W.	COLOR W.
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE	Utah	BIRTHPLACE Utah
OCCUPATION	Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 9 PM M
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Mullen

(Physician or Midwife)

Address .....

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Sept 15 19 15 Ray V. Fisher Registrar

8-Y CO. 24655

Own Child's Birth Cert. on file: (Idaho Birth) #257186 gives full name of father as Loyal Lester Hancock - viewed by V.S. and Application to the Beneficial Life Insurance Co., July 24, 1941 gives full name as Loyal Lester Hancock, born Sept. 15, 1915 at Lewisville, Idaho - viewed by V.S.

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Bannock } ss.

Certificate No. 32461

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Hancock (male child) (Name on Original Certificate) who was born (Was Born or Died) on Sept. 15, 1915 (Date of Event) in Lewisville, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Loyal Lester Hancock

Subscribed and sworn to before me this 23rd day of October, 19 61

Notary Public, residing at Pocatello, Idaho
My commission expires May 29, 1964
(Seal)

Signed [signature] (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

[illegible] West [illegible] (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bannock } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23rd day of October, 19 61

Notary Public, residing at Pocatello, Idaho
My commission expires May 29, 1964
(Seal)

Signed [signature] (Signature of Any Credible Person)

[illegible] No [illegible] Pocatello Idaho (Street Address, City, State)

FORM DH 60-155

CL 10-20-61. one copy pd. rec. #2881.

OCT 25 1961
JAN 6 1975

851-223-026-214

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Jefferson

City of Menan

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32462

Registration District No. 98 File No. .....

Primary Registration District No. 2176 Registered No. 111 August 10th

FULL NAME OF CHILD Ramona Irene Yearsley

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
7	—		—	Yes	Aug 23 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John Yearsley	FULL MAIDEN NAME	Julia Baum
RESIDENCE	Menan	RESIDENCE	Menan
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Utah	BIRTHPLACE	Idaho.
OCCUPATION	Miller.	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 8a. M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Melton

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Menan

Filed Sept 10 1915 Ray H. Fisher

Registrar

Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 10 1952

154-114-026-318

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Jefferson

City of Rudy

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 32463

Primary Registration District No. 2176 Registered No. 126.

FULL NAME OF CHILD Ivan C. Anderson

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
M	\	\	Yes	Sept 14 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Lafey Anderson	FULL MAIDEN NAME	Ellen Taylor.
RESIDENCE	Rudy	RESIDENCE	Rudy
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 10 a. M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ann Palmer

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Rigby, Idaho

Filed Sept 14 1915 Ray H. Fisher, Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

7/28/76

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
SEP 17 3 57 PM '76

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 32463

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for unnamed Anderson (Name on Original Certificate) who was born (Was Born or Died) on Sept. 14, 1915 (Date of Event)

in Rudy (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed	Ivan C. Anderson

Subscribed and sworn to before me this 25th day of August, 1976

Lola Jane Wehmann

Notary Public, residing at Idaho Falls ID

My commission expires 1-6-79

(Seal)

Signed Ivan C. Anderson

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

P.O. Box 2542 Pocatello Idaho 83201

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bonneville }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25th day of August, 1976

Lola Jane Wehmann

Notary Public, residing at Idaho Falls ID

My commission expires 1-6-79

(Seal)

Signed Nancy M. Anderson

(Signature of Any Credible Person)

560 10th Idaho Falls Ida 83401

(Street Address, City, State)

age 72 UNC 1a

FORM DH 60-155

Church Membership Record issued by LDS Church 8/30/76 States that Ivan Carl Anderson was born 14 September 1915. Viewed by Vital Statistics SEP 24 1976

Own child's birth certificate issued by State of Idaho 3/22/53 gives father's name as Ivan Carl Anderson. viewed by V.S.

818-109-026-785

Form V. S. No. 11-C—25m-1-1-18

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Jefferson

City of Rigby

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 32464

Primary Registration District No. 2176 Registered No. 158

FULL NAME OF CHILD Victor Blaine Hart

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes.	July 9 1915

	FATHER	MOTHER
FULL NAME	Clarence Hart	FULL MAIDEN NAME Loretta Green
RESIDENCE	Rigby	RESIDENCE Rigby.
COLOR	W	COLOR W
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE	Utah	BIRTHPLACE Ida.
OCCUPATION	Banker	OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 4 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Palmer

(Physician or midwife)

Address Rigby.

Given names added from a supplemental report.

..... 19.....

Filed Aug 10 19 15 Ray H. Fisher

Registrar

..... Registrar

S-Y CO. 24695

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho
County of Ada } ss.

Certificate No. 32464
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for unnamed child of Clarence & Serette Hart (Name on original certificate) who was born (Was born or died) on July 9, 1915 (Date of event)
in Rigby, Jefferson Co., Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by family & church records (Bible record, insurance policy, etc.) prepared on and shortly after date of birth (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Hart	Victor Blaine Hart

Subscribed and sworn to before me this 4th
day of December, 19 41

Dale Hart
Notary Public, residing at Boise, Idaho
My commission expires October 6, 1945
[SEAL]

Signed David F. Hart (Uncle)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1508 North 7th St., Boise, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
[SEAL]

Signed
(Signature of any credible person other than the previous affiant.)

(Street Address, City, State)

Received for filing on By
(Registrar's signature)

343-111-026-386

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Jefferson

City of Rigby

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 32465

Primary Registration District No. 2176 Registered No. 157

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	—		—	Yes.	July 11 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Joe Cutler	FULL MAIDEN NAME	Annie J. Thompson
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Farmer

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 10:45 M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ann Palmer

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Rigby - Ida

Filed Aug 10 1915 Ray H. Fisher

Registrar

Registrar

S-Y CO. 24659

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

243-228-026-269

Name added 9/11/79

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Jefferson

City of Grant

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 32466

Primary Registration District No. 2176 Registered No. 151

FULL NAME OF CHILD Zona Butler

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
F	—	—	Yes.	July 28 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Wm J. Butler	FULL MAIDEN NAME	Lillian Sorensen
RESIDENCE	Grant	RESIDENCE	Grant
COLOR	W AGE AT LAST BIRTHDAY 32 (Years)	COLOR	W AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 7:30 a M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Palmer

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Rigby

Filed Aug 10 1915

Ray H. Fisher
Registrar

Registrar

S-Y CO. 24653

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 29 1968

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

RECEIVED
AUG 10 1979
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Oregon
County of Multnomah } ss.

Certificate No. 32466
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Butler (female) (Name on Original Certificate) who was born (Was Born, Died, etc.) on July 28, 1915 (Date of Event)

in Grant, Idaho (Jefferson) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
chid's name	Unnamed	Zona Butler

Subscribed and sworn to before me this 2nd day of August, 1979

Notary Public, [illegible]
Residing at Portland, Oregon
My commission expires Nov. 17, 1979
(Seal)

× Zona Butler
× Zona Lindley
Signature of Applicant

5721 NE Alton Portland Oregon 97213
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon
County of Multnomah } ss.

(Must be completed __)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd day of August, 1979

Notary Public, [illegible]
Residing at Portland Oregon
My commission expires Nov. 17, 1979
(Seal)

× Alta B [illegible] Sister
Supporting Signature

× 5721 NE Alton Ct
Street Address, City, State
Portland, Oregon 97213

CL 4/18/79 nm

Certif of Baptism from the LDS Church gives name as Zona Butler daughter of William J. Butler and lillian C. Sorensen. born July 28, 1915 at Grant, Idaho. Baptized Aug 5, 1923. viewed by V. S.

Certif of Blessing from the LDS Church gives name as Zona Butler daughtr of Willaam j. Butler and Lillian C. Sorenson born July 28, 1915 at Grant, Idaho. B,essed Jan 2, 1916. viewed by V.S.

SEP 1 1 1979

155-207-026-867

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Garfield

No. ..... *St.*

Hospital .....

Registration District No. 98 **File No.** 32467

Primary Registration District No. 2176 **Registered No.** 150

FULL NAME OF CHILD Verla Flora Jensen

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
~~M~~ F	—	—	Yes	Aug 7 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	C. E. Jensen Jr.	FULL MAIDEN NAME	Flora M. Hopgood
RESIDENCE	Garfield	RESIDENCE	Garfield.
COLOR	W AGE AT LAST BIRTHDAY 27 (Years)	COLOR	W AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 7a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Palmer

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Rigby.

Filed Aug 10 1915 Ray H. Fisher.

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss. Certificate No. 32467
County of Riverside } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Jensen (Name on Original Certificate) who was born (Was Born or Died) on August 7, 1915 (Date of Event)
in Garfield, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed Jensen	Verla Flora Jensen

Subscribed and sworn to before me this 15th
day of November, 1945
Frances A. Sommers
* Notary Public, residing at Hemet, Calif.
My commission expires October 24, 1948
(Seal)

Signed * Flora M. Jensen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
General Delivery Hemet Calif
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of New York } ss.
County of New York }

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.
Subscribed and sworn to before me this 6th
day of February, 1946
Benj. F. Joseph
Notary Public, residing at BENJAMIN F. JOSEPH
NOTARY PUBLIC, QUEENS CO. N. Y. No. 1241
QUEENS COUNTY REGISTER'S No. 32-J-7
CERTIFICATE FILED IN NEW YORK CO. No. 45
NEW YORK COUNTY REGISTER'S No. 35-J-7
TERM EXPIRES MARCH 30, 1947
My commission expires
(Seal)

Signed W. M. Rose
(Signature of Any Credible Person)
65 Trenor Drive New Rochelle New York
(Street Address, City, State)

619-117-026-466

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Jefferson

City of Ririe

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 32468

Primary Registration District No. 7176 Registered No. 140

FULL NAME OF CHILD W Richard Moore Farnsworth

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	—		—	Yes.	Aug 17 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Wallace Farnsworth	FULL MAIDEN NAME	Etta Moore
RESIDENCE	Ririe	RESIDENCE	Ririe
COLOR	W AGE AT LAST BIRTHDAY 36 (Years)	COLOR	W AGE AT LAST BIRTHDAY 36 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 9:20 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Palmer
(Physician or midwife)

Given names added from a supplemental report.

..... 19 .....

Address Rigby

Filed Sept 10 1915 Ray H Fisher
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 2 4 1976

1/22/41 L. B.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

Amended 5/26/69

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 32469
Local Reg. No. 137
Reg. Dist. No. 98

1. PLACE OF BIRTH

a. COUNTY: Jefferson

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Grant

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Jefferson

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Grant

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print) a. (First): Ellsworth (Middle): Webster c. (Last): Sams

4. SEX: M

5a. THIS BIRTH SINGLE: X TWIN: TRIPLET:

5b. IF TWIN OR TRIPLET (This child born) 1st 2nd 3rd

6. DATE OF BIRTH (Month) (Day) (Year): Aug. 22 1915

FATHER OF CHILD

7. FULL NAME a. (First): George b. (Middle): Ellsworth c. (Last): Sams

8. AGE (At time of this birth): 21 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Indiana

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME a. (First): Ila (Middle): May c. (Last): Webster

13. AGE (At time of this birth): 21 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Idaho

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 0

b. How many OTHER children were born alive but are now dead? 0

c. How many children were stillborn (born dead after 20 wks. pregnancy?

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: A. M. Palmer

19. ADDRESS: Rigby, Idaho

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE OTHER (Specify)

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: Sept 10, 1915

22. REGISTRAR'S SIGNATURE: Ray H. Fisk

23. DATE ON WHICH GIVEN NAME ADDED BY Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES NO DATE

Was a standard serological test for syphilis performed? YES NO APPROXIMATE DATE

LENGTH OF PREGNANCY WEEKS

WEIGHT AT BIRTH LBS. OZS.

RACE OR COLOR OF FATHER: W

RACE OR COLOR OF MOTHER: W

METHOD OF DELIVERY:

Was 1% Silver Nitrate Used to prevent blindness? YES NO

BIRTH INJURY TO INFANT
YES IF YES, DESCRIBE
NO

CONGENITAL MALFORMATIONS OF INFANT
YES IF YES, DESCRIBE
NO

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
APR 2 1969
Bureau of Vital Statistics

State of Idaho
County of Bonneville } ss.

Certificate No. 32469

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Sams (Male Child) (Name on Original Certificate) who was born (Was Born or Died) on August 22, 1915 (Date of Event)
in Grant, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed Sams	Ellsworth ~~George~~ Sams
Full Name of Father	Geo. E. Sams	George Ellsworth Sams
Full Name of Mother	Ida May Webster	Ila May Webster

Subscribed and sworn to before me this 14 day of March, 1969

Notary Public, residing at Idaho Falls, Idaho
My commission expires Sept 8, 1972
(Seal)

Signed Ila M. Stoddard
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

366 Walnut Ave
(Street Address, City, State) Idaho Falls, Idaho 83401

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bonneville } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14th day of March, 1969

Notary Public, residing at Idaho Falls, Idaho
My commission expires Sept 8, 1972
(Seal)

Signed Martin L. Stoddard
(Signature of Any Credible Person)

653 10th St. Idaho Falls, Idaho 83401
(Street Address, City, State)

FORM DH 60-155 WWB 2-11-69 1 copy paid (CL)

Certificate of Baptism and Confirmation from the LDS Church gives child's name as Ellsworth Webster Sams. Born Aug. 22, 1915 to George E. Sams and Ila May Webster. Baptized Sept. 16, 1923. Dated Sept. 16, 1923 Signed by. Chas. Jensen. Viewed by V. S.

Honorable Discharge paper gives name as Ellsworth W. Sams. Discharged frm Army of the United States, Dated Feb. 23, 1946. Signed by Earl G. Linhart, Major ORD Dept. Viewed by V. S.

Certificate of Baptism and Confirmation gives mother's namea as Ila May Webster. Dated Sept. 16, 1923 Signed by Chas. Jensen. Viewed by V. S. (Ellsworth Webster Sams)

Certificate of Baptism and Confirmation for Montie Vendetta Sams gives mother's name as Ila Webster. Dated March 5, 1939 Signed by Clifford M. Kindred. Viewed by V. S.

Certificate of Baptism and Confirmation for Montie Vendetta Sams Gives father's name as George Ellsworth Sams. Dated March 5, 1939. Viewed by V. S.

Birth certificate for Montie Vendetta Sams gives father's name as George Ellsworth Sams and the Mother's name as Ila May Webster. Dated Feb. 5, 1931. Copy sent on March 15, 1960. Viewed by V. S.

819-111-026-383

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Rigby

No. ..... St.

Hospital .....

Registration District No. 98 File No. 32470

Primary Registration District No. 2176 Registered No. 136

FULL NAME OF CHILD Charles Nicolson Hardesty

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M.	—		—	Yes	Aug 11 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Fay Hardesty	FULL MAIDEN NAME	Beatrice Nicholsen
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Kansas.	BIRTHPLACE	Montana
OCCUPATION	Engineer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 4P. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ann Palmer
(Physician or Midwife)

Given names added from a supplemental report.

..... 19....

Address Rigby

Filed Sept 1915 Fay H. Fisher
Registrar

9-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

7/18/41

APR 17 1972

OCT 20 1945

418-201-026-367

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Jefferson

City of Lewisville

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 32471

Primary Registration District No. 2176 Registered No. 130

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F	—		—	Yes.	Sept 1 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	W. H. Maynard.	FULL MAIDEN NAME	Luella Cape
RESIDENCE	Lewisville.	RESIDENCE	Lewisville.
COLOR	W AGE AT LAST BIRTHDAY 49 (Years)	COLOR	W AGE AT LAST BIRTHDAY 39 (Years)
BIRTHPLACE	Tenn.	BIRTHPLACE	Tenn.
OCCUPATION	Farmer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 9a. M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Palmer

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Rigby, Ida.

Filed Sept 10 1915 Ray H. Fisher.

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 22 1969

459-102-026-813

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Jefferson

City of Annis

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 32472

Primary Registration District No. 2176 Registered No. 129.

FULL NAME OF CHILD Solyman Sylvenus Merrill

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	—		—	Yes	Sept 2 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

	FATHER		MOTHER
FULL NAME	Warren Merrill	FULL MAIDEN NAME	Mary Ida Hall
RESIDENCE	Annis	RESIDENCE	Annis
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	~~Utah~~	BIRTHPLACE	Ida.
OCCUPATION	Farmer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 2 A.M. on the date above stated.

(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ann Palmer

(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19....

Address Rigby. Ida

Filed Sept 10 1915 Roy H. Fisher

Registrar

Registrar

8-Y CO. 24692

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Idaho Mutual Benefit Insurance Policy, March 1, 1940, gives name as Solyman Sylvenus Merrill and Own Child's Birth Certificate, Idaho Birth, on file # 302480 gives name as Solyman Sylvenus Merrill - viewed by V.S.

RECEIVED
IDAHO STATE BOARD OF HEALTH
JAN 13 1959
DIVISION OF VITAL STATISTICS
Bureau of Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Jefferson }

Certificate No. 32472

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Merrill (Name on Original Certificate) who born (Was Born or Died) on September 2, 1915 (Date of Event) in Annis, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Solyman Sylvenus Merrill

Subscribed and sworn to before me this 12th day of January, 1959

Notary Public, residing at Menan, Idaho.
My commission expires Dec. 12, 1959
(Seal)

Signed [signature] (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

[signature], Idaho (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Jefferson }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12th day of January, 1959

Notary Public, residing at Menan
My commission expires Dec. 12th 1959.
(Seal)

Signed [signature] (Signature of Any Credible Person)

[signature], Idaho (Street Address, City, State)

FORM OPH 55. 1[illegible]5

NNCL sent 7-16-58. one copy pd.

JAN 22 1959

799-103-026-652

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Jefferson

City of Gorfield

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 32473

Primary Registration District No. 2176 Registered No. 128

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	—		—	Yes	Sept 3 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	G. C. Griesling	FULL MAIDEN NAME	Freida Webert
RESIDENCE	Gorfield	RESIDENCE	Gorfield
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Germany	BIRTHPLACE	Switzerland
OCCUPATION	Farmer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 10 15 a M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Palmer

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Rigby

Filed Sept 10 1915 Ray H. Fisher

Registrar

Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

GNEITING

Dep of 1915 - DES3 - 953

319-205-026-966

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Rigby RD

No. ..... St.

Hospital .....

Registration District No. 98

File No. 32474

Primary Registration District No. 2176

Registered No. 128

FULL NAME OF CHILD Loretta Ellen Larsen

Sex of Child F	Twin Triplet or other? — and Number in order of birth — (To be answered only in event of plural births)	Legitimate? Yes.	Date of Birth Sept 5 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Cris Larsen	FULL MAIDEN NAME	Viola Rowe.
RESIDENCE	Rigby RD.	RESIDENCE	Rigby RD.
COLOR	W AGE AT LAST BIRTHDAY 26 (Years)	COLOR	W AGE AT LAST BIRTHDAY 18 (Years)
BIRTHPLACE	Denmark	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 12:10 P. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ann. Palmer
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Rigby

Filed Sept 10 1915 Ray H. Fisher
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child of birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

DECEASED

WAYNE MICHAEL
SHOWING RESERVED FOR BINDING

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
FEB 1 3 PM '77
BUREAU OF

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Madison } ss.

Certificate No. 32474

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Larsen (female) (Name on Original Certificate) who was born (Was Born or Died) on Sept 5, 1915 (Date of Event) in Jefferson co., Rigby, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Insurance Policy (Bible Record, Insurance Policy, Etc.) prepared on February 18, 1943 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed Larsen	Loretta Ellen Larsen

Subscribed and sworn to before me this 1st day of February, 19 77

Mary M. Rigby

Notary Public, residing at Rexburg, Idaho

My commission expires Life

(Seal)

Signed [signature] (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Idaho Falls, Idaho (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Madison } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st day of February, 19 77

Mary M. Rigby

Notary Public, residing at Rexburg, Idaho

My commission expires Life

(Seal)

Signed [signature] (Signature of Any Credible Person)

Thornton, Idaho (Street Address, City, State)

FORM DH 60-155 CL 1/21/77

Own childs birth certificate on file with Vital Statistics, Boise, Idaho, gives name of mother as Loretta Larsen. Child born Feb. 11, 1941 in Rigby, Idaho to Loretta Larsen and Ivan Robison. Certificate # 308920.

Viewedby V.S.

Family Record obviouly old gives name as Loretta Ellen Larsen born Sept. 5, 1915 in Rigby, Idahoto Cris Larsen and Viola Rowe.
Viewed by V.S

412-112-026-413

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Jefferson

City of Rigby

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 32475

Primary Registration District No. 2176 Registered No. 127

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes.	Sept 12 1915

FATHER		MOTHER	
FULL NAME	A. W. Dabell.	FULL MAIDEN NAME	Mary Malin
RESIDENCE	Rigby	RESIDENCE	Rigby.
COLOR	W AGE AT LAST BIRTHDAY 41 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 36 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Sweden
OCCUPATION	Farmer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 10:30 a. M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Palmer.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Rigby

Filed Sept 12 1915 Ray S. Fisher

Registrar

Registrar

S-Y CO. 24652

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

445-116-026-433

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Jefferson

City of Rigby R.D.

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32476

Registration District No. 98 File No. .....

Primary Registration District No. 2176 Registered No. 124

FULL NAME OF CHILD Galen Edward Dunn

Sex of Child: M	Twin Triplet or other? ( ) and Number in order of birth ( ) (To be answered only in event of plural births)	Legitimate? Yes.	Date of Birth: Sept 16 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	E. H. Dunn.	FULL MAIDEN NAME	Minnie V. McCling
RESIDENCE	Rigby. RD.	RESIDENCE	Rigby - RD.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Ida.	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 4.30 P. M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ann Palmer

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Rigby

Filed Sept 16 1915 Ray H Fisher

Registrar

Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 6 19

918-121-026-459

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Jefferson

City of Annis

No. ..... *St.*

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 **File No.** 32477

Primary Registration District No. 2176 **Registered No.** 122

FULL NAME OF CHILD .....

Sex of Child M	**Twin Triplet or other?** [illegible] and **Number in order of birth** — (To be answered only in event of plural births)	**Legitimate?** Yes.	**Date of Birth** Sept 21 1915 (Month) (Day) (Year)

FATHER		**MOTHER**	
FULL NAME	Pierce Raymond	**FULL MAIDEN NAME**	Elsie Merrill
RESIDENCE	Annis	**RESIDENCE**	Annis.
COLOR	W. **AGE AT LAST BIRTHDAY** 43 (Years)	**COLOR**	W. **AGE AT LAST BIRTHDAY** 33 (Years)
BIRTHPLACE	Utah	**BIRTHPLACE**	Utah.
OCCUPATION	Farmer	**OCCUPATION**	Housewife.

Number of child of this mother, including present birth 8 **Number of children of this mother now living, including present birth** 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... **at** 2.10 a. **M on the date above stated.**

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Palmer

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

..... *Registrar*

Address Rigby — Ida.

Filed Sept. 21 19 15 Ray H Fisher *Registrar*

5-Y CO. 24685

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

493-222-026-915

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Butler's Island

Registration District No. 98 File No. 32478

No. ..... St.

Primary Registration District No. 2176 Registered No. 12 121

Hospital .....

FULL NAME OF CHILD Edna Winifred Miller

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
F	—	—	Yes.	Sept 22 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

	FATHER		MOTHER
FULL NAME	James E. Miller	FULL MAIDEN NAME	Pearl Rands
RESIDENCE	~~Ida~~ Butler's Island	RESIDENCE	Butler's Island
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Ida.	BIRTHPLACE	So. Dak.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 4 P. M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Palmer

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Rigby - Ida.

Filed Sept 22 1915 Ray H. Fisher

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Madison } ss.

Certificate No. 32478

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth
(Birth or Death)
for none given who was born on September 22, 1915,
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Ririe, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by mother prepared on March 3, 1944, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	none given	Edna Winifred Miller

Subscribed and sworn to before me this 3d
day of March, 1944

Mary Smith
Notary Public residing at Rexburg, Idaho.

My commission expires June 16, 1947
(Seal)

Signed Edna Pearl Miller (Mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

167 W. 1st N., Rexburg, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Madison } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3d
day of March, 1944

Mary Smith
Notary Public residing at Rexburg, Idaho.

My commission expires June 16, 1947.
(Seal)

Signed Anna Whitehead
(Signature of Any Credible Person Other Than Previous Year)

Rexburg, Idaho.
(Street Address, City, State)

MAR 9 1944

753-116-026-986

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Jefferson

City of Rigby

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 32479

Primary Registration District No. 2176 Registered No. 156.

FULL NAME OF CHILD Merle Ransom Pettingill.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes.	July 16 1915

FATHER		MOTHER	
FULL NAME	Ransom Pettingill.	FULL MAIDEN NAME	Irene Rhodes
RESIDENCE	Rigby	RESIDENCE	Rigby.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Utah	BIRTHPLACE	Utah.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 12:02 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray H. Fisher

(Physician or midwife)

Address Rigby

Filed Aug 10 19 15 Ray H. Fisher

Registrar

Given names added from a supplemental report.

..... 19.....

.....

Registrar

S-Y CO. 24695

DECEASED

622-15-026-816

Form V. S. No. 11-C—25m-1-1-18

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Jefferson

City of Rigby

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 98 File No. 32480

Primary Registration District No. 2176 Registered No. 155

FULL NAME OF CHILD ELVIN HAWORTH OSSMEN

Sex of Child M | Twin, Triplet or other? ( ) and Number in order of birth ( ) (To be answered only in event of plural births) | Legitimate? Yes. | Date of Birth July 15 1915 (Month) (Day) (Year)

FATHER

FULL NAME Axel F. Ossmen

RESIDENCE Rigby

COLOR W AGE AT LAST BIRTHDAY 57 (Years)

BIRTHPLACE Sweden

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Clara Haworth

RESIDENCE Rigby.

COLOR W AGE AT LAST BIRTHDAY 37 (Years)

BIRTHPLACE England.

OCCUPATION Housewife.

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 4 a. M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray H. Fisher

(Physician or midwife)

Address Rigby

Given names added from a supplemental report.

..... 19.....

Filed Aug 10 19 15 Ray H. Fisher

..... Registrar

Registrar

S-Y CO. 24655

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 32480

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (BIRTH OR DEATH)
for ..... (NAME ON ORIGINAL CERTIFICATE) who ..... (WAS BORN OR DIED) on ..... (DATE OF EVENT)
in ..... (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed Ossman	(Elvin Ossman)
		Elvin Haworth Ossmen

Subscribed and sworn to before me this .....
day of ....., 19 .....

Signed .....
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Notary Public, residing at .....

My commission expires .....
(SEAL)

.....
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Utah }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that she has knowledge of the corrected facts as set forth above and that they are true to the best of her knowledge.

Subscribed and sworn to before me this 15th
day of January, 19 42

Signed Elizabeth Ossmen
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Aunt of Elvin Haworth Ossmen Age 74

Notary Public, residing at Provo, Utah

168 W 2nd north Provo Utah
(STREET ADDRESS, CITY, STATE)

My commission expires May 31st 1942
(SEAL)

(Over)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

Provo , Utah
January 15th 1942

Name correctly written in Life Insurance Policy
108569 Beneficial Life Ins Co., dated Nov 7th 1930

Witness

Elvin Hamarth Assessor

533-22-0264-69

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Jefferson

City of Annis

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 32481

Primary Registration District No. 2176. Registered No. 153.

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
♀			Yes.	July 21 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Henry Ellis.	Fannie Morgan
RESIDENCE	Annis	Annis
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	23	22
BIRTHPLACE	Idaho	~~Utah~~
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 3.30 P. M. on the date above stated.

(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray H. Finke.

(Physician or midwife)

Given names added from a supplemental report.

Address Rigby

..... 19.....

Filed Aug 10 1915 Ray H. Finke.

..... Registrar

S-Y CO. 24688 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

491-120-026-613

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Jefferson

City of Annis.

No. ..... St.

Hospital .....

Registration District No. 98 File No. 32482

Primary Registration District No. 2176 Registered No. 152

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes.	July 20 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	O B Drake.	Alice Ord Walker.
RESIDENCE	Annis	Annis.
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	26	16
BIRTHPLACE	Idaho	Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 12 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray H. Sinks.
(Physician or Midwife)

Address .....

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Aug 10 19 15 Ray H. Sinks
Registrar

S-Y CO. 24688

869 - 210-026-667

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Jefferson

City of Rigby

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 32483

Primary Registration District No. 2176 Registered No. 145

FULL NAME OF CHILD Opal Fay Hormon

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes.	Aug 10 1915

	FATHER	MOTHER
FULL NAME	Marion Hormon	FULL MAIDEN NAME Florence Tagg.
RESIDENCE	Rigby	RESIDENCE Rigby
COLOR	W	COLOR W
AGE AT LAST BIRTHDAY (Years)	34	28
BIRTHPLACE	Utah	Idaho.
OCCUPATION	Farmer.	Housewife.

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 8 a. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray H. Fisher.
(Physician or midwife)

Address Rigby.

Given names added from a supplemental report.

..... 19.....

Filed Aug 10 19 15 Ray H. Fisher.
Registrar

..... Registrar

S-Y CO. 24698

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 16 1942

275-203-026-864

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Jefferson

City of Rigby.

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 32484

Primary Registration District No. 2176 Registered No. 146

FULL NAME OF CHILD Lillie Elizabeth Spencer

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	(		2	Yes.	Aug 3 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	R. A. Spencer	Mildred Young
RESIDENCE	Rigby	Rigby
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	35	27
BIRTHPLACE	Va.	Ky.
OCCUPATION	Farmer.	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 5:45 a M on the date above stated.

(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray H. Tinker

(Physician or midwife)

Address Rigby, Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Aug 10 1915 Ray H. Tinker Registrar

8-Y CO. 24655

APR 2 5 1974

JUL 26 1944

DECEASED

154-213-026-449

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Jefferson

City of Lorenzo

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 32485

Primary Registration District No. 2176 Registered No. 144

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	Aug 13, 191[illegible]

FATHER		MOTHER	
FULL NAME	Aurbie Anderson	FULL MAIDEN NAME	Maggie Muir.
RESIDENCE	Lorenzo	RESIDENCE	Lorenzo
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 5:45 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray H. Fisher.
(Physician or midwife)

Address Rigby.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Aug 20 19 18

Ray H. Fisher.
Registrar

B-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

613-113-026-395

amended 11/12/80

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Rigby R.D.

Registration District No. 98

File No. 32486

No. ____ St.

Primary Registration District No. 2176

Registered No. 142

Hospital ____

FULL NAME OF CHILD Raymond Russell Walker.

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
M			Yes.	Aug 13 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Albert Walker	FULL MAIDEN NAME	Annie Livingston
RESIDENCE	Rigby, R.D.	RESIDENCE	Rigby R.D.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	~~Utah~~	BIRTHPLACE	~~Utah~~
OCCUPATION	Ranch hand.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ at 10.45 P. M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray H Fisher ~~Albert Walker~~

(Physician or midwife)

Given names added from a supplemental report.

____ 19__

Address Rigby

Filed Sept 10 1915 Ray H Fisher

Registrar

Registrar

S-Y CO. 24653

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

10-22-80

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Washington
County of Adams } ss.

Certificate No. 32486
Date Filed Approx. 8/13/15

The undersigned does solemnly swear that certain facts on the certificate of birth
for John Livingston Walker (Name on Original Certificate) who was born (Was Born, Died, etc.) on Aug. 13, 1915 (Date of Event)
in Rigby (Jefferson) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	John Livingston Walker	Raymond Russell Walker

Subscribed and sworn to before me this 27th day of ~~October~~, 1980.
Notary Public, Virginia B Summers
Residing at Othello
My commission expires May 31, 1981
(Seal)

Raymond Russell Walker
Signature of Applicant
1343 w Lakeside Dr. Moses Lake Washington 98837
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.
Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Social Security Card #518-09-2173 gives name as Raymond R. Walker. viewed by V. S.

Certif of Ordination to the Holy Priesthood gives name as Raymond Russell Walker odained a Deacon Nov 17, 1929., father's name as Albert Walker and mother' name as Annie Livingston. Born Aug 13, 1915. Baptized Nov 9, 1929. viewed by VS

Insurance policy from the Prudential Ins. Co of America gives name as Raymond R. Walker. age 47. policy No. M96 105 462. dated May 21, 1962. viewed by V. S.

213-115-026-165

Form V. S. No. 11-C—25m-1-1-18

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Jefferson

City of Rigby

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 32487

Primary Registration District No. 2076 Registered No. 141

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		1	Yes	Aug 15 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John Bates	Florael James
RESIDENCE	Rigby	Rigby
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	32	31
BIRTHPLACE	Utah	Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ at 5.20 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray H Fisher
(Physician or midwife)

Address Rigby

Given names added from a supplemental report.

____ 19____

Filed Sept 10 1915 Ray H Fisher
Registrar

____
Registrar

S-Y CO. 24658

962-218-026-415

Amended 7/12/77

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Jefferson

City of Rigby

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 32488

Primary Registration District No. 2176 Registered No. 139

FULL NAME OF CHILD Elgarda Zobell

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
7	—		—	Yes.	Aug 18 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Eph Zobell	FULL MAIDEN NAME	Stella Davis
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	W AGE AT LAST BIRTHDAY 39 (Years)	COLOR	W AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 7.45 a.m. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray H Fisher

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Rigby

Filed Sept 10 1915 Ray H Fisher

Registrar

Registrar

6-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT REC

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the numb of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
MAY 16 12 01 PM '77

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Madison } ss.

Certificate No. 32488

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Zobel (female) (Name on Original Certificate) who was born (Was Born or Died) on Aug 18, 1915 (Date of Event)
in Rigby, Idaho (Jefferson) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Beneficial Life Insurance Policy #203219 Issued May 23 1940 Published Family History (Bible Record, Insurance Policy, Etc.) prepared on 1959 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Elgarda Zobell
father's last name	Zobel	Zobell

Subscribed and sworn to before me this 13th day of May, 1977

Notary Public residing at Rexburg, Idaho
My commission expires Lifetime
(Seal)

Signed Louise Zobell Rogers
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

115 Elm, Rexburg, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Madison } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13th day of May, 1977

Notary Public residing at Rexburg
My commission expires Lifetime
(Seal)

Signed
(Signature of Any Credible Person)

616 Chad Dr. Rexburg, Idaho
(Street Address, City, State)

FORM DH 60-155

CL 5/9/77 nm

from family history gives name as Elgarda born Aug 18, 1915 in Rigby, ~~xx~~ from book written by Claude E. ZoBell from the book on Stella Davis Zobell. dated 1959. viewed by V. S.

JUL 13 1977

Insurance policy from Beneficial Life Ins. Co of Utah gives name as Elgarda Z. ~~XXXX

653-128-026-889

Form V. S. No. 11-C—25m-1-1-19

PLACE OF BIRTH

County of Jefferson

City of Rudy

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 32489

Primary Registration District No. 2176 Registered No. 133.

Vernal Simeon Fell.

FULL NAME OF CHILD ~~No name Stubbs~~

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	( )	( )	Yes.	Aug 28 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Simeon Fell.	Margaret Hyrup
RESIDENCE	Rudy	Rudy
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	32	18
BIRTHPLACE	England	Idaho.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5 M. 4:15 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Ray H. Finker.

(Physician or midwife)

Address Rudy

Filed Sept 10 1915 Ray H. Finker

Registrar

S-Y CO. 24696

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

47

193-127-026-764

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Jefferson

City of Rigby. R.D.

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 32490

Primary Registration District No. 216 Registered No. 132

FULL NAME OF CHILD J. Harold Pitman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.				Yes.	Aug 27 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Sydney Pitman Jr.	Nellie Gough
RESIDENCE	Rigby. R.D.	Rigby. R.D.
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	23	22
BIRTHPLACE	Idaho	Idaho.
OCCUPATION	Farmer	Housewife.

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 9 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray H. Fisher.

(Physician or midwife)

Address Rigby.

Given names added from a supplemental report. ..... 19....

Filed Sept 10 1915 Ray H. Fisher.

..... Registrar

Registrar

8-Y CO. 24655

314-130-026-769

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Jefferson

City of Lorenzo

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 32491

Primary Registration District No. 2176 Registered No. 131

FULL NAME OF CHILD Fred Lamb. (Fyle)

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
M	( )	( )	Yes.	Aug 30 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Arthur Lamb	FULL MAIDEN NAME	Myrtle Park.
RESIDENCE	Lorenzo.	RESIDENCE	Lorenzo.
COLOR	W AGE AT LAST BIRTHDAY 27 (Years)	COLOR	W AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho.
OCCUPATION	Railroad laborer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 10.45 P. M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray H. Fisher

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Rigby

Filed Sept 10 1915 Ray H. Fisher

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

154-114-026-533

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Jefferson

City of Menan

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 32492

Primary Registration District No. 2176 Registered No. 125

FULL NAME OF CHILD Lawrence Andrew

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M				Yes.	Sept 14 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	J. G. Andrew.	FULL MAIDEN NAME	Ester Ellis.
RESIDENCE	Menan	RESIDENCE	Menan
COLOR	W AGE AT LAST BIRTHDAY 31 (Years)	COLOR	W AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 1.30 P. M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray H Fisher

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Rigby

Filed Sept 14 1915 Ray H Fisher

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

313-225-026-312

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-1-1-19

PLACE OF BIRTH

County of Jefferson

City of Grant

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 File No. [redacted]93

Primary Registration District No. 2176 Registered No. [redacted]4

FULL NAME OF CHILD Luetta Call

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes.	July 25 1915

FATHER

FULL NAME Orcil Call

RESIDENCE Grant

COLOR W AGE AT LAST BIRTHDAY 24 (Years)

BIRTHPLACE Idaho

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Irene Cooper.

RESIDENCE Grant

COLOR W AGE AT LAST BIRTHDAY 25 (Years)

BIRTHPLACE Utah.

OCCUPATION Housewife.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 3.30 a.m. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray St. Fisher

(Physician or midwife)

Address Rigby.

Given names added from a supplemental report.

..... 19.....

Filed Aug 10 1915 Ray St. Fisher

Registrar

..... Registrar

S-Y CO. 24655

STATE OF IDAHO

PLACE OF BIRTH

249-126-042-766

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

BUR[redacted]E OF IDAHO
[redacted]L STATISTICS
[redacted]OF BIRTH

County of Twin Falls

City of Buhl R. F. D.

Registration District No. 37

File No. 32494

No. ____ St.

Primary Registration District No. 2085

Registered No. ____

Hospital ____

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	7-26-1915

FATHER		MOTHER	
FULL NAME	Barney Smith	FULL MAIDEN NAME	Anna Goodnight
RESIDENCE	Buhl Ida	RESIDENCE	Buhl Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Colorado	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Living (Born alive or stillborn) at 4 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Morgan M.D.
(Physician or midwife)

Given names added from a supplemental report.

____ 19__ Address Twin Falls

____ Registrar Filed 9-3 1915 Robert Coughlin Registrar

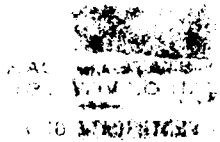
S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K



815-221-042-244

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital .....

[redacted]

CERTIFICATE OF BIRTH

Registration District No. 37 File No. 32495

Primary Registration District No. 2085 Registered No. .....

FULL NAME OF CHILD Clara Mae Havens

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	8 (Month) - 21 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	J. W. Havens	FULL MAIDEN NAME	Lillie Summers
RESIDENCE	Twin Falls R.F.D.	RESIDENCE	Twin Falls R.F.D.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	48	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Dayton Michegan	BIRTHPLACE	Iowa
OCCUPATION	Stockman	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Morgan M.D.

Twin Falls Ida (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Twin Falls

Filed 9-3 1915 John T. Coughlin Registrar

..... Registrar

S-Y CO. 24655

SEP 15 1971

USS-115-042-719

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Twin Falls

City of .....

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32496

Registration District No. 37 File No. .....

Primary Registration District No. 2085 Registered No. .....

FULL NAME OF CHILD .....

Sex of Child Male | Twin Triplet or other? } and { Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of Birth 8 (Month) 15 (Day) 1915 (Year)

FATHER	MOTHER
FULL NAME J. F. Dinney	FULL MAIDEN NAME Stella Parrott
RESIDENCE Twin Falls R F D.	RESIDENCE Twin Falls R F D
COLOR White	AGE AT LAST BIRTHDAY 34 (Years)
COLOR White	AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE Kansas	BIRTHPLACE Ill
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 11 45 A. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) J. F. Morgan M D

Twin Falls Ida

(Physician or midwife)

Address Twin Falls

Filed 9-3 1915 Robert Creighton

Registrar

S-Y CO. 24655

815-203-042-365

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of

No. St.

Hospital

Registration District No. 37

File No. 32497

Primary Registration District No. 2085

Registered No.

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		Yes	Aug (Month) 3 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Joseph J. Hansing	FULL MAIDEN NAME	Idell Conley
RESIDENCE	Twin Falls, Ida	RESIDENCE	Twin Falls, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Wichita Kansas	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was 8-3-15 at 4 P M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Morgan M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address Twin Falls

Filed 8-10 1915 John T. Coughlin

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

522-208
042-5-15

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Amsterdam

No. ..... St.

Hospital .....

Registration District No. 37

File No. 32498

Primary Registration District No. 2085

Registered No. .....

FULL NAME OF CHILD EVELYN JOHANNA ESKES

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		Yes	Aug. (Month) 8 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Alberta Eskes	FULL MAIDEN NAME	Anna Van Denen
RESIDENCE	Amsterdam Idaho	RESIDENCE	Amsterdam Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Holland	BIRTHPLACE	Iowa
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive 8-8-15 at 4:30 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Morgan M.D.
(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19....

Address Twin Falls

Filed 8-15 1915 John F. Coughlin
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss. FEB
County of San Joaquin }

Certificate No. 32498

Date Filed Febr 2 '42

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Evelyn Johanna Eskes (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on August 8 1915 (DATE OF EVENT)
in ____ (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by ____ (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ____ (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	no name	Evelyn Johanna Eskes

Subscribed and sworn to before me this 4th. day of February, 1942

Notary Public, residing at Ripon, California

My commission expires Oct. 11, 1944.
(SEAL)

Signed Beat Eskes
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

3x276 Ripon Cal Stone
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California }
County of San Joaquin } ss.

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4th. day of February, 1942

Notary Public, residing at Ripon, California

My commission expires Oct. 11, 1944.
(SEAL)

Signed Paul Van Till.
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Ripon R 1 Box 323
(STREET ADDRESS, CITY, STATE)
Calif.

Received for filing on FEB By ____
(REGISTRAR'S SIGNATURE)

AUG 18 1972

FEB 19 1942

SEP 4 1974

SEP 12 1974

962-102-042-412

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of —

No. ..... *St.*

Hospital .....

Registration District No. 37 **File No.** 32499

Primary Registration District No. 2085 **Registered No.** .....

FULL NAME OF CHILD Verle Cleo Ross

Sex of Child Male	**Twin Triplet or other?** and **Number in order of birth** (To be answered only in event of plural births)	**Legitimate?** yes	**Date of Birth** Aug 2 1915 (Month) (Day) (Year)

FATHER		**MOTHER**	
FULL NAME	Walter Ross	**FULL MAIDEN NAME**	Sadie Makinson
RESIDENCE	Twin Falls	**RESIDENCE**	Twin Falls
COLOR	White **AGE AT LAST BIRTHDAY** 32 (Years)	**COLOR**	White **AGE AT LAST BIRTHDAY** 31 (Years)
BIRTHPLACE	Missouri	**BIRTHPLACE**	Missouri
OCCUPATION	Farmer	**OCCUPATION**	—

Number of child of this mother, including present birth 5 **Number of children of this mother now living, including present birth** 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive **at** 8 am **M on the date above stated.**
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Wilson

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Twin Falls, Idaho.

Filed 8-10 19 15 John T. Coughlin
Registrar

S-Y CO. 24655

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1/4/61

215-205-042-419

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Twin Falls

City of Filer

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 37 File No. 32500

Primary Registration District No. 2085 Registered No. .....

FULL NAME OF CHILD Kaeser

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Aug 5 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Kaeser	FULL MAIDEN NAME	Anna Marbot
RESIDENCE	Filer	RESIDENCE	Filer
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	49 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Switzerland	BIRTHPLACE	Switzerland
OCCUPATION	Cheese maker	OCCUPATION	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 7 am M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Wilson

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Twin [illegible] Idaho.

Filed 9-1 1915 [illegible] Coughlin
Registrar

Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

County of " "

City of

No. St.

Hospital

Registration District No. 37 File No. 32501

Primary Registration District No. 1085 Registered No.

FULL NAME OF CHILD Janet Felt

Sex of Child Girl | Twin Triplet or other? | and | Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of Birth Aug. (Month) 8 (Day) 191.5 (Year)

FATHER	MOTHER
FULL NAME Earl Felt	FULL MAIDEN NAME Rose Doggett
RESIDENCE Twin Falls, Ida	RESIDENCE Twin Falls, Ida
COLOR White	AGE AT LAST BIRTHDAY 39 (Years)
COLOR White	AGE AT LAST BIRTHDAY 36 (Years)
BIRTHPLACE Minnesota	BIRTHPLACE Hamilton Co. Iowa
OCCUPATION Contractor	OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was 8-8-15 at M
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

(Signature) J. P. Morgan M.D.
(Physician or midwife)

Address Twin Falls.

Filed 9-3 1915 Johnnie Eagleson
Registrar

S-Y CO. 24655

AUG 3 0 1976

1254 101-042-165

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. 354 North Main St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 37 File No. 32502

Primary Registration District No. 1085 Registered No.

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
boy		yes	Aug (Month) 1 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	David H. Beus	FULL MAIDEN NAME	Violet Jones
RESIDENCE	Hollister Ida	RESIDENCE	Hollister Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive 8-1-15 at 5 35 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Morgan M.D.

(Physician ~~or midwife~~)

Given names added from a supplemental report.

19

Address Twin Falls

Filed 8-10 1915 John T. Coughlin
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

437-105-042-168

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls

" "

City of

No. St.

Hospital

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 37 File No. 32503

Primary Registration District No. 1085 Registered No.

FULL NAME OF CHILD Robt Lynn MacGraw

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy			Yes	Aug. 5 1915

FATHER		MOTHER	
FULL NAME	Geo. S. McGraw	FULL MAIDEN NAME	L. M. Johnson Lillie May
RESIDENCE	Twin Falls, Ida	RESIDENCE	Twin Falls, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	West Virginia	BIRTHPLACE	West Virginia
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive 8-5-15 at 10 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Morgan M.D.
(Physician or midwife)

Address Twin Falls

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed 8-15 1915 John F. Coughlin
Registrar

8-Y CO. 24685

494-209-042-452

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32504

Registration District No. 37 File No. _____

Primary Registration District No. 1085 Registered No. _____

FULL NAME OF CHILD Drury, ELIZABETH ETHEL DRURY

Sex of Child Female	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	Date of Birth 8 (Month) 9 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Wm J. Drury	FULL MAIDEN NAME	Anna De Klot
RESIDENCE	Twin Falls Ida.	RESIDENCE	Twin Falls Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Denver, Colo.	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4 20 a. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Pike

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Twin Falls Idaho

Filed 8-15 1915 John F. Coughlin Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 7 195

693-101-042-796

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Twin Falls

City of " "

No. 326 6th av E St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 37

File No. 32505

Primary Registration District No. 1085

Registered No.

FULL NAME OF CHILD George Grove Wiley

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Aug (Month) 1 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	George C Wiley	FULL MAIDEN NAME	Grace Grove
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Illinois	BIRTHPLACE	Illinois
OCCUPATION	Druggist	OCCUPATION	—

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 pm M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Wilson

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19...

Address Twin Falls Idaho

Filed 8-10 1915 John F Coughlin Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

3/3/41 L. B.

MAR 4 1942

APR 27 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Twin Falls } ss.

Certificate No. _____

Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of Birth for George Grove Wiley who was born on Aug. 1st 1915
(Name on Original Certificate) (Was Born or Died) (Birth or Death) (Date of Event)
in Twin Falls, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by Father prepared on April 29th 1944, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	George Grove Wiley	Grove George Wiley

Subscribed and sworn to before me this 9th day of May, 19 44

Notary Public, residing at Twin Falls, Idaho

My commission expires June 1st 1945
(Seal)

Signed George C. Wiley
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1335.11th ave E. Twin Falls, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Twin Falls } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th day of May, 19 44

Notary Public residing at Twin Falls, Idaho

My commission expires June 1st 1945
(Seal)

Signed W L Sworn
(Signature of Any Credible Person Other Than Previous Year)

480 Buchanan St Twin Falls, Idaho
(Street Address, City, State)

215-106-042-213

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of " "

No. 406 6th ave E St. Registration District No. 37 File No. 32506

Primary Registration District No. 1085 Registered No.

Hospital

FULL NAME OF CHILD George Bate Saviers

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Aug 6 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	George D Saviers	Jannie B Bate
RESIDENCE	Twin Falls	Twin Falls.
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	42	30
BIRTHPLACE	Ohio	Kentucky
OCCUPATION	Printer	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 5 am M
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Wilson
Physician
(Physician or midwife)

Address Twin Falls, Idaho

Given names added from a supplemental report.

.....19.....

Filed 9-1 1915 John T. Coughlan
Registrar

.....
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

cc 2/18/41 rmf

MAR 30 1959

NOV 12 1946

238-210-042-219

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of

No. 306 3 days St.

Hospital

Registration District No. 37

File No. 32507

Primary Registration District No. 1085

Registered No.

FULL NAME OF CHILD Nina Pearl Schwinn

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Aug 10 1915

FATHER		MOTHER	
FULL NAME	Chas B. Schwinn	FULL MAIDEN NAME	Della M. Barnett
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	Laborer	OCCUPATION	—

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4:30 pm M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Wilson

Physician (Physician or midwife)

Address Twin Falls Idaho

Filed 9-1 1915 John F. Coughlin Registrar

Given names added from a supplemental report.

19

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 5 1968

759-228-093-252

Amended 6-2-64

(Be sure the information is complete and accurate)

State File No. 32508

Local Reg. No.

Reg. Dist. No. 37

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (*Type or print*)
a. (First): Opal
b. (Middle): Lucille
c. (Last): Perkins

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH (Month) (Day) (Year): Aug. 28, 1915

FATHER OF CHILD

7. FULL NAME
a. (First): James
b. (Middle): Emery
c. (Last): Perkins

8. COLOR OR RACE: White

9. AGE (At time of this birth): 31 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): Tennessee

11a. USUAL OCCUPATION: Brick Maker

11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Lila
b. (Middle):
c. (Last): Bess

13. COLOR OR RACE: White

14. AGE (At time of this birth): 26 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Salt Lake City, Utah

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 5
b. How many OTHER children were born alive but are now dead?
c. How many children were stillborn (born dead after 20 weeks pregnancy)?

17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: H. W. Wilson

18b. ATTENDANT AT BIRTH: M. D. [X] MIDWIFE [ ] OTHER (Specify)

18c. ADDRESS: Twin Falls, Idaho

18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.: 9-1-1915

20. REGISTRAR'S SIGNATURE: John F. Coughlin

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

FOR MEDICAL AND HEALTH USE ONLY
(*This section MUST be filled out*)

22a. LENGTH OF PREGNANCY WEEKS

22b. WEIGHT AT BIRTH LBS. OZS.

23. Was a standard serological test for syphilis performed? YES [ ] NO [ ]

Correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occu hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physi or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this art with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there b attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owne the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth oc red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of bi Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by m cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person cha with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper cer cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Utah } ss. Certificate No. 32508

County of [illegible] Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Perkins (female child) (Name on Original Certificate) who was born (Was Born or Died) on Aug. 28, 1915 (Date of Event)

in Twin Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by [illegible] (Bible Record, Insurance Policy, Etc.) prepared on [illegible] (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Opal Lucille Perkins
Full Name of Father	J. Elmer Perkins	James Emery Perkins

Subscribed and sworn to before me this 30th day of March 1964

George C. Clifton

Notary Public, residing at Ogden, Utah.

My commission expires MY COMMISSION EXPIRES APRIL 26, 1964

(Seal)

Signed Opal Lucille Perkins

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

3385 Fowler Ave. Ogden, Utah.

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.

County of Weber

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23 day of March, 1964

Notary Public, residing at Ogden Utah

My commission expires May 10, 1966

(Seal)

Signed Howard L. Butler

(Signature of Any Credible Person)

1940 4800 So. Ogden Utah

(Street Address, City, State)

FORM DH 60-155

CL 2-14-64. one copy pd. rec. #15685.

L.D.S. Church Cert. of Birth, entered on record, July 6, 1924 gives full name as Opal Lucille Perkins, born Aug. 28, 1915 at Twin Falls, Idaho to James Emery Perkins and Lila L. Bess - viewed by V.S.

Certificate of Baptism, St. Joseph's Catholic Church, Ogden, Utah, baptized May 16, 1951 gives full name as Opal Lucille Meske, born Aug. 28, 1915 at Twin Falls, Idaho to James Emery Perkins and Lila Bess - viewed by V.S.

652-230-030-122

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]CE OF BIRTH

Form V. S. N. 11-C-25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lemhi

City of Salmon

No. ..... St.

Hospital .....

Registration District No. 41

File No. 32509

Primary Registration District No. 2116

Registered No. 146

FULL NAME OF CHILD Gladys ~~Mary~~ MAMIE Webb.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	July (Month) 30th (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	John Webb	FULL MAIDEN NAME	Marina Abbey
RESIDENCE	5 mile N Salmon	RESIDENCE	5 mile N Salmon
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Mont
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4:30 a. M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F S Wright

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Salmon - Ida

Filed Sept 9 1915 Mary A. Greene Deputy Registrar

Registrar

S-Y CO. 24653

K

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of IDAHO } ss. Certificate No. 32509

County of LEMHI } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of BIRTH (Birth or Death)

for GLADYS MAY WEBB (Name on Original Certificate) who WAS BORN (Was Born or Died) on JULY 30, 1915 (Date of Event)

in SALMON, IDAHO (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by MY OWN KNOWLEDGE (Bible Record, Insurance Policy, Etc.) prepared on MARCH 9, 1945 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Gladys May	Gladys Mamie Webb
birthdate	July 29	July 30, 1915

Subscribed and sworn to before me this 9th day of MARCH, 1945

Maurine C. McBride

Notary Public, residing at SALMON, IDAHO

My commission expires 11/24/48

(Seal)

Signed Mamie L. Webb MOTHER

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

SALMON, IDAHO

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO } ss.

County of LEMHI }

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws,)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th day of MARCH, 1945

Maurine C. McBride

Notary Public, residing at SALMON, IDAHO

My commission expires 11/24/48

(Seal)

Signed Mrs. Bertha Bolander

(Signature of Any Credible Person)

SALMON, IDAHO

(Street Address, City, State)

MAR 26 1956

MAR 27 1945

763-102-030-713

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Lemhi

City of Salmon

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 41 File No. 32510

Primary Registration District No. 2116 Registered No. 147

FULL NAME OF CHILD Fred Whitwell Pollard

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male			yes	Aug 2 (Month) (Day) 1913 (Year)

FATHER

FULL NAME: John W. Pollard

RESIDENCE: Salmon Ida

COLOR: white AGE AT LAST BIRTHDAY: 40 (Years)

BIRTHPLACE: Kansas

OCCUPATION: Railroading

MOTHER

FULL MAIDEN NAME: Ada Louisa Gatewood

RESIDENCE: Salmon Ida

COLOR: white AGE AT LAST BIRTHDAY: 37 (Years)

BIRTHPLACE: Mo.

OCCUPATION: Housekeeping

Number of child of this mother, including present birth: 11

Number of children of this mother now living, including present birth: 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. G. Whitwell

(Physician or midwife)

Address Salmon Idaho

Given names added from a supplemental report.

..... 19....

..... Registrar

Filed Aug 12 1913 Mary A. Greene Deputy Registrar

S-Y CO. 24655

694-124-030-415

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lemhi

City of Springmt

No. ..... St.

Hospital .....

Registration District No. 42

File No. 3251

Primary Registration District No. 2153

Registered No. .....

FULL NAME OF CHILD Emrys Royden Widdowson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	Yes	Aug 24 191[illegible] (Month) (Day) (Year)

(To be answered only in event of plural births)

	FATHER		MOTHER
FULL NAME	Edgar A Widdowson	FULL MAIDEN NAME	Ethel N Davis
RESIDENCE	Gilmore Idaho	RESIDENCE	Gilmore Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Nicholia Idaho	BIRTHPLACE	Small Idaho
OCCUPATION	Teamster	OCCUPATION	

Number of child of this mother, including present birth One

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at ..... on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. E. W. Davis

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Gilmore Idaho

Filed 12 1915

J. O. Cook
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 2

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

133-20[redacted]
041-71[redacted]

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of [redacted]

City of Victor

No. _____ St.

Hospital _____

Registration District No. 20 File No. 32512

Primary Registration District No. 2012 Registered No. _____

FULL NAME OF CHILD Leona Allen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	9 (Month) 9 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Henry Earl Allen	FULL MAIDEN NAME	Esther Sephona Parson
RESIDENCE	Escalante Utah	RESIDENCE	Victor Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Escalante Utah	BIRTHPLACE	Victor Idaho
OCCUPATION	Blacksmith	OCCUPATION	Housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 5 a M on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Benj. F. Roseman M D

(Physician ~~or midwife~~)

Given names added from a supplemental report.

Address Victor Idaho

19

Filed 9/9 1915 [signature]

Registrar Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

AUG 20 1975

FEB 23 1976

141-307
030-892

PLACE OF BIRTH

County of [redacted]

City of Carmen

No. _____ St.

Hospital _____

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. x41 File No. 32513

Primary Registration District No. 2116 Registered No. 148

FULL NAME OF CHILD Lydia Ella Adams

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Aug 7, 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Harry Adams	Nellie J. Hibbs
RESIDENCE	Carmen, Idaho	
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	45	25
BIRTHPLACE	Pennsylvania	Montana
OCCUPATION	Labor	House Keeper

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Harry Adams

(Physician or midwife)

Address Carmen Idaho

Given names added from a supplemental report.

_____ 19____

_____ Registrar

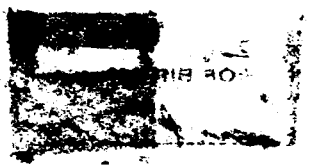
Filed Sept 14 19 15 Edith D. Herndon Deputy Registrar

B-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



294-219-030-465

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Lanhi

City of Salmon

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 41 File No. 32514

Primary Registration District No. 2116 Registered No. 149

FULL NAME OF CHILD Helen Simons

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes.	Aug. 19 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Orilla Asa Simons	FULL MAIDEN NAME	Helena Donlon
RESIDENCE	Salmon	RESIDENCE	Salmon, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	New York
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10.25 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. Bratton, M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Salmon, Ida

Filed Sept 4 1915 Mary A. Greene Registrar

Deputy

K

GIN RESERVED FOR BINDING
WITH UNFADING INK—THIS IS A PERMANENT RECORD
A more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

PLACE OF BIRTH

FEB 26 1971

35514

785-127-030-915

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Lemhi

City of Salmon

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32515

Registration District No. 41 File No. .....

Primary Registration District No. 2116 Registered No. 1504

FULL NAME OF CHILD Sherdene Martin Pyeatt

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
m.			Yes	7/27 1915

	FATHER	MOTHER
FULL NAME	Martin C Pyeatt	FULL MAIDEN NAME Myrtle Rose
RESIDENCE	Hayden	RESIDENCE Hayden
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE Utah
OCCUPATION	Rancher	OCCUPATION Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. F. Hammer

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address .....

Filed Sept. 10 1915 Edith D. Herndon Registrar

S-Y CO. 20174

AUG 17 1942

599-130-030-385

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Lemhi

City of Salmon

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 41 File No. 32516

Primary Registration District No. 2116 Registered No. 167

FULL NAME OF CHILD John Gordon Erickson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	7 (Month) 30 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Emil P Erickson	FULL MAIDEN NAME	Katie Cheney
RESIDENCE	Baker	RESIDENCE	Baker
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11:15 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas F. Hammer

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed Sept. 10 1915 Earl D Herndon
Registrar

S-Y CO. 20174

JAN 1 1948

381-104
009-659

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Laclede

No. ..... St.

Hospital .....

Registration District No. 78 File No. 32517

Primary Registration District No. 2155 Registered No. 826

FULL NAME OF CHILD Julius Glenn Thayer

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	Yes	July 4 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Oscar Guy Thayer	FULL MAIDEN NAME	Mary Elizabeth Werner
RESIDENCE	Laclede	RESIDENCE	Laclede
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Minnesota	BIRTHPLACE	Pennsylvania
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8:30 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Robert A. Allen

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Laclede

Filed Sept 14 1915 M. McKinnon
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 22 1963

312-112-009-3[redacted]

Form V. S. No. 11-C—25m-1-1-18

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bonner

City of Laclede

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 7 8 File No. 32518

Primary Registration District No. 2155 Registered No. 8 27

FULL NAME OF CHILD Victor Ray Cass.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	Yes.	July 12 1915

FATHER	MOTHER
FULL NAME Delbert Franklin Cass	FULL MAIDEN NAME Nettie Christina Larson
RESIDENCE Laclede	RESIDENCE Laclede
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 31 (Years)	AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Wisconsin	BIRTHPLACE Minnesota
OCCUPATION Laborer	OCCUPATION Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Robert A. Allen. M.D.
(Physician or midwife)

Address Laclede, Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Sept 14 1915 M McKinnon
Registrar

8-Y CO. 24655

693-101-009-714

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

Registration District No. 78

File No. 32519

No. ..... St.

Primary Registration District No. 2153

Registered No. 828

Hospital .....

FULL NAME OF CHILD Harvey Earnest Williams

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male			Yes	Aug 1 (Month) (Day) 1913 (Year)

	FATHER	MOTHER
FULL NAME	J P Williams	FULL MAIDEN NAME Eunice G Gault
RESIDENCE	Sandpoint	RESIDENCE Sandpoint
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY 41 (Years)
BIRTHPLACE	Michigan	BIRTHPLACE Ohio
OCCUPATION	Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 10

Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 5-40 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M McKinnon

(Physician or midwife)

Address Sandpoint

Given names added from a supplemental report.

..... 19.....

Filed Sept 14 1913 M McKinnon

..... Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 4 1942

JUN 16 1942

MAR 17 1970

855-102-009-533

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

Registration District No. 78 File No. 32520

No. ..... St.

Primary Registration District No. 2133 Registered No. 829

Hospital .....

FULL NAME OF CHILD Glen Calvin Henry

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Aug 2 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Frank Henry	Lucy Ellis
RESIDENCE	Sandpoint	Sandpoint
COLOR / AGE AT LAST BIRTHDAY (Years)	White / 33	White / 34
BIRTHPLACE	Tennessee	Penn
OCCUPATION	Laborer	Housework

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 4.30 P.M. on the date above stated.

(Signature) M McKinnon

(Physician or midwife)

Address Sandpoint

Filed Sept 14 1915 M McKinnon Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

B-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 5 1943

695-104-005-363
PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Hope Ida

Registration District No. 78 File No. 32521

No. St.

Primary Registration District No. 2155 Registered No. 833

Hospital

FULL NAME OF CHILD Carl Frederick Wirt

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Aug 4 1915

FATHER		MOTHER	
FULL NAME	Alex F Wirt	FULL MAIDEN NAME	Lizzie B Colfer
RESIDENCE	Country	RESIDENCE	Country
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Ireland
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9:30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas S Moody M D
(Physician or midwife)

Address Hope Idaho

Given names added from a supplemental report

19

Registrar

Filed Sept 14 1915 M McKinnon
Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 25 1962

356-105-005-249

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32522

County of Bonner

City of Sandpoint

Registration District No. 8 File No.

No. ..... St.

Primary Registration District No. 2133 Registered No. 831

Hospital .....

FULL NAME OF CHILD Baby Lewis

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Aug 3 1913

FATHER		MOTHER	
FULL NAME	Frank Lewis	FULL MAIDEN NAME	Lattie Smith
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Mont	BIRTHPLACE	Minn.
OCCUPATION	Labarer	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 940 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M McKinnon
(Physician or midwife)

Address Sandpoint

Given names added from a supplemental report.

..... 19.....

Filed Sept 14 1913 M McKinnon
Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

313 - 115 - 009 - 443

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32523

County of Bonner

City of Sandpoint

Registration District No. 18

File No. 832

No. ____ St.

Primary Registration District No. 2155

Registered No. 832

Hospital ____

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Aug 15 1913

FATHER		MOTHER	
FULL NAME	M J Cale	FULL MAIDEN NAME	Delena Duchanna
RESIDENCE	Sand point	RESIDENCE	Sand point
COLOR	White	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Mich	BIRTHPLACE	Canada
OCCUPATION	Musician	OCCUPATION	Housewife

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ at 9 30 PM on the date above stated. (Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M McKinnon

(Physician or midwife)

Address Sand Point Ida

Given names added from a supplemental report.

____ 19____

Filed Sept 14 1913 M McKinnon

____ Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP 081915-227508

235-115-009-165

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Bonner

City of Laclede

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32524

Registration District No. 78 File No. _____

Primary Registration District No. 2188 Registered No. ~~835~~ 833

FULL NAME OF CHILD Wesley Stevens

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male	—	yes.	Aug 15 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Delbert Bruce Stevens	FULL MAIDEN NAME	Bessie Jones
RESIDENCE	Laclede	RESIDENCE	Laclede
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Kansas
OCCUPATION	Janitor	OCCUPATION	Housewife

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8:20 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Robert A. Allen M.D.

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Laclede, Ida.

Filed Sept 14 1915 M. McKinnon
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 22 1967

PLACE OF BIRTH

RECORD

313-115-009-915

Form V. S. No. 11-C—25m-1-1-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

No. ..... St.

Hospital .....

Registration District No. 78 File No. 32525

Primary Registration District No. 2133 Registered No. ~~836~~ 834

FULL NAME OF CHILD Edward Louis Colomb

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		M	8 15 1915

FATHER		MOTHER	
FULL NAME	E. Louis Colomb	FULL MAIDEN NAME	Ella Rankin
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Wis	BIRTHPLACE	Wis
OCCUPATION	Electrician	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1:35 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. B. Patterson

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19....

Address Sandpoint

Filed Sept 14 1915 M McKinnon
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 1 1992

847-216-009-574

Amended 1-19-67

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 32526
Local Reg. No. 835
Reg. Dist. No. 78

1. PLACE OF BIRTH
a. COUNTY: Bonner
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Sandpoint
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Sandpoint
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME *(Type or print)*
a. (First): Bertha
b. (Middle): Rose
c. (Last): Hudon

4. SEX: Female

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): Aug. 16, 1915

FATHER OF CHILD

7. FULL NAME
a. (First): Joe
b. (Middle):
c. (Last): Hudon

8. AGE (At time of this birth): 37 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Minn.

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Elizabeth
b. (Middle):
c. (Last): Hammerl

13. AGE (At time of this birth): 37 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Austria

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 1
b. How many OTHER children were born alive but are now dead? 0
c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: M. McKinnon

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Sandpoint, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: Sept. 14, 1915

22. REGISTRAR'S SIGNATURE: M. McKinnon

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address VISION OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED DEC 12 1966 Bureau of Vital Statistics

State of Oregon } ss. Certificate No. 32526

County of Multnomah } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Myrtle Hudon (Name on Original Certificate) who was born (Was Born or Died) on Aug. 16, 1915 (Date of Event)

in Sandpoint, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts are shown by 1920 CENSUS TRANSCRIPT (Bible Record, Insurance Policy, Etc.) prepared on 28 NOVEMBER, 1966 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Myrtle Hudon	Bertha Rose Hudon

Subscribed and sworn to before me this 2nd day of December, 1966

Notary Public, residing at Portland

My commission expires

(Seal)

Signed Ector B Latham

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

4556 NE KILLINGSWORTH ST

PORTLAND, OREGON 97218

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.

County of Spokane }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th day of December, 1966

Notary Public, residing at Spokane

My commission expires May 22, 1970

(Seal)

Signed Seraphine M Gerber

(Signature of Any Credible Person)

4552 Cook ST Spokane Wash

(Street Address, City, State)

FORM DH 60-155

CL 10-31-66. on copy pd. rec. #2030.

Certificate of Baptism, St. Joseph Church, ~~Lewiste~~ Sandpoint, Idaho, baptized Oct. 30, 1915 gives full name as Rose Bertha Hudon, born Aug. 16, 1915 at Sandpoint, Idaho to Joseph Hudon and Elizabeth Hammerl - viewed by V.S.

High School Diploma, Sandpoint, Idaho, given May 26, 1933 gives full name as Bertha Rose Hudon - viewed by V.S.

Social Security Card, #543-50-9533 gives full name as Bertha Rose Hudon - ~~dvi~~ viewed by V.S.

249-463
1011-493

PLACE OF [redacted]

County of Bound[redacted]

City of Eastpo[redacted]

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32527

Registration District No. 78 State File No. 32527

Prim. Registration District No. 2155 Local Registrar's No. .....

2. FULL NAME OF CHILD George Edward Smith

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ..... | 7. Legitimate? yes | 8. Date of birth July 17, 1915 (Month, Day, Year)

FATHER	MOTHER
9. Full name George Thomas Smith	18. Full maiden name Elizabeth Marie Millington
10. Residence (usual place of abode) (If non-resident, give place and State) Cranbrook B C	19. Residence (usual place of abode) (If non-resident, give place and State) Cranbrook B C
11. Color or race White 12. Age at last birthday 37 (years)	20. Color or race White 21. Age at last birthday 30 (years)
13. Birthplace (city or place) (State or Country) Kent England	22. Birthplace (city or place) (State or Country) Staffordshire England
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ~~Hotel~~ Clerk	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House wife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Hotel	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
16. Date (month and year) last engaged in this work as at present, 19.. 17. Total time (years) spent in this work since 1903	25. Date (month and year) last engaged in this work ....., 19.. 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was 8 P at ..... m. on the date above stated.
(Born Alive or Stillborn)

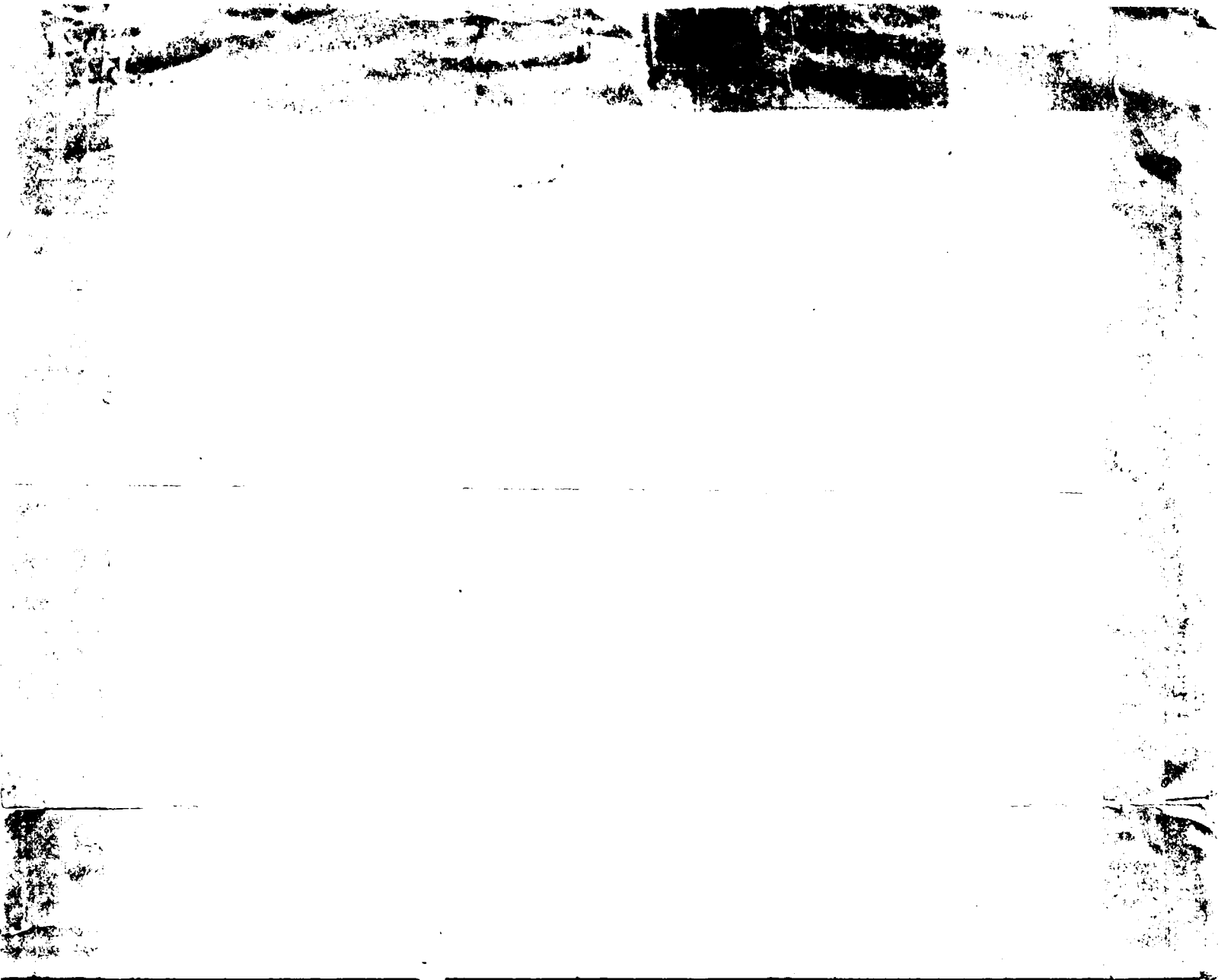
When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) L. Slamberg M. D. L. Slamberg M. D.
or Eastport, Idaho Midwife
Address .....

Give name added from a supplemental report .....
(Date of)

Filed Sept. 14 1915, 193.. M. McKinnon
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.



253-217-009-612

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
U OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32528

County of Bonner

City of Sandpoint

Registration District No. 78

File No.

No. St.

Primary Registration District No. 2155

Registered No. ~~839~~ 837

Hospital

FULL NAME OF CHILD ~~Lillie Beatrice Selhaver~~ LILLIAN BEATRICE SELHAVER

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		Yes	Aug 17 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Robert Selhaver	FULL MAIDEN NAME	Anna May Foster
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Wis	BIRTHPLACE	Conn
OCCUPATION	Labarer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 2 P M on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M McKinnon

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Sandpoint

Filed Sept 14 1915 M McKinnon

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bonner }

Certificate No. 32528

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Ollie Selhaver (BIRTH OR DEATH) for Ollie Selhaver (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Aug 12 [illegible] (DATE OF EVENT) in Sandpoint Ida (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by attendant Nurse (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on who was present (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Ollie Selhaver	Lillian Beatrice Selhaver

Subscribed and sworn to before me this 18th day of December, 1942.

Arthur E Bowden

Notary Public, residing at Sandpoint Ida

My commission expires Oct 6 1944

(SEAL)

Signed Mrs Carrie Foster

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Spokane }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5 day of January, 1943

Ollie Andraux

Notary Public, residing at Spokane

My commission expires 12-3-43

(SEAL)

Signed Neal C Pawabaker

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

E 308 Bridgeport Spokane Wn

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....

(REGISTRAR'S SIGNATURE)

JAN 23 1943

818-217-009-154

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32529

County of Bonner

City of Doon

No. ..... St.

Hospital .....

Registration District No. 78

File No. .....

Primary Registration District No. 2155

Registered No. ~~840~~ 838

FULL NAME OF CHILD Margaret Louise Hayward

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
f		yes	8 – 17 – 1915

FATHER		MOTHER	
FULL NAME	A. Wyman Hayward	FULL MAIDEN NAME	Gillia M. Anderson
RESIDENCE	Doon Ida	RESIDENCE	Doon Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Ark.	BIRTHPLACE	Pa
OCCUPATION	Lumberman	OCCUPATION	Hwip

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5 24 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed Sept 14 1915 M McKinnon
Registrar

Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

249-118-009-365

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint Registration District No. 78 File No. 32530

No. ..... St. Primary Registration District No. 2155 Registered No. 837 ~~847~~

Hospital .....

FULL NAME OF CHILD Harald H. Smith

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Aug 18 1915

FATHER		MOTHER	
FULL NAME	Paul A Smith	FULL MAIDEN NAME	Jessie Long
RESIDENCE	Sand Point	RESIDENCE	Sand Point
COLOR	White	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Operator	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 4 P. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M McKinnon

(Physician or midwife)

Address Sand Point

Given names added from a supplemental report.

..... 19.....

Filed Sept 14 1915 M McKinnon

..... Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 4 1944

436 - 121-009-269

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint Registration District No. 18 File No. 32531

No. ____ St. Primary Registration District No. 2133 Registered No. 810

Hospital ____

FULL NAME OF CHILD ____

Sex of Child	Twin / triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	yes		yes	Aug 21 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	L D McFarland	Gertrude Swift
RESIDENCE	Sand point	Sandpoint
COLOR / AGE AT LAST BIRTHDAY (Years)	White / 36	White / 30
BIRTHPLACE	Neb	Mich
OCCUPATION	Cedar Business	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn) at 4 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M McKinnon

(Physician or midwife)

Address Sand Point Ida

Given names added from a supplemental report.

____ 19____

____ Registrar

Filed Sept 4 1913 M McKinnon Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

381-103-006-813

Form V. S. No. 11-C—25m-1-1-13

[redacted]F IDAHO
BU[redacted]TAL STATISTICS
CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. 160 S. Fisher St.

Hospital

Registration District No. 121

File No. 32533

Primary Registration District No. 1007

Registered No. 118

FULL NAME OF CHILD Hall Thatcher

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	Twin	1st	yes	July 3 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	William Wallace Thatcher	FULL MAIDEN NAME	Electa Francis Hatch
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Creamryman	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2:10 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck

Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Address Blackfoot, Idaho

Registrar

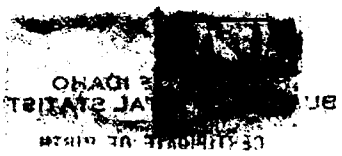
Filed Jul 3 1915 M E Patrie
Registrar

5-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



381-103-006-813

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

[illegible] IDAHO
[illegible] VITAL STATISTICS
[illegible]FICATE OF BIRTH

County of Bingham

City of Blackfoot

No. 160 S. Fisher St.

Registration District No. 121

File No. 32534

Primary Registration District No. 1007

Registered No. 119

Hospital

FULL NAME OF CHILD Ball Baddick

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	twin		2nd	yes	July 3 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	William Wallace Thatcher	FULL MAIDEN NAME	Electa Francis Hatch
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Creamryman	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2:30 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Blackfoot Idaho

Filed June 3 1915 W E Patrie Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

219-212-006-219

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Thomas Ward

Registration District No. 121

File No. 32535

No. _____ St.

Primary Registration District No. 2194

Registered No. 120

Hospital _____

FULL NAME OF CHILD Norma Barnes

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	7 (Month) 12 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Willard Barnes	FULL MAIDEN NAME	Mary Barton
RESIDENCE	Thomas Ward	RESIDENCE	Utah
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Wife & Mother

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive alive at 10 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Marion Crawford
Midwife
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Blackfoot Route #2

Filed Jul 13 1915 W E Patrick
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

719-111-006-719

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Thomas ward

Registration District No. 121 File No. 32536

No. _____ St.

Primary Registration District No. 2194 Registered No. 121

Hospital _____

FULL NAME OF CHILD Nathan Wallace Parks

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	7 (Month) - 11 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	James Alfred Park	FULL MAIDEN NAME	Edna Ucil Parish
RESIDENCE	Thomas ward	RESIDENCE	Thomas ward
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	wife & Mother

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 3 A.M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Marion Crawford

Midwife (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Blackfoot R#2 Idaho

Filed July 16 1915 M E Patrick Registrar

Registrar

S-Y CO. 24655

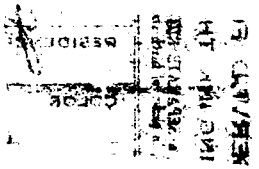
MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 6 1965

NOV 1 3 1942



295-223-006-219

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. R. Route No. 1 St.

Hospital No

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 121 File No. 32537

Primary Registration District No. 2194 Registered No. 122

FULL NAME OF CHILD Gertrud Kinney

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl		Yes	7 23 1915

FATHER		MOTHER	
FULL NAME	Jacob C. Kinney	FULL MAIDEN NAME	Rhoda Baily
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	41
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth eight Number of children of this mother now living, including present birth seven

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9.55 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. L. P. Batway

Midwife (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address.....

Filed July 29 1915 W. E. Patrie Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

653-220-006-666

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. RFD# 3 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 121 File No. 32538

Primary Registration District No. 2194 Registered No. 123

FULL NAME OF CHILD Beyrle Felt

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female				Yes	July (Month) 20 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Henry Felt	FULL MAIDEN NAME	Minnie Mabel Wood
RESIDENCE	Blackfoot RD#3	RESIDENCE	Blackfoot RD#3
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10:15 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Beck

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Blackfoot, Idaho

Filed Aug 3 1915 M. C. Patrick
Registrar

Registrar

5-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

6/3/41 L. B.

819-126-006-469

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. R.F.D. # 2 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 121 File No. 32539

Primary Registration District No. 2194 Registered No. 124

FULL NAME OF CHILD ~~[illegible]~~ Donald J. Harmon

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	July 26 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John R. Harmon	FULL MAIDEN NAME	Mary Morgan
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Wales
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10:20 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Blackfoot, Idaho

Filed Aug 3 1915 M E Patrick
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

466-128-006-89

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Bingham

City of Pingree

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 121 File No. 32540

Primary Registration District No. 2194 Registered No. 125

FULL NAME OF CHILD JOHN EDWARD Moody

Sex of Child Male | Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth | Legitimate? Yes | Date of Birth July 28 (Month) (Day) 1915 (Year)

FATHER

FULL NAME Ray F. Moody

RESIDENCE Pingree Ida

COLOR White AGE AT LAST BIRTHDAY 36 (Years)

BIRTHPLACE Illinois

OCCUPATION Farming

MOTHER

FULL MAIDEN NAME Gladys Childs

RESIDENCE Pingree Ida

COLOR White AGE AT LAST BIRTHDAY 35 (Years)

BIRTHPLACE Wisconsin

OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6:30 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) W. W. Beech

Physician (Physician or midwife)

Address Blackfoot, Idaho

Filed Aug 2 19 15 M E Patrie Registrar

S-Y CO. 24695

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bingham

Certificate No. 32540
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for John Edward Moody (Name on original certificate) who born (Was born or died) on 7-28-1915 (Date of event)
in Bingham (Place of event), Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible record (Bible record, insurance policy, etc.) prepared on July 28-1915 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Moody	John Edward Moody

Subscribed and sworn to before me this 5th
day of June, 19 41

Notary Public, residing at Blackfoot Ida

My commission expires 6-5-1942

[SEAL]

Signed R. F. Moody, Father
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Ring, Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
[SEAL]

Signed
(Signature of any credible person other than the previous affiant.)

(Street Address, City, State)

Received for filing on By
(Registrar's signature)

APR 12 1971

MAY 1 6 1975

362-226-006-389 name added 9/28/79

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. RD#2 St.

Hospital

Registration District No. 121 File No. 32541

Primary Registration District No. 2194 Registered No. 126

FULL NAME OF CHILD Evelyn Cobbley

Sex of Child Female

Twin Triplet or other? ( ) and Number in order of birth ( )
(To be answered only in event of plural births)

Legitimate? Yes

Date of Birth July 26 1915
(Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Orval J. Cobbley	FULL MAIDEN NAME	Amanda Christiansen
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 6 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Beck
Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Address Blackfoot, Idaho

Filed Aug 3 1915 M. E. Katrie
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

E OF IDAHO
VITAL STATISTICS
DATE OF BIRTH

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

RECEIVED
BUREAU OF
VITAL STATISTICS
SEP 11 12 03 PM '79

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____

Certificate No. 32541
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for unnamed Cobbley (Female) (Name on Original Certificate) who was born (Was Born, Died, etc.) on July 26, 1915 (Date of Event)

in Riverside (~~Blackfoot~~) (Place of Event), are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	unnamed Cobbley	Evelyn Cobbley

Subscribed and sworn to before me this 23rd day of August, 1979.

Notary Public, Irene Sutton
Residing at Salt Lake City, Utah
My commission expires 10-30-81
(Seal)

X Sophia C. Bonham
Signature of Applicant
10 30 Cobbley Way Salt Lake City Utah
Y Afton C. Holton
Street Address, City, State
1492 Spring Lane #1 S L C Utah 84117

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____

(Must be completed __)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19__.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

2-7-79 1 C cpd rec H16035

Certif of Membership givesnameas Evlyn Cobbley born July 26, 1915 and Baptized Feb 3,1924. Blessed Sept 5, 1915. dated Feb 28, 1921. viewed by V. S.

SEP 28 1979

Famiy record gives nameas Evelyn Cobbley born at Riverside, Idho.born in the year 1915 on Jly 26. viewed by V. S.

36 6 – 102 – 006 – 419

Form V. S. No. 11-C—25m-1-1-13

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 121 File No. 32542

Primary Registration District No. 2194 Registered No. 127

FULL NAME OF CHILD Unnamed Lawder

Sex of Child Male | Twin, Triplet or other? ..... and Number in order of birth ..... (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Aug (Month) 2 (Day) 1915 (Year)

FATHER

FULL NAME Richard Barton Lawder

RESIDENCE Blackfoot

COLOR White AGE AT LAST BIRTHDAY 24 (Years)

BIRTHPLACE Utah

OCCUPATION Deliveryman

MOTHER

FULL MAIDEN NAME Sarah Phyllis Marshall

RESIDENCE Blackfoot

COLOR White AGE AT LAST BIRTHDAY 19 (Years)

BIRTHPLACE Idaho

OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1:00 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) W. W. Beck

Physician (Physician or midwife)

Address Blackfoot Idaho

Filed Aug 3 19 15 M. E. Price Registrar

S-Y CO. 24653

219-101-006-396

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Bingham

City of Pingree

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 121 File No. 32543

Primary Registration District No. 2194 Registered No. 128

FULL NAME OF CHILD RICHARD MARION Unnamed Baird

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	\		\	Yes	Aug 1 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Fred Marion Baird	FULL MAIDEN NAME	Clara Troughner
RESIDENCE	Pingree	RESIDENCE	Pingree
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	19 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Iowa
OCCUPATION	Blacksmith	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10:50 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Blackfoot Idaho

Filed Aug 3 1915 W E Patrie
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Apr 7 1947

394-105-006-389

PLACE OF BIRTH

Form V. S. No. 11-C—20m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Riverside

No. No St.

Hospital No

Registration District No. 121

File No. 32544

Primary Registration District No. 2194

Registered No. 129

FULL NAME OF CHILD ~~XXXXXXXXXXXX~~ DEAN OMER Lim

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	July 5 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ruban D. Lim	FULL MAIDEN NAME	Emma Christianson
RESIDENCE	Blackfoot Route 2	RESIDENCE	Do
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 3 30 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. E. Patrice
Phys
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address

Filed July 30 15

W. E. Patrice
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bingham }

OCT 20 1941

Certificate No. 32544
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Homer Lin (Name on original certificate) who was born (Was born or died) on July 5, 1915 (Date of event)
in Riverside (R#2 Blackfoot) Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible (Bible record, insurance policy, etc.) prepared on July 5, 1915 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Homer Lin	Dean Omer Lim
Surname	Lin	Lim

Subscribed and sworn to before me this 18th
day of October, 1941
Jno. H. Falk, Clerk of the District Court
~~Notary Public~~, residing at Blackfoot, Idaho
My commission expires 1-11-43
[SEAL] By Adamson Deputy

Signed R D Lim
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Route #2, Blackfoot, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bingham }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18th
day of October, 1941
Jno. H. Falk, Clerk of the District Court
~~Notary Public~~, residing at Blackfoot, Idaho
My commission expires 1-1-43
[SEAL] By Adamson Deputy

Signed Harrison Lon
(Signature of any credible person other than the previous affiant.)

Blackfoot, Idaho
(Street Address, City, State)

Received for filing on ..... By .....
(Registrar's signature)

381-224-006-5

PLACE OF BIRTH

[redacted]

Form V. S. No. 11-C—20m-8-15-12

...ATISTICS

...IRTH

County of Bingham

City of Blackfoot Registration District No. 121 File No. 32545

No. ..... St. Primary Registration District No. 2194 Registered No. 19D

Hospital .....

FULL NAME OF CHILD Eudora Chapman

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female				June 24 1915

FATHER

FULL NAME James Erastus Chapman

RESIDENCE Rose - Blackfoot

COLOR white AGE AT LAST BIRTHDAY 26 (Years)

BIRTHPLACE Glens Ferry Ida

OCCUPATION farmer

MOTHER

FULL MAIDEN NAME Eva Elida Elison

RESIDENCE Rose - Blackfoot

COLOR white AGE AT LAST BIRTHDAY 22 (Years)

BIRTHPLACE Oakley, Idaho

OCCUPATION House Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born a live (Born alive or stillborn) at 4 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Phoebe Gunnersell

(Physician or midwife)

Address .....

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Aug 10 1915 M. E. Patrie Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

613-230-006-235

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Thomas Ward

Registration District No. 121 File No. 32546

No. ..... St.

Primary Registration District No. 2194 Registered No. 131

Hospital .....

FULL NAME OF CHILD Emely Pearl Walters

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	6 (Month) 30 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Alberto Edgar Walters	FULL MAIDEN NAME	Frances Steadman
RESIDENCE	Thomas Ward	RESIDENCE	Thomas Ward
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Wife & Mother

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 4 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Marion Crawford
Midwife
(Physician or midwife)

Given names added from a supplemental report.

..... 19...

Address Bingham Co R.F.D. 2

Filed Aug 3 1915 W. C. Patrie
Registrar

Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

659-205-006-355

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

~~City of~~ Thomas Precinct

Registration District No. 121 File No. 32547

No. ..... St.

Primary Registration District No. 2194 Registered No. 132

Hospital .....

FULL NAME OF CHILD Erma Weiland

Sex of Child: Female	Twin / Triplet / or other? and Number in order of birth: 1 (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth: Aug 5 1915 (Month) (Day) (Year)

	FATHER		MOTHER
FULL NAME	F. G. Weiland	FULL MAIDEN NAME	Eda M. Lenkheit
RESIDENCE	Thomas Idaho	RESIDENCE	Do
COLOR	White	COLOR	W
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Germany
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 5 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mari Nothturft
Midwife
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed Aug 16 1915 W. E. Patrie
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

FEB 13 1964

699-109-006-363

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. 609 University St.

Hospital No

Registration District No. 121

File No. 32548

Primary Registration District No. 1007

Registered No. 133

FULL NAME OF CHILD George Wright

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		Yes	8 (Month) 9 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	William P. Wright	FULL MAIDEN NAME	Katharina Coleman
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Missouria	BIRTHPLACE	Michigan
OCCUPATION	Store Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth four

Number of children of this mother now living, including present birth four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3-3 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. L. P. Batway

Midwife (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address

Filed Aug 17 1915 W. E. Patrick Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

U.M.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

DUP OF 15-314978

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

719-117-006-793

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32549

County of Bingham

City of Blackfoot

No. No St.

Hospital No

Registration District No. 121 File No.

Primary Registration District No. 1007 Registered No. 134

FULL NAME OF CHILD James ~~Neil~~ Harold Gardner.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			8 17 1915

FATHER		MOTHER	
FULL NAME	Julius Gardner.	FULL MAIDEN NAME	Bertha Alice Gilbert
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Pine Valley, Wash. Co. Utah	BIRTHPLACE	Fairview Idaho
OCCUPATION	Farmer	OCCUPATION	Farmer's Wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11.30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Phoebe Gummersall (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address

File Aug 21 1915 W. E. Davie Registrar

Registrar

R-Y CO. 20174

STATE OF IDAHO

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

(County of)

File No.

Registered No.

MOTHER

343-229-006-293

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. Wapello

Registration District No. 121 File No. 32550

Primary Registration District No. 2194 Registered No. 135

Hospital

FULL NAME OF CHILD Sarah Celestia Tucker

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Aug 29 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Moroni Tucker	FULL MAIDEN NAME	Celestia Bills
RESIDENCE	Blackfoot Idaho #3	RESIDENCE	Blackfoot, Idaho #3
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 7. A. 19 on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. M. Mitchell

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed Sept 1 1915 M. E. Patrie

Registrar Registrar

8-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

253-205-006-819 [redacted]

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH ADDED CHILD'S NAME 5-14-2001 MS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. Porterville St.

Hospital

Registration District No. 121

File No. 32551

Primary Registration District No. 2194

Registered No. 136

FULL NAME OF CHILD ~~Unnamed Beck~~ HILDA LA RUE BECK

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	July 5 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	J. L. Beck	FULL MAIDEN NAME	Fern Harding
RESIDENCE	Blackfoot, Idaho #1	RESIDENCE	Blackfoot, Idaho #1
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 5 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Metcalf

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed Sept 1 1915 M. E. Patrick

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF VITAL RECORDS AND HEALTH STATISTICS

5-7-2001

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } SS.
County of _____ }

Certificate No. 1915-32551

Date Filed SEPT. 1, 1915

The undersigned does solemnly swear that certain facts on the certificate of BIRTH
(Birth, Death, Marriage, etc.)

for UNNAMED BECK (Name on Original Certificate) who WAS BORN (Was Born, Died, etc.) on JULY 5, 1915 (Date of Event)

in BLACKFOOT (BINGHAM) ID (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
CHILD'S NAME	UNNAMED BECK	HILDA LA RUE BECK

Subscribed and sworn to before me this _____ day of _____, _____.

Notary Public, Shelly Bourne

Residing at SLC

My commission expires July 29 2004
(Seal)

x Hilda La Rue Beck
Signature of Applicant

x 228 Pueblo St Salt Lake City Ut 84104
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

NOTARY PUBLIC
SHELLY BOURNE
1773 W. North Temple
S.L.C., UT 84116
COMMISSION EXPIRES
JULY 29, 2004
STATE OF UTAH

State of Utah

County of SLC

(Must be completed _____)

(Is not necessary x)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10 day of May, 2001.

Notary Public, Shelly Bourne

Residing at SLC

My commission expires July 29, 2004
(Seal)

Shelly Bourne
Supporting Signature

1955 So. Mo. North temple
Street Address, City, State

lee pd

CERTIFICATE OF BAPTISM AND CONFIRMATION FROM THE LDS CHURCH SHOWS HILDA LARUE BECK BORN JULY 5, 1915 IN BLACKFOOT IDAHO WAS BAPTIZED AUG. 30, 1924 VIEWED VS.

MARRIAGE CERTIFICATE SHOWS ARTHUR MELVIN LANGTON AND HILDA LA RUE BECK WERE MARRIED APRIL 24, 1984 IN SALT LAKE CITY UT VIEWED VS.

155-106-006-815

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. Groveland St.

Hospital

Registration District No. 121 File No. 32552

Primary Registration District No. 2194 Registered No. 137

FULL NAME OF CHILD Paul Yancy Jensen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	July 6 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Jas. F. Jensen	FULL MAIDEN NAME	Bertha Yancy
RESIDENCE	Blackfoot, Idaho # 4	RESIDENCE	Blackfoot, Idaho # 4
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 12 80 6 M on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. C. Mitchell

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed Sept 1 1915 W. E. Patrick

Registrar Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

219-207-006-234

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. 19 Francis St.

Hospital

Registration District No. 121 File No. 32553

Primary Registration District No. ~~2194~~ 1007 Registered No. 138

FULL NAME OF CHILD Bessie Barnett

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	July (Month) 7 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	John Barnett	FULL MAIDEN NAME	Mary Bluzek
RESIDENCE	Blackfoot, Idaho	RESIDENCE	Blackfoot
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Austria	BIRTHPLACE	Austria
OCCUPATION	Blacksmith	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Mitchell

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed Sept 1 1915 W. E. Patrick Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dup OD 1915-3677765

367-210-006-569

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. Ward #1 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 121 File No. 32554

Primary Registration District No. 1007 Registered No. 139

FULL NAME OF CHILD Marie Louise Copps

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	July (Month) 10 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	L. V. Copps	FULL MAIDEN NAME	Alice E. Northcraft
RESIDENCE	Blackfoot, Idaho	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Idaho	BIRTHPLACE	Neb.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Mitchell

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed Sept 1 1915 M. E. Patrick

Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 23 1951

253-110-006-419

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of BINGHAM

City of BLACKFOOT

No. ..... St.

Hospital .....

Registration District No. 121 File No. 32555

Primary Registration District No. 2194 Registered No. 140

FULL NAME OF CHILD ROY OLEAN PETERSON

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth
MALE		YES	AUGUST 10, 1915 (Month) (Day) (Year)

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	AMOS LA VARRE PETERSON	FULL MAIDEN NAME	RENA MARTINDALE
RESIDENCE	BLACKFOOT	RESIDENCE	BLACKFOOT
COLOR	WHITE	COLOR	WHITE
AGE AT LAST BIRTHDAY	16 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	FAIRFIEW, UTAH	BIRTHPLACE	UTAH
OCCUPATION	FARM LABOR	OCCUPATION	WORKS AT HOME

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7:15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

(Signature) W. W. BECK

PHYSICIAN
(Physician or midwife)

Address BLACKFOOT, IDAHO

Filed Sept 3, 1915, 192.. W. E. Patrie
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 5 1957

FEB -

155-209-006-313

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 121 File No. 32556

Primary Registration District No. 2194 Registered No. 141

FULL NAME OF CHILD Glendora Jensen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	Aug 9 1915

FATHER

FULL NAME John Henry Jensen

RESIDENCE Blackfoot

COLOR White AGE AT LAST BIRTHDAY 36 (Years)

BIRTHPLACE Utah

OCCUPATION Laborer

MOTHER

FULL MAIDEN NAME Edna Call

RESIDENCE Blackfoot

COLOR White AGE AT LAST BIRTHDAY 26 (Years)

BIRTHPLACE Wyoming

OCCUPATION Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 9:10 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Beck

Physician (Physician or midwife)

Address Blackfoot Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Sept 2 19 15 W. E. Petrie Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

146-107-006-619

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32557

County of Bingham

City of Blackfoot

No. RD# 1 St.

Registration District No. 121 File No.

Primary Registration District No. 2194 Registered No. ~~139~~ 142

Hospital

FULL NAME OF CHILD ~~[illegible]~~ GEORGE AMOS Jarvis

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	\	\	Yes	Aug 7 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	James Arthur Jarvis	FULL MAIDEN NAME	Altha Estell Warren
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2:15 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Beck
Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Blackfoot Ida

19

Filed Sept 3 1915 W. E. Patric
Registrar

Registrar

S-Y CO 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bingham }

Certificate No. 32557

Date Filed MAR 28 1942

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Unnamed Jarvis (NAME ON ORIGINAL CERTIFICATE) who Aug 7 (WAS BORN OR DIED) on 1915 (DATE OF EVENT)
in Utah (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by George E. Amos (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on March 28 1942 (GIVE DATE) are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
GEORGE AMOS Jarvis	Unnamed Jarvis	George Amos Jarvis
August 7th 1915		August 7th 1915

Subscribed and sworn to before me this 28
day of March, 1942

L. J. Cole
Notary Public, residing at S.L. City Utah

My commission expires
(SEAL)

Signed Altha E. Jarvis
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD: OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD: OR OTHER CREDIBLE PERSON.)

1322 So 2nd west Salt Lake City Utah
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Salt Lake }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28th
day of March, 1942

W. F. Johns
Notary Public, residing at Salt Lake City

My commission expires 9-17-45
(SEAL)

Signed James Arthur Jarvis
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Salt Lake City Utah
(STREET ADDRESS, CITY, STATE)

1322 So. 2nd West

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

APR 21 1944

435-000-006-565

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. 263 E. Bridge St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 121 File No. 32558

Primary Registration District No. 1007 Registered No. 143

FULL NAME OF CHILD Unnamed McNees

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth Aug (Month) (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	John Ambrose McNees	FULL MAIDEN NAME	Margaret Von Leverin
RESIDENCE		RESIDENCE	
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Chicago, Ill
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 9:15 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Beck

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Blackfoot, Ida

Filed Sept 3 1915 M. E. Patrie
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

219-213-006-133

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. RD. #3 St.

Registration District No. 121 File No. 32559

Primary Registration District No. 2194 Registered No. 144

Hospital

FULL NAME OF CHILD Unnamed Barnard

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female	\ \	Yes	Aug 13 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John N. Barnard	FULL MAIDEN NAME	Elizabeth Emma Allen
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8:00 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Beck

Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Address Blackfoot, Ida

Filed Sept 3 1915 M. E. Patrick
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

269-221-006-451

Form V. S. No. 11-C—25m-1-1-18

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. R.D. # 1 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 121 File No. 32560

Primary Registration District No. 2194 Registered No. 145

FULL NAME OF CHILD ~~[illegible]~~ Aletta Sorenson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	Yes	Aug. 21 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Ephriam Sorenson	FULL MAIDEN NAME	Luella Dean
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 11:40 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Beck

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Blackfoot, Idaho

Filed Sept 3 1915 W. E. Fatire
Registrar

Registrar

S-Y CO. 24655

K

DECEASED

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Bingham } ss.

Certificate No. 32560
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for unnamed Sorenson (Name on Original Certificate) who was born (Was Born or Died) on Aug. 21, 1915 (Date of Event) in Blackfoot, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Affidavit-Idaho Mutual Ins. Co. June 8, 1950 LDS Church Record-Bishop (Bible Record, Insurance Policy, Etc.) prepared on November 16, 1955 (Give Date), are: Viewed by Vital Statistics

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	unnamed Sorenson	Aletta Sorenson

Subscribed and sworn to before me this 23rd day of May, 1955
Agnes D. Cox
Notary Public, residing at Blackfoot Idaho
My commission expires 1-1-56
(Seal)

Signed Luella Dean Sorenson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
R. D. #2 North Pocatello
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bingham } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23rd day of May, 1955
Agnes D. Cox
Notary Public, residing at Blackfoot Idaho
My commission expires 1-1-56
(Seal)

Signed [signature]
(Signature of Any Credible Person)
1495 West Center Blackfoot, Idaho.
(Street Address, City, State)

FORM DPH 55. 155

NOV 30 1955

155-228-006-155 Child's name added 1-8-90 MCM

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. RD # 4 St.

Registration District No. 121 File No. 32561

Primary Registration District No. 2194 Registered No. 146

Hospital

FULL NAME OF CHILD ~~[illegible]~~ JENNIE Jensen

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	Twin	1	Yes	Aug 28 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Jens Peter Jensen	FULL MAIDEN NAME	Ane Kirstine Jensen
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Denmark	BIRTHPLACE	Denmark
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 3:30 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck

Physician
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Blackfoot, Idaho

Filed Sept 3 1915 W E Fatrie
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 32561

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Jensen (female) (Name on Original Certificate) who was born (Was Born or Died) on Aug 28, 1915 (Date of Event) in Blackfoot, Idaho (Bingham) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Baptismal (Bible Record, Insurance Policy, Etc.) prepared on May 26, 1918 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Jennie Jensen

Subscribed and sworn to before me this 13 day of December, 1989

Leah Jones

Notary Public, residing at Blackfoot

My commission expires 12-30-91

(Seal)

Signed Rev. Charles R. Paulson

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

491 N. Meridian

(Street Address, City, State)

Blackfoot, ID 83221

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bingham }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13 day of December, 1989

Notary Public, residing at Blackfoot

My commission expires 12-30-91

(Seal)

Signed [illegible]

(Signature of Any Credible Person)

100 Last St

(Street Address, City, State)

Blackfoot, ID 83221

FORM DH 60-155

CL 9/13/77 lcc pd. rc. #5816

K

Christian baptism certificate shows Jennie born to Jens P Jensen & Ane Kirstina in Kever, ID on Aug 28, 1915 and baptized in Blackfoot, ID on May 26, 1918 by Arthur L Peterson. Viewed by VS.

JAN 8 1990

ID marriage certificate shows Jennie Jensen & Walter Bergeman were married Dec 23, 1936 in Blackfoot by Geo. R. Bailey. Viewed by VS.

155-228-006-155

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. RD # 4 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 121 File No. 32562

Primary Registration District No. 2144 Registered No. 147

FULL NAME OF CHILD Unnamed Jensen

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Female	Twin	2	Yes	Aug 28 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Jens Peter Jensen	FULL MAIDEN NAME	Ane Kirstine Jensen
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Denmark	BIRTHPLACE	Denmark
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3:45 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Beck

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Blackfoot, Idaho

Filed Sept 3 1915 W. E. Patrie Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

296-127-006-753

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Thomasward

Registration District No. 121 File No. 32563

No. ..... St.

Primary Registration District No. 2194 Registered No. 148

Hospital .....

FULL NAME OF CHILD Joseph Trenton Broadhead

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		L	Aug 27 1915

FATHER		MOTHER	
FULL NAME	Arther Broadhead	FULL MAIDEN NAME	Effie Peterson
RESIDENCE	Thomasward	RESIDENCE	Thomasward
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Wife & mother

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 4 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Marion Crawford
Midwife
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Blackfoot R.F.D. #2

Filed Sept 6 1915 M E Patrick
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

281-116-006-462

Form V. S. No. 11-C—25m-1-1-13

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bingham

City of Bekfoor

No. E. Asylum St.

Hospital Wesley Moroni

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 121 File No. 32564

Primary Registration District No. 2194 Registered No. 149

FULL NAME OF CHILD Shaw

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	/		/	yes	Feb 16 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Alfred Shaw	FULL MAIDEN NAME	Mary E. Moss
RESIDENCE	Blackfoot Ida	RESIDENCE	Blackfoot Ida
COLOR	W. AGE AT LAST BIRTHDAY 36 (Years)	COLOR	W AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE	England	BIRTHPLACE	England
OCCUPATION	Engine Watchman	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 3 40 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Davis MD
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed Sept 6 1915 W. E. Patrick
Registrar

S-Y CO. 24655

JUL 30 1959

JUL 6 1976

7/6/76

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
JUL 8 9 41 AM '76

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 32564

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Wesley Maroni Shaw (Name on Original Certificate) who was born (Was Born or Died) on Feb. 16, 1915 (Date of Event)

in Blackfoot, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on Wesley M. Shaw (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Wesley Maroni	Wesley Moroni Shaw

Subscribed and sworn to before me this 7th day of July, 1976

Notary Public, residing at Boise

My commission expires June 1, 1978

(Seal)

Signed Wesley M. Shaw
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7th day of July, 1976

Notary Public, residing at Boise

My commission expires June 1, 1978

(Seal)

Signed [signature] (Signature of Any Credible Person)

8855 Cory Lane Boise, Ida 837[illegible] (Street Address, City, State)

FORM DH 60-155

Son, Wesley Griffith Shaw born 2/11/1942 in Idaho Falls, Idaho gives father's name as Wesley Moroni Shaw. Viewed by V.S.

JUL 8 1976

Idaho Fish and Game Department collecting permit #123 g ves name as Wesley M. Shaw. issued in November 1963. viewed by V.S.

864-108-006-666

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. East of Asylum St.

Hospital

Registration District No. 121 File No. 32565

Primary Registration District No. 2194 Registered No. 150

FULL NAME OF CHILD ~~Unnamed~~ Hodson, James Blaine

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		yes	Apr 8 1915

FATHER		MOTHER	
FULL NAME	Albert Hodson	FULL MAIDEN NAME	Victoria Wood
RESIDENCE	Blkfoot	RESIDENCE	Blkfoot
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 11 50 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Davis MD
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed Sept 6 1915 W E Patrick
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Own Child's Birth Cert. on file:(Idaho Birth) #266872 gives full name of father as James Blaine Hodson - viewed by V.S. and Application for Membership to the Beneficial Protective Association, Inc., app. dated May 19, 1940 gives full name as James Blaine Hodson, born April 8, 1915 at Blackfoot, Idaho beneficary is given as Mozell Hodson, wife, age of insured at time app. was made-25 years old - viewed by V.S.

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Bingham } ss.

Certificate No. 32565

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Hodson (Name on Original Certificate) who was born (Was Born or Died) on April 8, 1915 (Date of Event)

in Blackfoot, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	James Blaine Hodson

Subscribed and sworn to before me this 31st day of March, 1961

Notary Public, residing at Blackfoot Idaho

My commission expires 12-6-62

(Seal)

Signed Victoria Wood Hodson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Route 1, Firth, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bingham } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 31st day of March, 1961

Notary Public, residing at Blackfoot Idaho

My commission expires 12-6-62

(Seal)

Signed Frank T Wood
(Signature of Any Credible Person)

264 West Easton
(Street Address, City, State)
Blackfoot Idaho

FORM DH 60-155 (A) L 3-16-61. one copy pd. receipt #12347.

JUN 26 1961

854-118-006-691

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Bingham

City of Belfoot

No. W. Bridge St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 121 File No. 32566

Primary Registration District No. 1007 Registered No. 151

FULL NAME OF CHILD Franklin Clements Unnamed Hembree* Changed to Zook by Adoption

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	\		\	yes	Apr 18 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Jess Hembree	FULL MAIDEN NAME	Pearl France
RESIDENCE	Belfoot	RESIDENCE	Belfoot
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Wyo	BIRTHPLACE	Utah
OCCUPATION	Bookkeeper	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 7:30 A M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Davis MD

(Physician or midwife)

Given names added from a supplemental report.

*Name changed to Clements, Franklin Zook by Order of Adoption done in open Court November 29, 1930 by Milo N. Zook in Probate Court of Bemhill County, Idaho. Copy filed June 1, 1942

Mabel Helder

Address

Filed Sept 6 1915 M E Patrick

Registrar

Director, Bureau of Vital Statistics. Boise, Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPT. OF VITAL STATISTICS
CERTIFICATE OF BIRTH

JUN 22 1942

SEP 15 1971

215 - 201-206-962

Amended 10-3-63

(Be sure the information is complete and accurate)

State File No. 32567
Local Reg. No. 152
Reg. Dist. No. 121

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
d. STREET ADDRESS (If rural, give location): East of Asylum

3. CHILD'S NAME (Type or print)
a. (First): Leah
b. (Middle):
c. (Last): Parrish

4. SEX: F.

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH: (Month) May (Day) 4, (Year) 1915

FATHER OF CHILD

7. FULL NAME
a. (First): Clifton
b. (Middle):
c. (Last): Parrish

8. COLOR OR RACE: W.

9. AGE (At time of this birth): 26 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): Utah

11a. USUAL OCCUPATION: Farmer

11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Elizabeth
b. (Middle):
c. (Last): Robbins

13. COLOR OR RACE: W.

14. AGE (At time of this birth): 18 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Utah

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 0
b. How many OTHER children were born alive but are now dead? 0
c. How many children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: J. B. Davis, M.D.

18b. ATTENDANT AT BIRTH: M. D. [X] MIDWIFE [ ] OTHER (Specify)

18c. ADDRESS:

18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.: Sept. 6, 1915

20. REGISTRAR'S SIGNATURE: W. E. Patrie

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

FOR MEDICAL AND HEALTH USE ONLY
(This section MUST be filled out)

22a. LENGTH OF PREGNANCY:

22b. WEIGHT AT BIRTH:

23. Was a standard serological test for syphilis performed? [ ] [ ]

Correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physic or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this arti with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owne the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth oc red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in s case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of bi Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by m cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person char with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper cer cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED OCT 8 1963 Bureau of Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of .....

Certificate No. 32567

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Parrish (female child) (Name on Original Certificate) who was born (Was Born or Died) on May 7, 1915 (Date of Event) in Blackfoot, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Leah Parrish
Child's Date of Birth	May 7, 1915	May 4, 1915

Subscribed and sworn to before me this 30 day of Sept, 19 63

Notary Public, residing at Salt Lake City, Utah

My commission expires Jan 16 1967

(Seal)

Signed Elizabeth Dau Kirman Parrish
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

2460 So 4 East Salt Lake City Ut.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Salt Lake

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30 day of Sept, 19 63

Notary Public, residing at Salt Lake City Utah

My commission expires Jan 16 1967

(Seal)

Signed Sanford A. Kirman
(Signature of Any Credible Person)

1827 Lake St Salt Lake City
(Street Address, City, State)

FORM DH 60-155

CL 9-24-63. one copy pd. rec. #10516.

L.D.S. Church Certificate of Birth, entered on record May 25, 1924 gives full name as Leah Parrish, born May 4, 1915 at Blackfoot, Idaho to Clifton Parrish and Elizabeth Day Robins - viewed by V.S.

Photo Copy of 1924 Utah School Census, D.R. Tolman, Enumorator - Stoker School gives one child's full name as Leah Parrish, born May 4, 1915; age as of Oct. 31, 1924--9 years old - parent's name is given as C. M. Parrish, address-Bountiful, Utah - viewed by V.S.

755-109-006-613

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bingham

City of Blkfoot

No. South Asylum St.

Hospital

Registration District No. 121

File No. 32568

Primary Registration District No. 2194

Registered No. 153

FULL NAME OF CHILD ~~[illegible]~~ Pendlebury, Robert Leroy

Sex of Child	Twin Triplet or other? X and Number in order of birth X (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth May 9 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wm Pendlebury	FULL MAIDEN NAME	Elizabeth Walls
RESIDENCE	Blkfoot - So. Asylum	RESIDENCE	Blkfoot - So Asylum
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	England	BIRTHPLACE	England
OCCUPATION	farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth (3)

Number of children of this mother now living, including present birth (3)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 4 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Davis MD
(Physician or midwife)

Given names added from a supplemental report.

..... 19...

Registrar

Address

Filed Sept 6 1915 M E Patrick
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SDH JUN 2 6 2017

Certificate of Blessing of own child, Mar. 2, 1947, gives fathers name correct-viewed by V.S. and Royal Neighbors Insurance Policy, May 7, 1932 gives correct information - viewed by V.S.

IDAHO STATE BOARD OF HEALTH

DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Bingham } ss.

Certificate No. 32568

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for ---- Pendlebury (Name on Original Certificate) who was born (Was Born or Died) on May 9, 1915 (Date of Event)
in Blackfoot, Bingham Co. (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on May 7- 1932 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	---- Pendlebury	Robert Leroy Pendlebury
		William Pendlebury PARENTS

Subscribed and sworn to before me this eighth day of July, 19 58.

Notary Public, residing at Blackfoot, Idaho
My commission expires 1 October 1960
(Seal)

Signed Elizabeth Pendlebury
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
330 Wilson Avenue
Blackfoot, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

[redacted]P 2 1958

319-112-006-235

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Bekfoot

No. RFD 3 St.

Hospital

Registration District No. 121 File No. 32569

Primary Registration District No. 2194 Registered No. 154

FULL NAME OF CHILD Unnamed Carlson, George Fritchiof

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	X		X	Yes	May 12 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	George Carlson	FULL MAIDEN NAME	Nannie Steven
RESIDENCE	Bekfoot RFD 3	RESIDENCE	Bekfoot RFD 3
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Idaho
OCCUPATION	farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4th

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 12 A.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Davis MD

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed Sept 6 1915 M E Patrick

Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bingham }

Certificate No. 32569

Date Filed April 29-1942

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for George Fritchiof Carlson (NAME ON ORIGINAL CERTIFICATE) who was Borned (WAS BORN OR DIED) on May 12 - 1915 (DATE OF EVENT)
in Blackfoot Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible Records (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Day of Birth May 12 1915 (GIVE DATE) are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	George F. Carlson
George Fritchiof Carlson		

Subscribed and sworn to before me this 4th day of April May, 1942.

Carl N. Corry
Notary Public, residing at Blackfoot Idaho.
My commission expires Feb. 8-1946.
(SEAL)

Signed Nannie Bell Carlson
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
Route 3 - Blackfoot, Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19 .....

Notary Public, residing at .....
My commission expires .....
(SEAL)

Signed .....
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

.....
(STREET ADDRESS, CITY, STATE)

Received for filing on [redacted]

(REGISTRAR'S SIGNATURE)

MA[illegible] 1942

533-230-006-245

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Bekfoot

No. R F D 4 St.

Hospital

Registration District No. 121

File No. 32570

Primary Registration District No. 2194

Registered No. 155

FULL NAME OF CHILD Unnamed Ellis

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F	X		X	Yes	May 30 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	George Ellis	FULL MAIDEN NAME	Mary Smith
RESIDENCE	Bekfoot Ida R F 4	RESIDENCE	Bekfoot R F D 4
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 11 45 P. M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B Davis MD

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed Sept 6 1915 M E Patrick

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

SEE MOTHER
ON DUP.

DUP OF 15- D75-437

666-206-006-145

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Bingham

City of Bekfoot

No. Ward No 3 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 121 File No. 32571

Primary Registration District No. 2194 Registered No. 156

FULL NAME OF CHILD Jessie Wood

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
F	X	X	Yes	June 6 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Joseph C. Wood	FULL MAIDEN NAME	Judy Anet
RESIDENCE	Bekfoot Ward No	RESIDENCE	Bekfoot Ward No
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Arkans.	BIRTHPLACE	Arkan
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 1 45 A. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Davis MD
(Physician or midwife)

Given names added from a supplemental report.

..... 19...

Address

Filed Sept 6 1915 W E Patrie
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

366-115-006-685

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bingham

City of Berfoot

No. RFD 4 St.

Hospital

Registration District No. 121 File No. 32572

Primary Registration District No. 2194 Registered No. 157

FULL NAME OF CHILD Grant Lowe

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	X	X	Yes	June 15 1915

FATHER

FULL NAME: Roy D. Lowe

RESIDENCE: Berfoot RFD 4

COLOR: W AGE AT LAST BIRTHDAY: 32 (Years)

BIRTHPLACE: Idaho

OCCUPATION: farmer

MOTHER

FULL MAIDEN NAME: Melissa Wheeler

RESIDENCE: Berfoot RFD 4

COLOR: W AGE AT LAST BIRTHDAY: 27 (Years)

BIRTHPLACE: Utah

OCCUPATION: Housewife

Number of child of this mother, including present birth: 5

Number of children of this mother now living, including present birth: 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3:30 P. M. on the date above stated.

(Signature) B Dawson MD

(Physician or midwife)

Address

Filed Sept 6 19 16 W. E. Petrie Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

OCT 7 1959

819-125-006-695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bingham

City of Bekfoot

No. North Shilling

Hospital

Registration District No. 121 File No. 32573

Primary Registration District No. 1007 Registered No. 158

FULL NAME OF CHILD Unnamed Harmon

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	X	X	Yes	June 25 1915

FATHER		MOTHER	
FULL NAME	Edwin Harmon	FULL MAIDEN NAME	Clara Wright
RESIDENCE	Bekfoot Nor Shilling	RESIDENCE	Bekfoot Ida N. Shill
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Sheep Shearer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 A M on the date above stated.

(Signature) B Davis MD

(Physician or midwife)

Address

Filed Sept 6 19 15 M E Shill

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y CO. 24655

JUN 3 0 1969

155-102-006-695

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Bekfoor

No. R F D (1) St.

~~Hospital~~

Registration District No. 121 File No. 32574

Primary Registration District No. 2194 Registered No. 159

FULL NAME OF CHILD Unnamed Jensen

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
M	X	X	Yes	July 2 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	James Jensen	FULL MAIDEN NAME	Anna Finley
RESIDENCE	Bekfoor R F D (1)	RESIDENCE	Bekfoor R F D (1)
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Denmark	BIRTHPLACE	Utah
OCCUPATION	farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth (3) Number of children of this mother now living, including present birth (3)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 5 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Davis M D
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address

Filed Sept 6 1915 W E Patrie
Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

393-104-006-557

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Bingham

City of Belfoor

No. RFD 4 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 121 File No. 32575

Primary Registration District No. 2194 Registered No. 160

FULL NAME OF CHILD Wm Liljenquist

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	X		X	Yes	July 4 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Eugene Liljenquist	FULL MAIDEN NAME	Lillie England
RESIDENCE	Belfoor RFD 4	RESIDENCE	Belfoor RFD 4
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 5 15 A. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B Davis MD
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address

Filed Sept 6 1915 M E Patrie
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

[redacted] 6 1956

864-105-006-799

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Bingham

City of Bekfoot

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 121 File No. 32576

Primary Registration District No. 2194 Registered No. 161

FULL NAME OF CHILD Unnamed Young

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	X		X	Yes	July (Month) 5 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Wm Young	FULL MAIDEN NAME	Francille Grimmett
RESIDENCE	Bekfoot	RESIDENCE	Bekfoot
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Wyoming
OCCUPATION	farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth (5) Number of children of this mother now living, including present birth (5)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 3:30 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Davis MD
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed Sept 6 1915 W E Patrick
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

386-207-006-844

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Bekfoot

No. So Shelling

Hospital

Registration District No. 121 **File No.** 32577

Primary Registration District No. 1009 **Registered No.** 162

FULL NAME OF CHILD Lula Thompson

Sex of Child F	**Twin Triplet or other?** X **and Number in order of birth** X (To be answered only in event of plural births)	**Legitimate?** Yes	**Date of Birth** July (Month) 7 (Day) 1915 (Year)

FATHER		**MOTHER**	
FULL NAME	Chas H. Thompson	**FULL MAIDEN NAME**	Martha Humphrey
RESIDENCE	Bekfoot Shelling	**RESIDENCE**	Bekfoot Shelling
COLOR	W **AGE AT LAST BIRTHDAY** 25 (Years)	**COLOR**	W **AGE AT LAST BIRTHDAY** 20 (Years)
BIRTHPLACE	Utah	**BIRTHPLACE**	So Carolina
OCCUPATION	Jailer	**OCCUPATION**	Housewife

Number of child of this mother, including present birth (3) **Number of children of this mother now living, including present birth** (3)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive **at** 6 15 A M **on the date above stated.**
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Davis MD
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

..... *Registrar*

Address

Filed Sept 6 1915 W E Patrick *Registrar*

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 24 1969

122-113-006-393

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32578

County of Bingham

City of Bekfoot

Pacific & N. University

Registration District No. 121 File No.

Primary Registration District No. 1007 Registered No. 163

Hospital

FULL NAME OF CHILD George Burton Abbott

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
M.	X	X	Yes	July 13 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Clyde Burton Abbott	FULL MAIDEN NAME	Viva Dott Tilton
RESIDENCE	Bekfoot Pacific & Univers	RESIDENCE	Bekfoot - University & Pacific
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Indiana	BIRTHPLACE	Iowa
OCCUPATION	Assist. Postmaster	OCCUPATION	Housewife

Number of child of this mother, including present birth (2) Number of children of this mother now living, including present birth (2)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 1 P. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Davis MD

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed Sept 6 1915 W E Patrick

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

cc 3/8/41 PMF

FEB 16 1966

113-229-006-469

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32579

County of Bingham

City of Bekfoot

No. R F D (2) St.

Registration District No. 121 File No.

Primary Registration District No. 2194 Registered No. 164

Hospital Lyndall Lorretta

FULL NAME OF CHILD ~~Unnamed~~ Jackman

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
F	X	X	Yes	July 29 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Willard Jackman	FULL MAIDEN NAME	Loretta Morris
RESIDENCE	Bekfoot R F D (2)	RESIDENCE	Bekfoot R F D (2)
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth (3) Number of children of this mother now living, including present birth (3)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 6 05 A.M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Davis MD
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address

Filed Sept 6 1915 M E Pettrice
Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

2/28/11

DATE OF BIRTH

398-123-006-217

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Bekfoot

No. R F D (2) St.

Hospital

Registration District No. 121

File No. 32580

Primary Registration District No. 2194

Registered No. 165

FULL NAME OF CHILD Unnamed Crystal

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	X		X	Yes	Aug 23 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Thomas Crystal	FULL MAIDEN NAME	Lenna Baxter
RESIDENCE	Bekfoot R F D 2	RESIDENCE	Bekfoot R F D 2
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth (2)

Number of children of this mother now living, including present birth (2)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 6 30 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Davis MD
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address

Filed Sept 6 1915 W E Patrie
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

25-9-131-006-249

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32581

County of Brigham

City of Belfoor

No. R F D (2) St.

Registration District No. 121 File No.

Primary Registration District No. 2194 Registered No. 166

Hospital

FULL NAME OF CHILD Unnamed Berg

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	X	X	Yes	Aug 31 1915

FATHER		MOTHER	
FULL NAME	Swan Berg	FULL MAIDEN NAME	Lulu Burk
RESIDENCE	Belfoor R F D (2)	RESIDENCE	Belfoor R F D (2)
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Utah
OCCUPATION	farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth (10) Number of children of this mother now living, including present birth (3)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4:10 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. Davis M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed Sept 6 1915 M. E. Parke Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

248-52-006-294

Form V. S. No. 11—25m-1-1-13

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. R F D No 1 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 121 File No. 32582

Primary Registration District No. 2144 Registered No. 167

FULL NAME OF CHILD Cecil Andrew Burley

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	——	——	Yes	aug 22 1915

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Guss Alson Burley	FULL MAIDEN NAME	Mable May Bruce
RESIDENCE	Groveland	RESIDENCE	Groveland
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Canada	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	Home Wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2.20 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John B. Cooper M.D.

Physician (Physician or midwife)

Address Blackfoot Idaho

Filed Sept 6 1915 M. E. Patrie Registrar

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y CO. 24655

NOV 23 1942

NOV 3 1970

639-207-006-366

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Wapello

No. ..... St.

Hospital .....

Registration District No. 121 File No. 32583

Primary Registration District No. 2194 Registered No. 168

FULL NAME OF CHILD Golden Oliver

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	April 7 1915

FATHER		MOTHER	
FULL NAME	Ernest Oliver	FULL MAIDEN NAME	Alice Cowdell
RESIDENCE	Blackfoot Ida Route 3	RESIDENCE	Do
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	England	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John B. Cooper M.D.

Phys (Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address Blackfoot Idaho

Filed Sept 6 1915 W. E. Patrick Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

261-126-006-315

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 121 File No. 32584

Primary Registration District No. 2194 Registered No. 169

FULL NAME OF CHILD Wilbur Earl Unnamed Swank

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Aug 26 1915

FATHER		MOTHER	
FULL NAME	William C. Swank	FULL MAIDEN NAME	Lottie Lane
RESIDENCE	Blackfoot Idaho	RESIDENCE	Do
COLOR	White	COLOR	W
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Iowa	BIRTHPLACE	New Mexico
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John B. Cooper, M.D.

Phys (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Blackfoot Idaho

Filed Sept 6 1915 W. E. Patrie Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

6-27-41

851-131-006-553

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Kimball

No. ..... St.

Hospital .....

Registration District No. 121 File No. 32585

Primary Registration District No. 2194 Registered No. 170

FULL NAME OF CHILD Unnamed Heaton

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Aug 31 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Chauncey Heaton	FULL MAIDEN NAME	Emily Nelson
RESIDENCE	Blackfoot - Route 3	RESIDENCE	Do
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John B. Cooper M.D. Phys (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Blackfoot Idaho

Filed Sept 6 1915 W. E. Patrie Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

655-227-006-569

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. Route No. 3 St.

Hospital No

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32586

Registration District No. 121 File No.

Primary Registration District No. 2194 Registered No. 171

FULL NAME OF CHILD Anna Elisabeth Wendel

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl		Yes	8 27 1915

FATHER		MOTHER	
FULL NAME	George Friedrich Wendel	FULL MAIDEN NAME	Martha G. Norgall
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Germania	BIRTHPLACE	Germania
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth three Number of children of this mother now living, including present birth three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 6:30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. L. P. Batway
Midwife
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Blackfoot Idaho

Filed Sept 6 1915 W. E. Patrick
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

381-217-006-995

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32587

County of Bingham

City of Blackfoot

No. ..... St.

Registration District No. 121 File No. .....

Primary Registration District No. 2194 Registered No. 172

Hospital .....

FULL NAME OF CHILD Mary J Ehorn

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	July 17 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Sydney R. Ehorn	Bessie L. Ziegler
RESIDENCE	Blackfoot Route 3	Do
COLOR	White	W
AGE AT LAST BIRTHDAY (Years)	33	31
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. E. Patrie MD

(Physician or midwife)

Address Blackfoot Idaho

Given names added from a supplemental report

..... 19.....

Filed Sept 6 19 15 W. E. Patrie

..... Registrar

S-Y CO. 20174

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 2 1961

DECEASED

766 - 110 - 006 - 719

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

Amended Child's First Name 11/26/02 LME

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32588

County of Bingham

City of Thomas Precinct Registration District No. 121 File No.

No. St.

Primary Registration District No. 2194 Registered No. 173

Hospital No

FULL NAME OF CHILD Rhueland Russell Goodwin

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male			Yes	Aug 10 1915 (Month) (Day) (Year)

	FATHER	MOTHER
FULL NAME	Joseph Goodwin	Helen Parsons
RESIDENCE	Blackfoot Route 2	do
COLOR	White	White
AGE AT LAST BIRTHDAY	23 (Years)	19 (Years)
BIRTHPLACE	Utah	Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 40 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W E Patrick

Phys (Physician or midwife)

Address Blackfoot Ida

Filed Sept 6 19 12 W E Patrick Registrar

Given names added from a supplemental report

19

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 17 1941

DECEASED

VITAL STATISTICS

02 NOV 20 AM 11:01

11-13-02

IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF VITAL RECORDS AND HEALTH STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } SS.
County of _____ }

Certificate No. 15-32588

Date Filed 9-6-1915

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth, Death, Marriage, etc.)

for Rhueland Russell Goodwin (Name on Original Certificate) who was born (Was Born, Died, etc.) on August 10, 1915 (Date of Event)

in Thomas Prect. (Bingham) Idaho (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
First Name of Child	Rhueland	Bhueland

Subscribed and sworn to before me this 15th day of November 2002.

Notary Public, _____

Residing at Blackfoot Id

My commission expires 12/14/2002
(Seal)

Bhueland R. Goodwin
Signature of Applicant

1065 Walker St Blackfoot Id
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

CHARLES N. GRAHAM
NOTARY PUBLIC
STATE OF IDAHO

State of _____ } SS.
County of _____ }

(Must be completed _____)

(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, _____.

Notary Public, _____

Residing at _____

My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

U.S. Marine Corps Report of Separation for Bhueland Russell Goodwin born on 8-10-1915 Date Separated 4-17-1945. Viewed by V.S.

Veterans Administration Certificate of Eligibility for Bhueland R. Goodwin dated - Serial # 997469 dated 1/8/1947. Viewed by V.S.

418-221-006-492-

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. ..... St.

Hospital .....

Registration District No. 124 File No. 32589

Primary Registration District No. 2194 Registered No. 174

FULL NAME OF CHILD Romania Dayley

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	June 21 1915

	FATHER	MOTHER
FULL NAME	George E. Dayley	FULL MAIDEN NAME Emma Mortensen
RESIDENCE	Blackfoot Route 3	RESIDENCE Do
COLOR	White	COLOR W
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years) 29
BIRTHPLACE	Idaho	BIRTHPLACE Denmark
OCCUPATION	Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. E. Patrick

(Physician or midwife) Phys

Address Blackfoot Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Sept 6 1915 W. E. Patrice Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

815-129-006-363

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32590

County of Bingham

City of Blackfoot

No. 731 So. Shilling St.

Registration District No. 121 File No. 175

Primary Registration District No. 1007 Registered No.

Hospital No

FULL NAME OF CHILD Unnamed Hanson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	May 29 1915

FATHER		MOTHER	
FULL NAME	Hans A. Hanson	FULL MAIDEN NAME	Katie A. Dolmie
RESIDENCE	Blackfoot Idaho	RESIDENCE	Do
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Stockman & Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11-45 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M E Patrie

Phys

(Physician or midwife)

Address Blackfoot Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed Sept 6 19 15 M E Patrie
Registrar

S-Y CO. 20174

363-206-025-295

Form V. S. No. 11-C—20m-3-15-13

PLACE OF BIRTH

STA[redacted]
BUREAU O[redacted]TISTICS
CERTI[redacted]

County of Idaho

City of ——

No. ..... St.

Hospital .....

Registration District No. 103 File No. 32591

Primary Registration District No. 2181 Registered No. 58

FULL NAME OF CHILD Clara Sylvia Cole

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
female	4th	yes	August 6 1915

FATHER		MOTHER	
FULL NAME	Frank Cole	FULL MAIDEN NAME	Sarah Ellen Brenner
RESIDENCE	Idaho County	RESIDENCE	Idaho County
COLOR	White — AGE AT LAST BIRTHDAY 58 (Years)	COLOR	white — AGE AT LAST BIRTHDAY 37 (Years)
BIRTHPLACE	Texas	BIRTHPLACE	Kentucky
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. W. Slusser M.D.

(Physician or ~~midwife~~)

Given names added from a supplemental report

..... 19.....

Address Granville Idaho

Filed Sept 1 1915 G. S. Stockton

Registrar Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

MAR 30 1942

152-207-025-996

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

[redacted] IDAHO

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Grangeville

No. ..... St.

Hospital .....

Registration District No. 103 File No. 32592

Primary Registration District No. 1001 Registered No. 57

FULL NAME OF CHILD OPAL OBEDIENCE JESSE

Sex of Child	~~Twin~~ ~~Triplet~~ or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female	2nd	yes	Aug. 7 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Pope Yeaman Jesse	FULL MAIDEN NAME	Louise Ellen Irwin
RESIDENCE	Idaho County	RESIDENCE	Idaho County
COLOR	white — AGE AT LAST BIRTHDAY 36 (Years)	COLOR	white — AGE AT LAST BIRTHDAY 38 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 33° A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. W. Slusser M.D.

(Physician or ~~midwife~~)

Given names added from a supplemental report

..... 19.....

Address Grangeville Ida

Filed Sept 1 1915 G. S. Stockton

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 32592

County of Idaho } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Opal Obedience Jesse (Name on Original Certificate) who was born (Was Born or Died) on August 7, 1915. (Date of Event)

in Grangeville, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Insurance Policy (Bible Record, Insurance Policy, Etc.) prepared on October 12, 1940 (Give Date), are: also by virtue of being her Mother.

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Opal Obedience Jesse

Subscribed and sworn to before me this 8th day of August, 1942.

J E Graham

Notary Public, residing at Grangeville, Idaho

My commission expires June 1, 1946.
(Seal)

Signed Louise E Jesse
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

212 South "B" Street
Grangeville, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.

County of Idaho }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8th day of August, 1942.

J E Graham

Notary Public, residing at Grangeville, Idaho

My commission expires June 1, 1946
(Seal)

Signed P. Y. Jesse
(Signature of Any Credible Person Other Than Previous Year)

212 South "B" Street
Grangeville, Idaho.
(Street Address, City, State)

AUG 10 1942

1942

418-109-025-944

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Grangeville

Registration District No. 103 File No. 32593

No. ..... St.

Primary Registration District No. 2181 Registered No. 56

Hospital .....

FULL NAME OF CHILD Melvin W. Dahl

Sex of Child	~~Twin~~ ~~Triplet~~ or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male	7	yes	Aug 9 1915

FATHER		MOTHER	
FULL NAME	Anton Cornelius Dahl	FULL MAIDEN NAME	May Philestia Gummex
RESIDENCE	Idaho County	RESIDENCE	Idaho Co
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Norway	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8 30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. W. Slusser M.D.

(Physician or ~~midwife~~)

Given names added from a supplemental report

..... 19.....

Address Grangeville

Filed Sept 1 1915 G. D. Stockton

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 32593

JUN 9 11 AM '74

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Dahl (Male) (Name on Original Certificate) who was born (Was Born or Died) on Aug. 9, 1915 (Date of Event)
in Grangeville, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Melvin Waldomer Dahl

Subscribed and sworn to before me this 14th day of June, 19 74

Notary Public, residing at Woodland, California
My commission expires April 15, 1975
(Seal)

Signed ..... (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

[illegible] Trinity St Woodland, Calif (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Yolo }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14th day of June, 19 74

Notary Public, residing at Woodland, California
My commission expires April 15, 1974
(Seal)

Signed [illegible] (Signature of Any Credible Person)

1001 - Bridge Clarkston Wash. (Street Address, City, State)

FORM DH 60-155

CL 1/16/74 nm

The Prudential Ins. Co of American gives name as Melvin W. Dahl, Sr. Polic no. 33-503-198. viewed by V. S.

U.S. Individuatl Income Tax Return for 1970 gives names as Melvin and Beulah Dahl on Woodland, CAlif. viewed by V. S.

851-217-025-289

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of _____

No. _____ *St.*

Hospital _____

Registration District No. 103 **File No.** 32594

Primary Registration District No. 2181 **Registered No.** 55

FULL NAME OF CHILD _____

Sex of Child	~~Twin~~ ~~Triplet~~ or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
female	1st	yes	Aug 17 1915

FATHER		MOTHER	
FULL NAME	Thomas Franklin Heath	FULL MAIDEN NAME	Bettie Shields
RESIDENCE	Idaho County	RESIDENCE	Idaho County
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Missouri	BIRTHPLACE	Tennessee
OCCUPATION	Labor	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. N. Slusser M.D.

(Physician or ~~midwife~~)

Address Grangeville Ida

Filed Sept 1 1915 G. S. Stockton
Registrar

Given names added from a supplemental report

_____ 19__

_____ Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

751-122-025-639

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Idaho

City of Grangeville

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 103 File No. 32595

Primary Registration District No. 1001 Registered No. 54

FULL NAME OF CHILD Vane Aryl Pearson

Sex of Child	~~Twin~~ ~~Triplet~~ or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male	5-th	yes	Aug 22 1915

FATHER		MOTHER	
FULL NAME	Thomas Moody Pearson	FULL MAIDEN NAME	Ola Oliver
RESIDENCE	Grangeville Ida	RESIDENCE	Grangeville Ida
COLOR	white — AGE AT LAST BIRTHDAY 52 (Years)	COLOR	white — AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Washington
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. W. Slusser M.D.

(Physician ~~or midwife~~)

Given names added from a supplemental report

..... 19.....

Address Grangeville Ida

Filed Sept 1 1915 G S Stockton

Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 3 1944

613-222-005-466

PLACE OF BIRTH

County of Idaho

City of Grangeville

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32596

Registration District No. 103 File No. .....

Primary Registration District No. 2181 Registered No. 53

FULL NAME OF CHILD Eva Walker

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes	Aug 22 1913

FATHER		MOTHER	
FULL NAME	Hugh C Walker	FULL MAIDEN NAME	Dora F Moody
RESIDENCE	Grangeville	RESIDENCE	Grangeville
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Wash	BIRTHPLACE	Mo
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) Hugh C Walker
(Physician or midwife)

Address Father Grangeville Idaho

Filed Sept 1 1913 G. S. Stockton Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 2 1973

219-101-025-356

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Idaho

City of Harpster

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32597

Registration District No. 103 File No. .....

Primary Registration District No. 2181 Registered No. 52

FULL NAME OF CHILD Leo Arthur Barry

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	Aug 1 1915

FATHER		MOTHER	
FULL NAME	James Barry	FULL MAIDEN NAME	Jennie Leonard
RESIDENCE	Harpster Ida	RESIDENCE	Harpster Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Mo	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11-30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G S Stocklin

(Physician or midwife)

Address Grangeville Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Sept 1 1915 G S Stocklin Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

994-114-025-596

Form V. S. No. 11-C—20m

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Grangeville

No. ..... St.

Hospital .....

Registration District No. 103 File No. 32598

Primary Registration District No. 2181 Registered No. 51

FULL NAME OF CHILD W. of Married

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	Single	3	Yes	July (Month) 14 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Albert Gunwalt	FULL MAIDEN NAME	Clara Ermin
RESIDENCE	Grangeville	RESIDENCE	Grangeville
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Kansas
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Warner M.D.

Physician (Physician or midwife)

Address Grangeville Idaho.

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Sept 1 1915 G. S. Stickton Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

532-127-025-799

Form V. S. No. 11-C—20m-3-15-12

PLACE OF BIRTH

County of Idaho

City of Harpster

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32599

Registration District No. 103 File No. .....

Primary Registration District No. 2181 Registered No. 50

FULL NAME OF CHILD James Franklin Eckel

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male	1	Yes	July (Month) 27 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Walter Adam Eckel	FULL MAIDEN NAME	Jennie Elizabeth Gribble
RESIDENCE	Harpster Idaho	RESIDENCE	Harpster
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Denver Colo.	BIRTHPLACE	La Veta. Colo.
OCCUPATION	Miner	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W H Warner

(Physician ~~or midwife~~)

Address Grangeville Ida

Filed Sept 1 1915 G S Stockton Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of .....

City of .....

No. ..... St.

Hospital .....

Registration District No. ..... File No. .....

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth ..... 191.... (Month) (Day) (Year)

FULL NAME	FATHER	FULL MAIDEN NAME	MOTHER
RESIDENCE		RESIDENCE	
COLOR	AGE AT LAST BIRTHDAY ..... (Years)	COLOR	AGE AT LAST BIRTHDAY ..... (Years)
BIRTHPLACE		BIRTHPLACE	
OCCUPATION		OCCUPATION	

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at ..... M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

.....
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed ..... 19.....

..... Registrar

..... Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING
WRITE PLAINLY. WITH UNFADING INK. THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

819-117-025-964

Form V. S. No. 11-C—20m-8-15-12

PLACE OF BIRTH

County of Idaho

City of Grangeville

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 103 File No. 32600

Primary Registration District No. 1001 Registered No. 49

FULL NAME OF CHILD Raymond C. Hazelbaker

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Male	single	2	Yes	July (Month) 6 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Calvin Hazelbaker	FULL MAIDEN NAME	Irene Rode
RESIDENCE	Grangeville	RESIDENCE	Grangeville, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Ill	BIRTHPLACE	Ill
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Warner M D

Physician (Physician or midwife)

Given names added from a supplemental report

_____ 19__

Address Grangeville Idaho.

Filed Sept 1 1915 G. S. Stockton Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECEASED

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of IDAHO
County of NEZ PERCE } ss.

MAY 9 9 32 AM '77

Certificate No. 32600

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unamed Hazelbaker (Male) (Name on Original Certificate) who was born (Was Born or Died) on July 17, 1915 (Date of Event)
in Grangeville, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Raymond C. Hazelbaker
date of birth	July 17, 1915	July 6, 1915

Subscribed and sworn to before me this [illegible] day of [illegible], 19[illegible]

[illegible]
Notary Public, residing at Lewiston
My commission expires 10/31/78
(Seal)

Signed [illegible]
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Nez Perce } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2 day of May, 1977

[illegible]
Notary Public, residing at Grangeville, Idaho
My commission expires 6-1-78
(Seal)

Signed X Margaret L. Hazelbaker
(Signature of Any Credible Person)

RT 1 Box 64 Grangeville, Idaho
(Street Address, City, State)

FORM DH 60-155

CL 12/28/76

Application to The Equitable Life Assurance Society of the U.S. gives name as Ray C. Hazelbaker bonr July 6, 1915 . dated May 19, 1956. viewed by V. S.

Honorable Dischareg from the U.S. Army gives name as Ray C. Hazelbaker born July 6, 1915 in Grangeville.Idao. Date of Separation Sept 10, 1945. viewed by V. S.

JUL 19 1977

Xxax Statement by mother about family records gives name as Raymond Calvin Hazelbaker born July 6, 1915 in Grangecille,Idaho. father's name as S. Calvin Hazelbaker and mother's name as Irene Rode Hazelbaker. viewed by V. S.

Lewiston Senior High school permanent record from Lewiston, Idao gives name as Raymond Hazelbaker born 7-6-15. enterd 9-16-35. graduated 5-27-36. viewed by VS

JUL 22 1977

1038

[redacted]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT R

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

[redacted] Washington

[redacted] Weiser Flat

No. ..... St.

Hospital .....

Registration District No. 86 File No. 32601

Primary Registration District No. 2112 Registered No. 10

FULL NAME OF CHILD Andrew Murphy

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Male	#	2	Yes	8 (Month) 31 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Andrew Murphy	FULL MAIDEN NAME	Laura Waldo
RESIDENCE	Weiser, Idaho	RESIDENCE	Weiser, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Oregon
OCCUPATION	Farmer	OCCUPATION	House-wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive 8.45 pm on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. D. Shirley, M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Weiser, Idaho

Filed 9-3-15 19.... W. R. Hamilton
Registrar

Registrar

S-Y CO. 24658

APR 12 [illegible]

JUL 6 [illegible]62

MAY 21 [illegible]

493-107-044-397

Amended 9-18-78

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

Registration District No. 86

File No. 32602

No. ..... St.

Primary Registration District No. 2112

Registered No. 21

Hospital .....

FULL NAME OF CHILD Francis Lowell Melhorn

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	Yes	Aug (Month) 7 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Lee Melhorn	FULL MAIDEN NAME	Myrl Trant
RESIDENCE	Weiser Ida	RESIDENCE	Weiser Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)		AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Iowa	BIRTHPLACE	Washington
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9 a.m. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James A Young

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Weiser Ida

Filed 8-29 1915 W. R. Hamilton Registrar

Registrar

S-Y CO. 20174

L

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 9 1974

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
VITAL STATISTICS
SEP 18 8 23 AM '78

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of .....

Certificate No. 32602

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Millhorn (Male) (Name on Original Certificate) who was born (Was Born or Died) on Aug. 7, 1918 (Date of Event) 1915

in Weiser, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by entry in old med/cook bk (Bible Record, Insurance Policy, Etc.) prepared on September 13, 1978 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed Millhorn	Francis Lowell Melhorn
father's last name	Millhorn	Melhorn

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Lane

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13th day of September, 1978

Notary Public, residing at Creswell, Oregon

My commission expires [illegible]

(Seal)

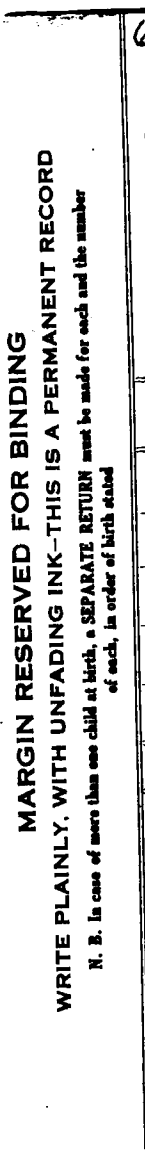
Signed Gerold Melhorn
(Signature of Any Credible Person)

2970 N. dale Kuni Rd.
(Street Address, City, State)
Creswell, Ore.

FORM DH 60-155 CL 10/9/74

Cancelled check made out to T. T. Lee and signed by Lee Melhorn lists father's last name correct. Check signed by father was dated January 28, 1937. Viewed by V.S.

Child's name listed in a Family Book gives name as Francis Lowell Melhorn born Saturday August 7, 1915. Original record obviously old. Viewed by V.S.



666-235-[illegible]4-451

Form V. S. No. 11-C—~~Mar-6-20~~-11

PLACE OF BIRTH

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of [redacted]

City of [redacted] Registration District No. [illegible] File No. 32603

No. ....., ... St.

Primary Registration District No. 2112 Registered No. 20

Hospital .....

FULL NAME OF CHILD Ruby May Woody

Sex of Child	~~Twin, Triplet,~~ or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
Female			yes	August	25	1915

FATHER		MOTHER	
FULL NAME	Walter Woody	FULL MAIDEN NAME	Bessie Deatherage
RESIDENCE	Weiser	RESIDENCE	Weiser
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	16 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Arkansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth One

Number of children, of this mother, now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2:00 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Werts

(~~Physician or~~ Midwife)

Given names added from a supplemental report

..... 19.....

Address Weiser

Filed 8-29 1915 W. R. Hamilton
Registrar

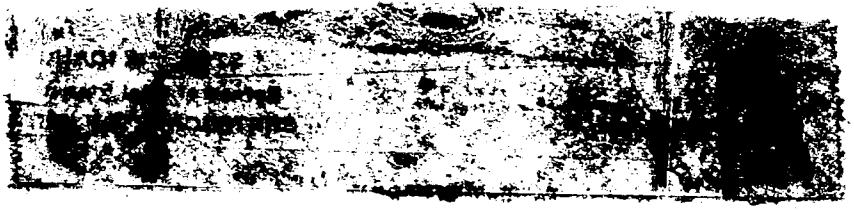
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

No. 11-C—20m-2-15-12

County of [redacted]

Cit[redacted] Registration District No. [redacted] File No. 32604

No. 361-206-044-213 St.

Primary Registration District No. 2112 Registered No. 12

Hospital

R.T.S.

FULL NAME OF CHILD Thelma Coats

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
female	—		—	yes	Aug (Month) 6 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Alvin Coats	FULL MAIDEN NAME	Nancy Saling
RESIDENCE	Weiser Ida	RESIDENCE	Weiser Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Weiser Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9 00 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James Alfonny

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Weiser Ida

Filed Aug 30 1915 W. R. Hamilton Registrar

Registrar

S-Y CO. 20174

816 - 105-044-394

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-13

CERTIFICATE OF BIRTH

County of Washington

City of Weiser Ida

Registration District No. 86 File No. 32605

No. ..... St.

Primary Registration District No. 2112 Registered No. 14

Hospital .....

FULL NAME OF CHILD Lewis Woodrow Hawkins

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	—	—	Yes	8 29 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Cornelius L. Hawkins	Louella True
RESIDENCE	Weiser Ida.	Weiser Ida.
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	40	30
BIRTHPLACE	Colville Utah	Clark Co. Illinois.
OCCUPATION	Rancher.	Wife.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7:30 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ernest O. Fenney

Physician

(Physician or midwife)

Address .....

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Aug 29 1915 W. R. Hamilton Registrar

2-Y CO. 24698

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 4 1973

713-206-044-716

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Washington

City of Weiser Ida

No. ——— St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32606

Registration District No. 86 File No.

Primary Registration District No. 2112 Registered No. 15

FULL NAME OF CHILD Wilma Margarete Patch

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	—		—	yes	7 6 1915

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	W. D. Patch	FULL MAIDEN NAME	Josephine Gowley
RESIDENCE	Weiser Ida	RESIDENCE	Weiser Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	55	AGE AT LAST BIRTHDAY (Years)	42
BIRTHPLACE	Hortonville Wis.	BIRTHPLACE	Canada
OCCUPATION	Rancher.	OCCUPATION	H Wife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ernest O. Fenning
Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed 8-29 1915 W. R. Hamilton
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

853 - 217-044-219

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

No. ..... St.

Hospital .....

Registration District No. 56 File No. 32607

Primary Registration District No. 2112 Registered No. 16

FULL NAME OF CHILD. Lela Martha Hettrick Hetrick R.T.A.

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female	—	—	—	yes	July 17 1915

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Delmon Hettrick Hetrick	Clara Hettrick Bailey
RESIDENCE	Weiser Idaho	Weiser Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	41	46
BIRTHPLACE	Ripley Illinois	Ripley Ill
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1830 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James A Young

Physician

(Physician or midwife)

Address Weiser Ida

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Aug 29 1915 W. R. Hamilton Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 30 1954

361-12-1-044-132

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

Registration District No. 6 File No. 32608

No. ..... St.

Primary Registration District No. 2112 Registered No. 17

Hospital .....

FULL NAME OF CHILD Eugene Thomas Coats

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	July 24 1915

FATHER		MOTHER	
FULL NAME	George Coats	FULL MAIDEN NAME	Bertha Oakley
RESIDENCE	Weiser Idaho	RESIDENCE	Weiser Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Aurora Missouri	BIRTHPLACE	Weiser Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4:00 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James A Young
Physician
(Physician or midwife)

Address Weiser Ida

Given names added from a supplemental report

..... 19.....

Filed F-29 1915 W. P. Hamilton
Registrar

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

9723776

IDAHO DEPARTMENT OF ~~HEALTH~~

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Oregon
County of Multnomah } ss. DEC 3 11 00 AM '76

Certificate No. 32608

Date Filed 12/1/76

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Coats (Name on Original Certificate) who was born (Was Born or Died) on July 24, 1915 (Date of Event)
in Weiser, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed Coats	Eugene Thomas Coats

Subscribed and sworn to before me this 30th day of November, 19 76

Notary Public, residing at Portland, Oregon
My commission expires May 31, 1979
(Seal)

Signed [signature] (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

[illegible] (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon
County of Multnomah } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30th day of November, 19 76

Notary Public, residing at Portland, Oregon
My commission expires May 31, 1979
(Seal)

Signed [signature] (Signature of Any Credible Person)

[illegible] (Street Address, City, State)

FORM DH 60-155

12-3-76

DEC 14 1976

Letter from Adjutant General about xx gives orders concerning retirement of Eugene T. Coats. dated Jan 10, 1961. RA 6 558 465. 1st Sgt. viewed by VS

Honorable Discharege from U.S. Army gives name as Eugene Thomas Coats bonr July 24, 1915. date of separation Jan 31, 1961. viewed by V. S.

213-126-044-145

Form V. No. 11-5—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

No. ..... St.

Hospital .....

Registration District No. 84 File No. 32609

Primary Registration District No. 9.12 Registered No. 19

FULL NAME OF CHILD ~~[illegible]~~ CHARLES L. SALLEE

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—	—	—	Yes	Feb 26 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

	FATHER		MOTHER
FULL NAME	Sanford D. ~~Lowell~~ Sallee	FULL MAIDEN NAME	Elmira Myra Ader
RESIDENCE	Weiser Idaho	RESIDENCE	Weiser Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Jefferson City Kans.	BIRTHPLACE	Princeton Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James A Young

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Weiser Idaho

Filed 8-29 1915 W. R. Hamilton Registrar

Registrar

R-Y CO. 20174

L

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Payette } ss.

Certificate #3609

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Mr. Lowell Sallee (Name on Original Certificate) who born (Was Born or Died) on February 20, 1915 (Date of Event)
in Ontario, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible record (Bible Record, Insurance Policy, Etc.) prepared on At time of birth (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Lowell Sallee	Charles L. Sallee

Subscribed and sworn to before me this 4th day of March, 1944.

W. R. McClure
Notary Public, residing at Payette, Idaho.
My commission expires 1-5-44.
(Seal)

Signed Sanford D. Sallee
(Signature of parent ~~or attendant if~~ correcting a birth record; ~~of attendant, funeral director, informant if correcting a death record, or other credible person.~~)
137 N. 6th St. Payette, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Payette } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4th day of March, 1944.

W. R. McClure
Notary Public, residing at Payette, Idaho
My commission expires 1-5-44.
(Seal)

Signed Edwina F. Sallee
(Signature of Any Credible Person Other Than Previous Year)
137 N. 6th St, Payette, Idaho.
(Street Address, City, State)

JAN 6 1943

259-124-044-432

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

No. ..... St.

Hospital .....

Registration District No. 86 File No. 32610

Primary Registration District No. 2112 Registered No. 18

FULL NAME OF CHILD George Llewellyn Keifer

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
male	—	—	yes	March 24 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	George Llewelyn Kiefer	FULL MAIDEN NAME	Agness McKee
RESIDENCE	Weiser Ida	RESIDENCE	Weiser Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	42 (Years)
BIRTHPLACE	Penn, Philadelphia	BIRTHPLACE	Detroit Mich.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11 00 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James A Young

Physician

(Physician or midwife)

Address Weiser Ida

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 8-29 1915 W. P. Hamilton Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

819-223-044-417

PLACE OF BIRTH

County of Washington

City of Weiser

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-O—20m-2-15-12

CERTIFICATE OF BIRTH

Registration District No. 86 File No. 3261

Primary Registration District No. 1010 Registered No. 22

FULL NAME OF CHILD Harris

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female	—	—	Yes	March 23 1915

FATHER		MOTHER	
FULL NAME	Earl Harris	FULL MAIDEN NAME	Elsie Maynier
RESIDENCE	Weiser Ida	RESIDENCE	Weiser Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Iowa	BIRTHPLACE	Ida
OCCUPATION	Real Estate	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) on the date above stated, at 8:30 a. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James A Young

Physician (Physician or midwife)

Address Weiser Ida

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Apr 29 1915 W. P. Hamilton Registrar

8-Y CO. 20174

2

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

o -ADDED THIS CERT TO COMP SYSTEM-THIS WAS ORIGINAL RECORD THAT SHOULD HAVE BEEN PLACED ON FILE A/P L.O. 11-26-10 PJR

HAVENS

Dup of 344262

366 - 22-044-865

PLACE OF BIRTH Amended 9-11-56

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

No. ____ St.

Registration District No. 86 File No. 32612

Hospital ____ Primary Registration District No. 1010 Registered No. 11

FULL NAME OF CHILD Goldie Alice Lowry
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				yes	July 21, 1915

What bactericidal solution was used in eyes? ____

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

FATHER		MOTHER	
FULL NAME	Luther A. Lowry	FULL MAIDEN NAME	Bertha Hunt
RESIDENCE	Weiser, Idaho	RESIDENCE	Weiser, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Palouse, Washington	BIRTHPLACE	Hard Co., Iowa
OCCUPATION	Photographer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 12:00 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

____, 192____

____
Registrar.

(Signature) James A. Young

Physician
(Physician or midwife)

Address Weiser, Idaho

Filed Aug. 28, 1915 W. R. Hamilton
Registrar.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Canyon } ss.

Certificate No. 32612
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Goldie Alice Lowery (Name on Original Certificate) who was born (Was Born or Died) on Aug. 2, 1915 (Date of Event) in Weiser (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Insurance policy (Bible Record, Insurance Policy, Etc.) prepared on July 1947 (Give Date), are: Baptismal Certificate April 24, 1924 Viewed by Vital Statistics

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Lowery	Lowry
Birth Date	Aug. 2, 1915	July 21, 1915

Subscribed and sworn to before me this 31st day of August, 1956

Notary Public, residing at Caldwell, Idaho
My commission expires May 24, 1958
(Seal)

Signed Annabel Hunt Smith
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Washington } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st day of September, 1956

Notary Public, residing at Weiser Idaho
My commission expires Jan. 1, 1958
(Seal)

Signed Almon D. Hunt
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DPH 55.155

393-109-044-235

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Washington

City of Weiser

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32613

Registration District No. 86 File No. .....

Primary Registration District No. 1010 Registered No. 13

FULL NAME OF CHILD Cliff K Titus

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	—		—	yes	Aug 9 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Cliff K Titus	FULL MAIDEN NAME	Mabel Stevenson
RESIDENCE	Weiser Ida	RESIDENCE	Weiser Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Fairfield Neb	BIRTHPLACE	Fairfield Neb
OCCUPATION	Minister	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9 15 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James A Young

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Weiser Ida

Filed 8-25 1915 W. R. Hamilton Registrar

S-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

17

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515-222-018-962

[redacted]ACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Gooding

City of Orofino

Registration District No 90 File No. 32615

No ....., ... St.

Primary Registration District No. 2168 Registered No. 45

Hospital .....

FULL NAME OF CHILD Olga Bertha Vanderpool

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	May 22 1915

FATHER		MOTHER	
FULL NAME	Marion R. Vanderpool	FULL MAIDEN NAME	Sophia L. Robinson
RESIDENCE	Orofino, Ida	RESIDENCE	Orofino, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Idaho	BIRTHPLACE	Tenn
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at — M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) ✓

✓ (Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed May 31 1915 J. M. Fairly Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

[redacted]

OCT 2 5 1954

DuPont 1915-33082

766 + 202-018-296

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

32616

County of Clearwater

City of

No. , St.

Hospital

Registration District No. 90 File No.

Primary Registration District No. 2168 Registered No. 46

FULL NAME OF CHILD Agnes Ellen Powell

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of birth
Girl	X	X	Yes	8/2/15 (Month) (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Elmer H. Powell	FULL MAIDEN NAME	Edith Myrtle Brown
RESIDENCE	Washington	RESIDENCE	Tilson Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Washington	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. M. Horswill

(Physician or Midwife)

Given names added from a supplemental report

, 19

Address Orofino Ida

Filed 8/10 1915 J. McTarily

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

635-203-018-315

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Clearwater

City of Orofino

No. ....., ... St.

Hospital .....

Registration District No. 90 File No. 32617

~~Primary~~ Registration District No. 2168 Registered No. 47

FULL NAME OF CHILD Adele Oilsen Fleming

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth
Female	Twins	1	Yes	Aug 3 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Thomas Fleming	FULL MAIDEN NAME	Lottie Tane
RESIDENCE	Orofino, Ida.	RESIDENCE	Orofino, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	England	BIRTHPLACE	Oregon
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Fairly

Physician (Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Orofino, Ida

Filed Aug 3 1915 J. M. Fairly Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

Registrar

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JUN 3 1942

MAR 1 2 1971

DECEASED

635-203-018-315

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Canyon

City of Orofino

No ....., ... St.

Hospital .....

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 90 File No. 32618

Primary Registration District No. 2168 Registered No. 48

FULL NAME OF CHILD Jane Fleming

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	Twin	Two	Yes	May 3, 1915

FATHER		MOTHER	
FULL NAME	Thomas Fleming	FULL MAIDEN NAME	Lottie Jane
RESIDENCE	Orofino Ida	RESIDENCE	Orofino, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	England	BIRTHPLACE	Oregon
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 11:20 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Dainty

Physician (Physician or Midwife)

Address Orofino Ida

Given names added from a supplemental report

....., 19.....

Filed May 3, 1915 J. M. Dainty Registrar

.....

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17328

NOV 28 1961
FEB 9 1971

JUN 3 1942

141-104-018-813

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Clearwater

City of

No. , St.

Hospital

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 90 File No. 32619

Primary Registration District No. 2168 Registered No. 49

FULL NAME OF CHILD ~~Edward Adams~~ Edward Stymist Adams

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	X	X	Yes	8/4/15 191

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Benjamin Adams	FULL MAIDEN NAME	Moyda Halverson
RESIDENCE	Tekan Idaho	RESIDENCE	Tekan Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	43
BIRTHPLACE	Kentucky	BIRTHPLACE	Chicago Ill
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9

Number of children, of this mother, now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Erle J Horswell (Physician or midwife)

Given names added from a supplemental report

, 19

Address Cao Trino Ida

Filed Aug 31 1915 J. M. Fairly Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

APR 1 6 1975

154-207-018-389

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Clearwater

City of Orofino

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 90 File No. 32620

Primary Registration District No. 2168 Registered No. 50

FULL NAME OF CHILD Mildred Moline Anderson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Aug 7, 1915

FATHER		MOTHER	
FULL NAME	Dan Anderson	FULL MAIDEN NAME	Lizzie Syra
RESIDENCE	Orofino, Ida	RESIDENCE	Orofino, Ida
COLOR	white	AGE AT LAST BIRTHDAY (Years)	41
BIRTHPLACE	Norway	COLOR	White
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	35
		BIRTHPLACE	Wisconsin
		OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11:45 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Fairley

Physician

(Physician or Midwife)

Address Orofino, Idaho

Given names added from a supplemental report

....., 19.....

.....

Registrar

Filed Aug 7, 1915 J. M. Fairley

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17526

195-121-018-551

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Shoshone

City of Osburn

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 90 File No. 32621

Primary Registration District No. 2168 Registered No. 37

FULL NAME OF CHILD Evan Arnold

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Aug 21 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Edgar L. Arnold	Emerita Evans
RESIDENCE	Wallace, Ida.	Wallace, Ida.
COLOR / AGE AT LAST BIRTHDAY (Years)	White / 37	White / 34
BIRTHPLACE	Ills.	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) J. M. Fairley

Physician (Physician or midwife)

Address Osburn, Ida.

Filed Aug 31 1915 J. M. Fairley Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED JUN 9 1966 Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 32621

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Arnold (male child) (Name on Original Certificate) who was born (Was Born or Died) on Aug. 21, 1915 (Date of Event)
in Orofino, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Insurance policy (Bible Record, Insurance Policy, Etc.) prepared on August 30, 1946 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Evan Arnold

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....
(Seal)

Father
Signed Edgar S Arnold
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

3232 Verdugo Rd., Los Angeles, Calif
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

CL 6-1-66. one copy pd. rec. #13606.

Pacific Mutual Life Insurance Co. Application, dated Aug. 30, 1946 at Ventura, California gives full name as Evan Arnold, born Aug. 21, 1915 in Idaho, age 31, - viewed by V.S.

JUN 10 1966

Registration Certificate, Selective Service, dated Oct. 16, 1940 gives full name as Evan Arnold - viewed by V.S.

343-128-018-913

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Orofino

Registration District No. 90 File No. 32622

No. ..... St.

Primary Registration District No. 2168 Registered No. 57

Hospital

FULL NAME OF CHILD Robert Lester Tucker

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Aug 28 1915

FATHER		MOTHER	
FULL NAME	Denton D. Tucker	FULL MAIDEN NAME	Mittie M. Molloy
RESIDENCE	Orofino, Ida	RESIDENCE	Orofino, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Daily

Physician

(Physician or midwife)

Address Orofino Idaho

Given names added from a supplemental report

..... 19.....

Filed Aug 31 1915 J. M. Daily

Registrar

..... Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

32623

County [redacted]

City of Carey

669-116-007-437

No. ..... St.

Registration District No. 21 File No. .....

Primary Registration District No. 2026 Registered No. 59

Hospital .....

FULL NAME OF CHILD Earl Worthington

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
Male		yes	July 16, 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Worthington Costelle Eldredge	FULL MAIDEN NAME	Margaret Elizabeth McGreal
RESIDENCE	Carey Ida	RESIDENCE	Carey Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Coalville Utah	BIRTHPLACE	Bristol Wis.
OCCUPATION	Harness & Shoe Maker	OCCUPATION	House Wife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 12:10 a.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. L. B. Howard

Midwife (Physician or Midwife)

Given name added from a supplemental report

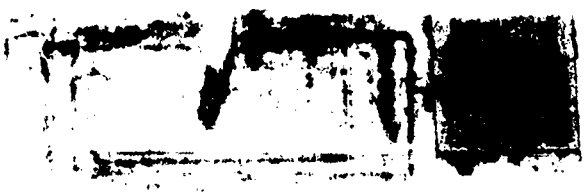
..... 19.....

Address Carey Ida

Filed Sept 1 1915 Robert H. Wright Registrar

Registrar

S-Y CO., 16689



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11—10m-6-[illegible]

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

[redacted]

Registration District No. 21 File No. 32024

No. ____, ____ St.

Primary Registration District No. 2025 Registered No. 60

Hospital ____

FULL NAME OF CHILD Esther LAWSON

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
Female		yes	July (Month) 13 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Maussa Samuel Larson LAWSON	FULL MAIDEN NAME	Sarah Elizabeth Smith
RESIDENCE	Picabo Idaho	RESIDENCE	Picabo Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	56	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Ephraim Utah	BIRTHPLACE	Staffshire England
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 6 Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 4:5 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. L. B. Howard
Midwife
(Physician or Midwife)

Given name added from a supplemental report

Address Carey Idaho

Filed Sept 1 1915 Robert H. Wright
Registrar

____, 19__

Registrar

S-Y CO., 16669

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

NOV 1

31 1956

Amended 12-1-60

PLACE OF BIRTH

361-227-007-745

County of Blaine

City of Austin

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 21 File No. 32625

Primary Registration District No. 2025 Registered No. 61

FULL NAME OF CHILD Milda Rhoena Coates

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	June 27, 1915

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

FATHER	MOTHER
FULL NAME: Joseph E. Coates	FULL MAIDEN NAME: Annie Gunderson
RESIDENCE: Austin, Ida.	RESIDENCE: Austin, Ida.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 44 (Years)	AGE AT LAST BIRTHDAY: 41 (Years)
BIRTHPLACE: Mount Pleasant, Utah	BIRTHPLACE: Mount Pleasant, Utah
OCCUPATION: Farmer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 8:20 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. G. B. Howard

Midwife (Physician or midwife)

Address Carey, Ida.

Give names added from a supplemental report.

....., 192.....

..... Registrar.

Filed Sept. 1, 1915 Robert H. Wright Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Documents listed on back -

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss. FILE NO. 32625 Reg. Certificate No. 61

County of Blaine

Date Filed 9-1-1915

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth ~~or Death~~)

for Melda Roeanna Coats (Name on Original Certificate) who Born (Was Born ~~or Died~~) on 6-27-1915 (Date of Event)

in Austin Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Melda Roeanna Coats	Milda Rhoena Coates
Father's Name	Joseph E. Coats	Joseph E. Coates.

Subscribed and sworn to before me this 27th day of October, 1960

William W. Pickel

Notary Public, residing at 4139 Nigoma, Sakewood Calif.

My commission expires

(Seal) My Commission Expires Mar. 6, 1962

Signed Sister Rhea Coates Farnsworth

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

4543 N. Earle Rosemead Calif.

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.

County of Los Angeles

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th day of October, 1960

William W. Pickel

Notary Public, residing at 4139 Nigoma, Sakewood Calif.

My commission expires

(Seal) My Commission Expires Mar. 6, 1962

Signed E. J. Farnsworth

(Signature of Any Credible Person)

4543 No. Earle St

(Street Address, City, State)

Rosemead Cal

FORM DPH - 51117

L.D.S. Church Certificate of Blessing, Aug. 8, 1915 gives full name of child as Milda Roena Coates, born June 27, 1915 at Fish Creed, Idaho to Joseph E. Coates and Annie C. Gunderson - viewed by V.S.

L.D.S. Church Certificate of Baptism and Confirmation, January 2, 1954 gives full name as Milda Rhoena Coates (Atwood), born June 27, 1915 at Carey, Idaho to Joseph Edward Coates and Annie C. Gunderson - viewed by V.S. Atwood is married name.

State of California, Certificate of Marriage, March 13, 1931 gives full name of groom as Albert Wilbur Atwood and full maiden name of bride as Milda Rhoena Coates, married at Glendora, California - viewed by V.S.

Diploma from the Frank Wiggins Trade School, training in Hairdressing and Cosmetology, 1936-1937 gives full name as Milda Rhoena Coates - viewed by V.S.

State of California Certificate to practice Cosmetology in the State of California, certificate no. # 20409, dated Aug. 26, 1936 gives full name as Milda Rhoena Coates - viewed by V.S.

693-221-007-
PLACE OF BIRTH 231

Form V. S. No. 11—10m-6-20-11

[redacted] DAHO
[redacted] Statistics
[redacted] OF BIRTH

County of Blaine

City of Carey [redacted] on District No. 2[redacted] File No. 32626

No. ....., ... St.

Primary Registration Distr[redacted] 5 Registered No. 62

Hospital .....

FULL NAME OF CHILD Louise Wilde

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
Female		yes	June 21 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Emanuel Wilde	FULL MAIDEN NAME	Betsy Slaughter
RESIDENCE	Carey Ida	RESIDENCE	Carey Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	41 (Years)
BIRTHPLACE	Coalville Utah	BIRTHPLACE	Birmingham England
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 6 ..... Number of children, of this mother, now living, including present birth 6 .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 12:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs L. B. Howard
Midwife
(Physician or Midwife)

Given name added from a supplemental report

..... 19.....

Address Carey Ida

Filed Sept 1 1915 Robert H Wright
Registrar

S-Y CO., 16669

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

K

JUL 15 1963

OCT 7 1974

619-117
007-291

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Blaine

City of Carey Registration District No. 21 File No. 32627

No. ____, ____ St. Primary Registration District No. 2025 Registered No. 63

Hospital ____

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural birth)	and Number in order of birth	Legitimate	Date of birth (Month) (Day) (Year)
Male			Yes	June 17, 1915

	FATHER	MOTHER
FULL NAME	Alfred L. Farnsworth	Mary a Braithwaite
RESIDENCE	Carey Idaho	Carey Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	37	34
BIRTHPLACE	Chester Utah	Manti Utah
OCCUPATION	Farmer	House Wife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs L. B. Howard

Midwife
(Physician or Midwife)

Address Carey Ida.

Given name added from a supplemental report

____, 19____

____
Registrar

Filed Sept 1, 19 15 Robert H. Wright
Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

845-102-007-512

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Blaine

City of Picabo

No. ..... St.

Hospital .....

Registration District No. 21 File No. [illegible]

Primary Registration District No. 2022 Registered No. 64

FULL NAME OF CHILD Not named Edward Peyton Hurt

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Boy	✓		1	Yes	Aug 2 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Frank E. Hurt	FULL MAIDEN NAME	Blanche E. ~~Aikin~~ Eakin
RESIDENCE	Picabo	RESIDENCE	Picabo
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Pa.
OCCUPATION	Clerk Gen. Store	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 4 a. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. J. Alley, M.D.
Bellevue, Idaho.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed Aug 10 1915 Robert H. Wright
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 1 1 1960

FEB 2 1973

133-218-005-168

PLACE OF BIRTH

County of Blaine

City of Hailey

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

Registration District No. 21 File No. 32629

Primary Registration District No. 2021 Registered No. 65

FULL NAME OF CHILD Arlie Harriett Allen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	Aug 18th 1915

FATHER		MOTHER	
FULL NAME	Jas. A. Allen	FULL MAIDEN NAME	Elizabeth M. Johnson
RESIDENCE	Hailey	RESIDENCE	Hailey
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Mass	BIRTHPLACE	Ill
OCCUPATION	Photographer	OCCUPATION	Hw

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 10 30P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C W Kennicott M D

(Physician or midwife)

Address Hailey Ida

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Aug 25 19 15 Robert H. Wright Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 28 1942

289-116-007-853

Form V. S. No. 11-C—25m-1-1-

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

32630

County of Blaine

City of Bellevue P.O.

Registration District No. 21 File No.

No. St.

Primary Registration District No. 2022 Registered No. 66

Hospital

FULL NAME OF CHILD Not Named

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Boy	✓		1	Yes	Aug 16 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Joseph F. Shipp	FULL MAIDEN NAME	Ester L. Heckhart
RESIDENCE	Glendale Bellevue P.O.	RESIDENCE	Glendale Bellevue P.O.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	So. Dakota
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 12 00 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. J. Allen M.D.
Bellevue Idaho
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed Aug 20 1915 Robert H. Wright
Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

238-131-007-659

Form V. S. No. 11-C—25m-1-1-18

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Blaine

City of Bellevue

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 21 File No. 32631

Primary Registration District No. 2022 Registered No. 67

FULL NAME OF CHILD not Named Albert Henry Schaufelberger

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy	—	2	Yes	July 4 1915

FATHER		MOTHER	
FULL NAME	Oscar Schaufelberger	FULL MAIDEN NAME	Beatrice Merry
RESIDENCE	Bellevue	RESIDENCE	Bellevue
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Switzerland	BIRTHPLACE	Idaho
OCCUPATION	Mine Foreman	OCCUPATION	House wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 00 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. J. Allen MD

Bellevue Idaho (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed Sept 10 1915 Robert H. Wright Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

STATE OF MICHIGAN
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32632

County [redacted]

City of Mullan

No. 413-123-040-265 St.

Registration District No. 122

File No.

Primary Registration District No. 2200

Registered No. 73

Hospital

FULL NAME OF CHILD Harold Benjamin Mackey

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	June 23 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Benjamin Mackey	FULL MAIDEN NAME	Fanny Solomon
RESIDENCE	Mullan	RESIDENCE	Mullan
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Finland	BIRTHPLACE	Michigan
OCCUPATION	Miner	OCCUPATION	HW

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 45 p M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James R Bean

physician (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed 9/24 1915 H. C. Mowery Registrar

S-Y CO. 24655

369-209-040-859

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Shoshone

City of Mullan

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 122 File No. 32633

Primary Registration District No. 2200 Registered No. 72

FULL NAME OF CHILD Rosa Syrena Tornberg

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	July 9 1915

FATHER		MOTHER	
FULL NAME	John Tornberg	FULL MAIDEN NAME	Annie Heino
RESIDENCE	Mullan	RESIDENCE	Mullan
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Sweden	BIRTHPLACE	Finland
OCCUPATION	Miner	OCCUPATION	HW

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8.45 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James R Bean

MD (Physician or midwife)

Given names added from a supplemental report.

..... 19....

..... Registrar

Address .....

Filed 7/24 1915 H. G. Mowry Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

JAN 5 1976

JAN 9 1976

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

City of Mullan Registration District No. 122 File No. 32634

312-204-040-795 No. St.

Primary Registration District No. 2200 Registered No. 71

Hospital

FULL NAME OF CHILD Elma Alma Takinin

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		yes	3 / 4 1915

FATHER		MOTHER	
FULL NAME	Emil Takanin	FULL MAIDEN NAME	Alma Gingelin
RESIDENCE	Mullan	RESIDENCE	Mullan
COLOR	W AGE AT LAST BIRTHDAY 35 (Years)	COLOR	W AGE AT LAST BIRTHDAY 39 (Years)
BIRTHPLACE	Finland	BIRTHPLACE	Finland
OCCUPATION	Miner	OCCUPATION	~~H~~ H W.

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ~~ATTENDING PHYSICIAN OR MIDWIFE~~*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James R Bean for parents (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed 9/24 1915 H C Mowry Registrar

..... Registrar

S-Y CO. 20174

JUL 31

AUG 16 1968

469-223-040-155

Form V. S. No. 11-O-[illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace

No. ..... St.

Hospital .....

Registration District No. 122 File No. 32635

Primary Registration District No. 2200 Registered No. 70

FULL NAME OF CHILD Mary Evelyn Mortisen

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	X		X	yes	Aug 23 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Melvin Mortisen	FULL MAIDEN NAME	Olive Jensen
RESIDENCE	Wallace Idaho	RESIDENCE	Wallace
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Norway
OCCUPATION	Teamster	OCCUPATION	housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 10 45 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L B Stocksleger MD

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Burke Idaho

Filed 9/12 1915 H. C. Mower
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 12 1960

MAY 28 1940

895-220-040-997

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace

Registration District No. 122

File No. 32636

No. _____ St.

Primary Registration District No. 2200

Registered No. 69

Hospital _____

FULL NAME OF CHILD _____

Sex of Child: F	Twin Triplet or other? One and Number in order of birth 4th (To be answered only in event of plural births)	Legitimate? yes	Date of Birth: Aug (Month) 20 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Roy Hinkle	FULL MAIDEN NAME	Bessie Ripley
RESIDENCE	Wallace	RESIDENCE	Wallace
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Ore	BIRTHPLACE	Tenn
OCCUPATION	Engineer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4th

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Mowery

Physicians (Physician or midwife)

Given names added from a supplemental report.

Address Wallace Ida

_____ 19__

Filed 9/2 1915 H. C. Mowery Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

497-103-040-162

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Burke

No. ..... St.

Hospital .....

Registration District No. 122 File No. 32637

Primary Registration District No. 2200 Registered No. 68

FULL NAME OF CHILD Owen Kinmuth Miggins

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	X		X	yes	Aug 3 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	William Miggins	FULL MAIDEN NAME	Bertha Aos
RESIDENCE	Burke Ida	RESIDENCE	Burke
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	New ~~York~~ Jersey	BIRTHPLACE	Minnesota
OCCUPATION	Miner	OCCUPATION	housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 12:15 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L B Stockslager MD

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Burke Ida

Filed 9/1 1915 H. P. Mowery Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOT FOR PRINTING

593-229-040-443

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace

Registration District No. 122 File No. 32638

No. ..... St.

Primary Registration District No. 2200 Registered No. 67

Hospital .....

FULL NAME OF CHILD Janet Marie Nickerson

Sex of Child F	Twin Triplet or other? One and Number in order of birth 3d (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth July 29 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Allen J. Nickerson	FULL MAIDEN NAME	Janet Mullins
RESIDENCE	City	RESIDENCE	City
COLOR	W AGE AT LAST BIRTHDAY 41 (Years)	COLOR	W AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE	Novia Scotia	BIRTHPLACE	Novia Scotia
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 4P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Mowery

Physicians
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Wallace

Filed Aug 15 1915 H. J. Mowery
Registrar

Registrar

S-Y CO. 24555

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Amended 1-16-58

PLACE OF BIRTH

525-32-040-451

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace

No. ..... St.

Hospital .....

Registration District No. 122 File No. 32639

Primary Registration District No. 2200 Registered No. 66

FULL NAME OF CHILD Elsie Elaine Ebell
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes	July 12, 1915

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Albert Ebell	FULL MAIDEN NAME	Irene Jane Dean
RESIDENCE	Wallace, Idaho	RESIDENCE	Wallace, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Oregon
OCCUPATION	Machinist	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. C. Mowery

Physician
(Physician or midwife)

Address Wallace, Idaho

Give names added from a supplemental report.

....., 192.....

..... Registrar.

Filed 8-15-15 H. C. Mowery
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 32639

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Ebell (Name on Original Certificate) who was born (Was Born or Died) on July 13, 1915 (Date of Event) in Wallace, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by School Record (Bible Record, Insurance Policy, Etc.) prepared on Westwood School - California Insurance Policy (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original) March 25, 1939	TO (The Correct Facts)
Name	Unnamed viewed by v.s.	Elsie Elaine Ebell
Date of Birth	July 13, 1915	July 12, 1915
Mother's Name	~~Irene Dean~~	Irene Jane Dean

Subscribed and sworn to before me this 3rd day of April 1957

La Ville Smurthwaite

Notary Public, residing at Baker, Oregon

My commission expires NOTARY PUBLIC FOR OREGON My Commission Expires Feb. 2, 1958 (Seal)

Signed X Albert Ebell
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

2240-4th st. Baker, Oregon
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon
County of Baker } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd day of April 1957

La Ville Smurthwaite

Notary Public, residing at Baker, Ore.

My commission expires NOTARY PUBLIC FOR OREGON My Commission Expires Feb. 2, 1958 (Seal)

Signed X Pearl May mead.
(Signature of Any Credible Person)

3305 Broadway - Baker, Ore.
(Street Address, City, State)

FORM DPH 55.155

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Burke

No. 415-108-040-749 St.

Registration District No. 122

File No. 32740

Primary Registration District No. 2200

Registered No. 65

Hospital

FULL NAME OF CHILD James Naramore Davis

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	X		X	Yes	July (Month) 8 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	George Davis	FULL MAIDEN NAME	Elizabeth Guiter
RESIDENCE	Burke	RESIDENCE	Burke
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	N. J.	BIRTHPLACE	N. Y.
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11:45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L B Stockslager MD

(Physician or midwife)

Given names added from a supplemental report

19

Address Burke Ida

Filed Sept 1 1915 H. C. Mowery

Registrar

Registrar

S-Y CO. 20174

[redacted]

APR 11 1961

455-106-040-657

Amended March 26, 1968 (Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 32641
Local Reg. No. 64
Reg. Dist. No. 122

1. PLACE OF BIRTH
a. COUNTY: Shoshone
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Osborne
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Osborne
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME *(Type or print)*
a. (First): William
b. (Middle): Edward
c. (Last): Devich

4. SEX: Male
5a. THIS BIRTH: SINGLE X TWIN ___ TRIPLET ___
5b. IF TWIN OR TRIPLET (This child born): 1st ___ 2nd ___ 3rd ___
6. DATE OF BIRTH (Month) (Day) (Year): July 6, 1915

FATHER OF CHILD

7. FULL NAME
a. (First): Martin
b. (Middle):
c. (Last): Devich

8. AGE (At time of this birth): 38 YEARS
9. BIRTHPLACE (State or foreign country) (City or Town): Miner
10. USUAL OCCUPATION: Austria
11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Elizabeth
b. (Middle):
c. (Last): Weatherby

13. AGE (At time of this birth): 35 YEARS
14. BIRTHPLACE (State or foreign country) (City or Town): Germany
15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 3
b. How many OTHER children were born alive but are now dead?
c. How many children were stillborn (born dead after [illegible] wks. pregnancy?)
16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Dr. Mowery
18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ___ OTHER (Specify)
19. ADDRESS: Wallace, Idaho
20. DATE SIGNED: 7-10-15
21. DATE REC'D BY LOCAL REG.: 7-10-15
22. REGISTRAR'S SIGNATURE: H. C. Mowery
23. DATE ON WHICH GIVEN NAME ADDED BY ___ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ___ NO ___ DATE ___

Was a standard serological test for syphilis performed? YES ___ NO ___ APPROXIMATE DATE ___

r BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the
n the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address
ION OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 32641

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Devich (Name on Original Certificate) who was born (Was Born or Died) on July 5, 1915 (Date of Event)
in Osborne, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name of Child	Unnamed Devich	William Edward Devich
Date of Birth	July 5, 1915	July 6, 1915

Subscribed and sworn to before me this ..... day of
....., 19.....

Signed Elizabeth Kovich
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Co-Ad Hospital, Coeur d'Alene, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Kootenai }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30th day of
April, 1962

Signed .....
(Signature of Any Credible Person)

Notary Public, residing at .....
My commission expires ..... NOTARY PUBLIC for the State of Idaho residing at Coeur d'Alene, Idaho My commission expires May 7, 1963
(Seal)

.....
(Street Address, City, State)

FORM DH 60-155

Notarized Statement regarding school records gives name as William E. Davis born July 6, 1915 at Wallace, Idaho. Mother's name is Mrs. Elizabeth Davis. He entered 9th grade 1929 and graduated in 1933. Signed by Dorothy M. Hougham, Sec. Coeur d'Alene High School, Coeur d'Alene, Idaho dated July 30, 1962. viewed by V.S.

Copy of application for Membership Lodge No. 24 AF&AM dated Oct 6, 1953 states William Edward Davis, born Wallace, Idaho July 6, 1915. viewed by V.S.

State Farm Life Insurance Policy dated May 6, 1949 gives name as William Edward Davis born July 6, 1915. viewed by V.S.

Notice from newspaper states a baby boy was born to Mr. and Mrs. Martin Devich. viewed by V.S.

Pupil's Report Card, Public Schools, Wallace, Idaho year 1921 and 1922 give name as William Devitch. signed by mother Elizabeth Devich viewed by V.S.

9[illegible]-225-037-405

(Be sure the information is complete and accurate)

Amended 6-27-67

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 32642
Local Reg. No. ____
Reg. Dist. No. 44

1. PLACE OF BIRTH

a. COUNTY: Owyhee

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Bruneau

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Owyhee

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Bruneau

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Elva b. (Middle): Adele c. (Last): Ramsey

4. SEX: Female

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): Aug. 25, 1915

FATHER OF CHILD

7. FULL NAME

a. (First): Madison b. (Middle): c. (Last): Ramsey

8. AGE (At time of this birth): 34 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Missouri

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Lottie b. (Middle): c. (Last): Dunham

13. AGE (At time of this birth): 24 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Idaho

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 0

b. How many OTHER children were born alive but are now dead? 0

c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: J. C. Bartlett

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Bruneau, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: 8/25/1915

22. REGISTRAR'S SIGNATURE: J.C. Bartlett

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

...in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address ...
...SION OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

5-23-67

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Elmore }

Certificate No. 32642

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Adel Ramsey (Name on Original Certificate) who was born (Was Born or Died) on Aug 25, 1915 (Date of Event) in Bruneau, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Adel	Elva Adele

Subscribed and sworn to before me this 2nd day of June, 1967

Notary Public, residing at Mtn. Home, Idaho

My commission expires March 25, 1971

(Seal)

Signed [signature] (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Box 712, Mtn. Home, Idaho 83647 (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires

(Seal)

Signed [signature] (Signature of Any Credible Person)

1502 N 15th St (Street Address, City, State)

Boise Idaho 3702

FORM DH 60-155

in effect 6-23-65. Total of 2 Copies Req'd

Mountain Home High School Diploma, May 19, 1933~~43~~ gives full name as Elva Adele Ramsey - viewed by V.S.

Marriage License and Certificate, State of Idaho, County of Ada, married Aug. 25, 1941 at Boise, Idaho gives full name of groom as John Guisasola and full name of bride as Elva Adele Ramsey - viewed by V.S.

Albion State Normal School, Albion, Idaho, Life Teachers Certificate, dated Sept. 1, 1938 - viewed by V.S. gives full name as Elva Adele Ramsey -

419-204-037-738

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32643

County of Cuyahoga

City of Bruneau

Registration District No. 44 File No. 7

No. St.

Primary Registration District No. 2121 Registered No.

Hospital

FULL NAME OF CHILD MILDRED Dorothy Martin

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
female	—		—	yes	Aug 4 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Frank Martin	FULL MAIDEN NAME	Lillie Glidden
RESIDENCE	Bruneau Ida.	RESIDENCE	Bruneau
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	48 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Minnesota	BIRTHPLACE	Washington
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive 8/4 at 8 a. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Bartlett

Physician

(Physician or midwife)

Given names added from a supplemental report

19

Address Bruneau Idaho

Filed Aug 4 1915 J. C. Bartlett

Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Canyon } ss.

Certificate No. 32643

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for (Name on Original Certificate) who (Was Born or Died) on Aug 4, 1915 (Date of Event)
in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Dorothy	Mildred Dorothy Martin

Subscribed and sworn to before me this 2nd day of June, 1942.

Elvira H. Starke
Notary Public, residing at Middleton, Ida.
My commission expires May 18, 1943.
(Seal)

Signed Mrs Lillie J. Martin
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Middleton Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19 .

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

JUN 3 1942

JUN 5

538-216-037-541

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32644

County of Owyhee

City of Drumeau

Registration District No. 44 File No. 6

No. ..... St.

Primary Registration District No. 2121 Registered No. .....

Hospital .....

FULL NAME OF CHILD Jolia Echeverria

Sex of Child female | Twin, Triplet or other? (To be answered only in event of plural births) | and | Number in order of birth | Legitimate? Yes | Date of Birth Aug 16 (Month) (Day) 1915 (Year)

FATHER	MOTHER
FULL NAME Julio Echevarria	FULL MAIDEN NAME Dolores Eusebio
RESIDENCE Drumeau	RESIDENCE Drumeau Ida
COLOR Spanish	AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE Spain	COLOR Spanish
OCCUPATION Shepherder	AGE AT LAST BIRTHDAY 30 (Years)
	BIRTHPLACE Spain
	OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Born alive or stillborn) 8/16, at 8 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Bartlett

Physician

(Physician or midwife)

Address Drumeau Idaho

Given names added from a supplemental report

..... 19.....

Filed Aug. 16 1915 J. C. Bartlett

Registrar

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

AUG 2 1947

498-216-037-693

Form V. S. No. 11-C—20m-3-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 32645

County of Owyhee

City of Bruneau — Registration District No. 44

No. ____ St. — Primary Registration District No. 2121 — Registered No. ____

Hospital ✓

FULL NAME OF CHILD Mary Dryden

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl	✓		✓	yes	Aug 16 1915

FATHER	MOTHER
FULL NAME: Thomas Noble Dryden	FULL MAIDEN NAME: Ella Wilson
RESIDENCE: Bruneau	RESIDENCE: Bruneau
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 23 (Years)	AGE AT LAST BIRTHDAY: 22 (Years)
BIRTHPLACE: Nampa Idaho	BIRTHPLACE: Missouri
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: first

Number of children of this mother now living, including present birth: One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated. 8/16/15, at 4:30 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Bartlett
Physician
(Physician or midwife)

Address Bruneau Idaho

Given names added from a supplemental report

....., 19.....

Filed 8/16/15 J. C. Bartlett
Registrar

.....
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

391-124-037-243

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-2-15-12

CERTIFICATE OF BIRTH

32646

of Bufhee

City of Homedale Registration District No. 43 File No.

No. St. Primary Registration District No. 2120 Registered No. 33

Hospital No.

FULL NAME OF CHILD Willard Allen Tracey

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	yes	7 (Month) 24 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	W Frank Tracey	FULL MAIDEN NAME	Millie Butts
RESIDENCE	Homedale, Idaho	RESIDENCE	Homedale, Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Mo.	BIRTHPLACE	Iowa
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2 05 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr F. M. Cole

Physician (Physician or midwife) BK

Given names added from a supplemental report

not yet received 19

Address Caldwell Ida

Filed Aug. 6, 1915. W. H. Schuyler, M.D. Registrar

Registrar

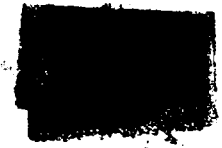
7-28-1915. John L Meyer. Caldwell Idaho

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT REC

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



MAY 8.2 1942

699-210-037-643

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Cayhee

City of Homedale

No. ..... St.

Hospital No.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-2-15-12

CERTIFICATE OF BIRTH

Registration District No. 43 File No. 32647

Primary Registration District No. 2120 Registered No. 32

FULL NAME OF CHILD Annabel Virda Friend.

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	yes.	July (Month) 10 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	E. S. Friend.	FULL MAIDEN NAME	Anna Laura Fuller
RESIDENCE	Homedale	RESIDENCE	Homedale
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Penn
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. F. M. Cole

Physician (Physician or midwife)

Given names added from a supplemental report

Supplemental report will be sent as soon as received. W.H.S. Registrar

Address Caldwell Ida

Filed Aug. 6, 1915. W. H. Schuyler, M.D. Registrar

7-28-1915. J. S. Meyer. Caldwell. Idaho.

S-Y CO. 20174

168-207-137-210

PL[redacted]

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of [redacted]

City of [redacted]

32648

Registration District No. 43 File No.

No. St.

Primary Registration District No. 2120 Registered No. 31

Hospital No.

FULL NAME OF CHILD Viola Elaine Johnson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	yes	July 9 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Cr. A. Johnson.	FULL MAIDEN NAME	Mabel Pawley.
RESIDENCE	Homedale	RESIDENCE	Homedale
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Iowa.	BIRTHPLACE	Iowa
OCCUPATION	Rancher	OCCUPATION	Housewife.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3 40 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. F. M. Cole

(Physician or midwife)

Given names added from a supplemental report

Supplemental Report called for not yet received. Registrar

Address Caldwell Ida.

Filed Aug. 6, 1915. W. H. Schuyler M.D. Registrar

W. H. S.

7-28-1915. John S. Meyer. Caldwell Idaho

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 1 6 1955

MAY 8 1972

JUN 1 5 1943

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

108-108-037-851

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH Amended 7/10/79

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oyhee

City of Clatonia (near)

Registration District No. 43

File No. 32650

No. ..... St.

Primary Registration District No. 2120

Registered No. 29

Hospital .....

FULL NAME OF CHILD Vernon L. Reynolds

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
M	S	2nd	Yes	May (Month) 8 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Harry L. Reynolds	FULL MAIDEN NAME	Pansy Head
RESIDENCE	near Clatonia Oyhee	RESIDENCE	near Clatonia, Owyhee Co. Idaho
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Northern Mo	BIRTHPLACE	Guthrie Cal.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2nd. Number of children of this mother now living, including present birth 2.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alm (Born alive or stillborn), at 9 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Gee M.D.

Physician (Physician or midwife)

Given names added from a supplemental report

Sept. 10 1915

W. H. Schuyler, M.D. Registrar

Address Caldwell Id

Filed August 1, 1915 W. H. Schuyler, M.D. Registrar

S-Y CO. 20174

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

RECEIVED
JUL 10 9 36 AM '79
VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Oregon
County of Tillamook } ss.

Certificate No. 32650
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Harry Reynolds (Name on Original Certificate) who was born (Was Born, Died, etc.) on May 8, 1915 (Date of Event)

in Clatonia, Idaho (Owyhee) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	Harry Reynolds	Vernon L. (Lamar) Reynolds

Subscribed and sworn to before me this 6th day of July, 1979

Notary Public, Mary F. Reynolds

Residing at Rockaway, OR 97136

My commission expires January 30, 1982

(Seal)

Vernon L. Reynolds
Signature of Applicant

26775 David Avenue, Rockaway, OR 97136
P. O. Box 121
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed __)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

CL 6/27/79 RUSH

JUL 10 197

Census record for Jan 1, 1920 gives name as Vernon L. Reynolds son of Harry L and Pansy P. Reynolds. 4years and 6months old. viewex yb V. S.

Application for Insurance from Crown Life Ins Co. gives name as Vernon L. Reynolds. Policy No. 1,204,206. born May 8, 1915 in Idaho. dated Feb 17, 1970. viewed by V. S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

[redacted] DAHO
[redacted] L STATISTICS
[redacted] OF BIRTH

32651

County [redacted]

City of Near Fruitland

415-201-014-234 Registration District No. 4 File No.

No. St.

Primary Registration District No. 1008 Registered No. 51

Hospital

FULL NAME OF CHILD Beatrice Evelyn Davis

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Girl	-		-	yes	Aug (Month) 1st (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Frank E. Davis	FULL MAIDEN NAME	Augusta K. Blum
RESIDENCE	Payette, Ida	RESIDENCE	Payette, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	New York	BIRTHPLACE	New York City
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1:30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Crispin Wright

Fruitland, Ida
(Physician or midwife)

Given names added from a supplemental report

19

Address

Registrar

Filed Aug 11 1915 J C Woodward
Registrar

8-Y CO. 20174

K

[redacted]

MAR 18 1942

APR 20 1966

795-16-064-28

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Payette

No. 108 First Ave. N St.

Hospital

Registration District No. 4

Primary Registration District No. 1008

File No. 32652

Registered No. 52

FULL NAME OF CHILD John Shelton Prockt

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	July 16 1915

FATHER		MOTHER	
FULL NAME	Herman Prockt	FULL MAIDEN NAME	Kathleen Shelton
RESIDENCE	1018 First ave. N. Payette, Ida	RESIDENCE	1018 First ave. N. Payette Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Wisconsin
OCCUPATION	Machinist	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. H. Avery

Physician (Physician or midwife)

Address Payette, Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed July 25 19 15 J. C. Woodward Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

669-118-014-962

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Canyon

City of Payette

No. ..... St.

Hospital .....

Registration District No. 4 File No. 32654

Primary Registration District No. 1008 Registered No. 54

FULL NAME OF CHILD Harold Lazaru Forsea

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Aug. 18 1913

FATHER		MOTHER	
FULL NAME	J. L. Forsea	FULL MAIDEN NAME	Blanch Russ
RESIDENCE	Home, Oregon	RESIDENCE	Home, Oregon
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Austria	BIRTHPLACE	Minnesota
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. H. Avery

Physician (Physician or midwife)

Address Payette, Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Aug 30 1913 J. C. Woodward Registrar

8-Y CO. 24685

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
APR 26 9 31 AM '78

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of .....

Certificate No. 32654

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Forsea (Male) (Name on Original Certificate) who was born (Was Born or Died) on Aug 18, 1915 (Date of Event)

in Payette, Idaho (Canyon) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by MILITARY DISCHARGE INSURANCE POL. 25-076-001 INS. POL. 25-615-008 (Bible Record, Insurance Policy, Etc.) prepared on MAR. 24, 1946 AUG. 11, 1954 JAN 20, 1956 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed Forsea	Harold L. Forsea

Subscribed and sworn to before me this 22nd day of April, 1978

Notary Public, residing at Sacramento, Calif.

My commission expires Dec. 21st 1981

(Seal)

Signed Grace C. Forsea
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

8181 Folsom Blvd. Sp. 175
(Street Address, City, State) Sac, 95826

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of .....

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22nd day of April, 1978

Notary Public, residing at Sacramento, Calif

My commission expires Dec. 21st 1981

(Seal)

Signed Thomas H Forsea
(Signature of Any Credible Person)

3609 ALBERTA AVE SACTO CA 95821
(Street Address, City, State)

FORM DH 60-155

CL 4/18/78 Rush!

Honorable discharge from the U.S.Navy gives name as Haorld Lazaru Forsea born Aug 18, 1915 in Payette, Idaho. dated date of separation March 24, n 1946. viewed by V. S.

APR 26 1978

Insurance application to New York Life Insurance Co. gives name as Harold ~~Lax~~ Lazaru Forsea. Born Aug 18, 1915, dated Jan. 20, 1956. viewed by VS

792-121-014-48

11-Q—20m-8-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Canyon

City of French

No. ____ St.

Hospital ____

Registration District No. ____ File No. 32656

Primary Registration District No. ____ Registered No. 56

FULL NAME OF CHILD Alvera Jay Gissel

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		3rd	yes	Aug. 21 1915

FATHER		MOTHER	
FULL NAME	Jorgen Gissel	FULL MAIDEN NAME	Anna Mickelson
RESIDENCE	French Idaho	RESIDENCE	French Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Denmark	BIRTHPLACE	Minnisota
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) on the date above stated., at 6:15 A. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sophia N. S. Simp

Midwife (Physician or midwife)

Address French Ida

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Aug 30 19 15 J. C. Woodward Registrar

R-Y CO. 20174

K

864-222-014-284

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of

No. St.

Hospital

Registration District No. 4

Primary Registration District No. 1008

File No. 32657

Registered No. 57

FULL NAME OF CHILD Unnamed

Sex of Child Female

Twin, Triplet or other? and Number in order of birth
(To be answered only in event of plural births)

Legitimate? Yes

Date of Birth Aug. 22 1915
(Month) (Day) (Year)

FATHER	MOTHER
FULL NAME August Young	FULL MAIDEN NAME Ethel Shurtleff
RESIDENCE Six miles north of Payette, Ida	RESIDENCE with husband
COLOR White	AGE AT LAST BIRTHDAY 25 (Years)
COLOR White	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Idaho	BIRTHPLACE Idaho
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12 15 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. H. Avey

Physician (Physician or midwife)

Address Payette, Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Sept 1 1915 J. E. Woodward Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

713-225-014-255

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Bannock

City of

No. St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 4 File No. 32658

Primary Registration District No. 1008 Registered No. 58

FULL NAME OF CHILD THELMA IRENE PATTERSON

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Aug 25 1915

FATHER		MOTHER	
FULL NAME	Dan Patterson	FULL MAIDEN NAME	Belle Bena
RESIDENCE	Sand Hollow	RESIDENCE	Sand Hollow
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9 30 A. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. K. Avery

Physician (Physician or midwife)

Address Payette, Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Sept 1 19 15 J. C. Woodward Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of

Certificate No. 32653
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for Thelma Irene Patterson (Name on original certificate) who was born (Was born or died) on August 25 - 1915 (Date of event)
in Payette - Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by — (Bible record, insurance policy, etc.) prepared on — (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Patterson	Thelma Irene Patterson

Subscribed and sworn to before me this 29th day of September, 1941.

Signed Rosa Belle Patterson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Port Angeles, Wash.
My commission expires March 8 - 1942
[SEAL]

Route 2 - Port Angeles - Wash.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Signed
(Signature of any credible person other than the previous affiant.)

Notary Public, residing at
My commission expires
[SEAL]

(Street Address, City, State)

Received for filing on By
(Registrar's signature)

OCT 9 1941

693-228-04-315

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of

No. St.

Hospital

Registration District No. 4

File No. 32659

Primary Registration District No. 1008

Registered No. 59

FULL NAME OF CHILD Thelma Lucille Wilson

Sex of Child Female | Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Aug. 29 (Month) (Day) 191 5 (Year)

FATHER	MOTHER
FULL NAME George Wilson	FULL MAIDEN NAME Della Earlwright
RESIDENCE Three miles west of New Plymouth	RESIDENCE Three miles west of New Plymouth
COLOR White	AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE Iowa	COLOR White
OCCUPATION Farmer	AGE AT LAST BIRTHDAY 32 (Years)
	BIRTHPLACE Nebraska
	OCCUPATION Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9:30 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. H. Avery

Physician (Physician or midwife)

Address Payette, Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Sept. 1 1915 J. C. Woodward Registrar

2-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
VITAL STATISTICS
JAN 27 9 13 AM '72

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 32659

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnnamed Wilson (Female) (Name on Original Certificate) who was born (Was Born or Died) on Aug. 29, 1915 (Date of Event) in Canyon County, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Thelma Lucille Wilson

Subscribed and sworn to before me this 22 day of Jan., 1972

Wayne T. Kinsly

Notary Public, residing at Ontario Oregon

My commission expires April 4-75

(Seal)

Signed George M Wilson

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

RT #2 Nyssa Oregon

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22 day of Jan., 1972

Wayne T. Kinsly

Notary Public, residing at Ontario Oregon

My commission expires April 4-75

(Seal)

Signed Vera M. Newgen

(Signature of Any Credible Person)

P.O. Box 451 Nyssa, Oregon 97913

(Street Address, City, State)

FORM DH 60-155 CL 1/5/72 nm

Copy of youngest son's birth certif on file in California(#45-028764). Child's name given as John Edward Anderson, Jr. born March 12, 1945. Father's name given as John Edward Anderson. Mother's name given as Thelma Lucille Wilson. Viewe d by VS

JAN 2 8 1972

Elementary School Diploma from ~~Oregon~~ Oregon gives name as Thelma Lucille Wilson from District No 22 of Union County. Dated May 20, 1930. Viewed by RV. S.

236-101
002-755

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Adams

City of Council

Registration District No. 71 File No. 32660

No. ..... St.

Primary Registration District No. 2148 Registered No. 224

Hospital .....

FULL NAME OF CHILD Johnnie Leroy Scott

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Me			Aug 1 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	William Scott	FULL MAIDEN NAME	Eva Gentry
RESIDENCE	Council	RESIDENCE	Council
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Or.	BIRTHPLACE	Org
OCCUPATION	Farmer	OCCUPATION	HW

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 12 45 a. M on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) William Scott

Father

~~(Physician or midwife)~~

Given names added from a supplemental report.

..... 19.....

Address .....

Filed Sept. 11 1915 Frank V. Brown

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 24 1956

249-102-002-348

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. H-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Adams

City of Bear P.O.

Registration District No. 71

File No. 32661

No. ____, ____ St.

Primary Registration District No. 2148

Registered No. 225

Hospital ____

FULL NAME OF CHILD JESSE Frank Smith

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Aug. 2nd, 1916

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Jesse Frank Smith	Mary Cornett
RESIDENCE	Cuprum, Idaho	Cuprum
COLOR / AGE AT LAST BIRTHDAY	White / 27 (Years)	White / 26 (Years)
BIRTHPLACE	Elba, Idaho	Indian Valley, Idaho
OCCUPATION	Farming	Farming

Number of child of this mother, including present birth V

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born (Born alive or stillborn) at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. M. Brown, M.D.

(Physician or ~~Midwife~~)

Address Landore Idaho

Given names added from a supplemental report

....., 19....

Filed Sept 1 1916 Frank E. Brown

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Adams } ss.

Certificate No. 32661

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for ____ (Name on Original Certificate) who ____ (Was Born or Died) on ____ (Date of Event)
in Frank Smith (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by family records (Bible Record, Insurance Policy, Etc.) prepared on August 2nd 1915 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Frank	Frank Jesse Smith

Subscribed and sworn to before me this 20th
day of May, 1942.

Notary Public, residing at Council, Idaho

My commission expires April 7th 1944
(Seal)

Signed [signature] Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Bear, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Adams } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of May, 1942.

Notary Public, residing at Council, Idaho

My commission expires April 7th 1944
(Seal)

Signed Charles Warner
(Signature of Any Credible Person Other Than Previous Year)

Bear, Idaho
(Street Address, City, State)

JUN 3 1942

213-106-002-414

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

V. S. No. 11-C—25m-1-1-13

CERTIFICATE OF BIRTH

County of Adams

City of Council

No. ..... St.

Hospital .....

Registration District No. 71 File No. 32662

Primary Registration District No. 2148 Registered No. 226

FULL NAME OF CHILD Melvin Arthur Bacus

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Ml		yes	Aug 6 1915

FATHER		MOTHER	
FULL NAME	Ben A Bacus	FULL MAIDEN NAME	Ida May Madison
RESIDENCE	Council	RESIDENCE	Council
COLOR	W AGE AT LAST BIRTHDAY 24 (Years)	COLOR	W AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Mo
OCCUPATION	Farmer	OCCUPATION	Hwf

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was 5 at a M on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. A. Austin

Aunt

(~~Physician or midwife~~)

Given names added from a supplemental report.

..... 19....

Address .....

Filed Sept 10 1915 Frank E Brown

Registrar

Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

6/22/44

Reused

nited States
partment of Commerce
reau of Census

JUL 30

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. [redacted]
Local Reg. No. 700
Reg. Dist. No. 300

PLACE OF BIRTH
a) County Adams (b) City Council,
c) Street Address or R.F.D. No.
d) Name of Hospital or Maternity Home:
e) Mother's stay—BEFORE delivery:
In Hosp. or Mat. Home ____ days.
IN THIS county 1 years month days

2. USUAL RESIDENCE of MOTHER (At time of this b
(a) State Idaho (b) County Adams
(c) City Council,
(d) Street Address or R.F.D. No. Middle Fork
(e) How long has MOTHER lived in Idaho? 1½
(f) Mother's mailing address Council, Idaho
3. **RESIDENCE of FATHER** (city, state) Council

FULL NAME OF CHILD Melvin Arthur Bacus
5. Date of Birth (Month, day, year) 8/6/15
Sex male 7. Twin or Triplet 0 If so—born 1st, 2nd, 3rd 0 8. No. months of Pregnancy nine 9. Legitimate? ye

FATHER OF CHILD

FULL NAME Benjamin Arthur Bacus
Color or Race W 12. Age at time of THIS birth 24 yrs.
Birthplace Iowa (City or town) (State or foreign country)
Exact Occupation Ranch owner
Industry or Business farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Ida May Matteson
17 Color or Race W 18. Age at time of THIS birth 19
19. Birthplace Spring[illegible] Missouri (City or town) (State or foreign cou
20. Exact Occupation Housewife
21. Industry or Business home

Name prophylactic used to prevent Ophthalmia Neonatorum
Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living.
(c) Born alive and now dead 0 (d) Stillborn 0

I HEREBY CERTIFY That I attended the birth of this child, who was ____ at ____ M. on th
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ____, (First name) (Last name)
related to this child as ____ (Mother, etc.)

(a) 7/29/41 (Date received) (b) [signature] (Registrar's signature)
Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN** signature ____ (D.O., Midwif
and address ____ Date

te of Idaho } ss.
nty of Adams }

AFFIDAVIT To be completed when the attendant at bi
NOT LIVING or CANNOT BE LOCATED.

I, Mrs. Ida May Bacus, being first duly sworn, say that I am related
(Related to (or) acquainted
Melvin Arthur Bacus as Mother, whose birth certi
(Name of person on certificate above) (State relationship or acquaintance)
ears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts
ned therein are true to the best of my knowledge. I further state that none, who att
(Name of attendant at birth)
d birth none and that this birth **has not been previously recorded.**
(Is now deceased (or) cannot be located)

Ida May Bacus Sign
Council, Idaho P. O. Ad

Subscribed and sworn to before me on this 29 day of July 1941

(SEAL) [signature] Notary Public, residing at Council

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

492-127-002-154

PLACE OF BIRTH

County of Adams

City of Council

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 71 File No. 32663

Primary Registration District No. 2148 Registered No. 229

FULL NAME OF CHILD Edwin Earl Nisaman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			yes	Aug 27 1917

FATHER		MOTHER	
FULL NAME	Earl H Nisaman	FULL MAIDEN NAME	Elsie Anderson
RESIDENCE	Council	RESIDENCE	Council
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Ill	BIRTHPLACE	Ida
OCCUPATION	Farmer	OCCUPATION	Hsf

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive ~~or stillborn~~ on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Frank E. Brown

..... (Physician ~~or midwife~~)

Address .....

Filed Aug. 1917 Frank E. Brown Registrar

2-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 27 1973

469-228-002-689

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Adams

City of Council

No. ..... St.

Hospital .....

STATE OF IDAHO —
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 71 File No. 32664

Primary Registration District No. 248 Registered No. 228

FULL NAME OF CHILD Eleanor Louise Morrison

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fe.			yes	Aug 28 191 5

FATHER		MOTHER	
FULL NAME	Frank H. Morrison	FULL MAIDEN NAME	Blanche May Whitaker
RESIDENCE	Council	RESIDENCE	Council
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	N.Y.
OCCUPATION	Lumberman	OCCUPATION	Housework

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was 6 at a M on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank E. Brown

(Physician ~~or midwife~~)

Address .....

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 9-14 1915 Frank E. Brown Registrar

9-Y CO. 24655

K

SEP 16 1942

OCT 3 1975

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
U OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Salubria

No. 655-206-002-753 St.

Registration District No. 71

File No. 32666

Primary Registration District No. 2748

Registered No. 217

Hospital

FULL NAME OF CHILD Alice Elizabeth

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	April 6 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	George Wiley	FULL MAIDEN NAME	Edna Petzer
RESIDENCE	Salubria Idaho	RESIDENCE	Salubria Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Colorado	BIRTHPLACE	Colorado
OCCUPATION	Sheep herder	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. E. Schmitz

M.D. (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Cambridge Idaho

Filed 9-15 1915 Frank E. Brown

Registrar

Registrar

8-Y CO. 20174

DEC 3 1

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the results of each, in order of birth stated.

PLACE OF BIRTH

County of [illegible]

City of Council

No. 415-127 002-154 St.

Hospital

Form V. S. No. 11-C—25m-1-1-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 71 File No. 32667

Primary Registration District No. 2148 Registered No. 218

FULL NAME OF CHILD Norman Donald Davis

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	6-27-1915

FATHER		MOTHER	
FULL NAME	Byron J Davis	FULL MAIDEN NAME	Matilda Paulina Anderson
RESIDENCE	Council	RESIDENCE	Council
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Idaho	BIRTHPLACE	Colo
OCCUPATION	Dept Sheriff	OCCUPATION	Hwy.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was 9 8 at 9 M on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank E. Brown

(Physician ~~or midwife~~)

Given names added from a supplemental report.

19

Address

Filed 7-1-1915 Frank E. Brown

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD.

N. B. [illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—Rev. 1-49

255-107-002-542

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Adams

City of Indian Valley

No. ..... St.

Hospital .....

Registration District No. 71 File No. 32668

Primary Registration District No. 948 Registered No. 29

FULL NAME OF CHILD Albert Edward Bennett

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	July (Month) 7 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Albert James Bennett	FULL MAIDEN NAME	Catharine Ensign
RESIDENCE	Indian Valley	RESIDENCE	Indian Valley
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Spokane Wash	BIRTHPLACE	Colorado
OCCUPATION	Mail Carrier	OCCUPATION	House wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C E Schmitt

M D (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Cambridge Idaho

Filed July 1915

..... Registrar

..... Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

556-107-002-389

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Adams

City of Goodrich

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 71 File No. 32669

Primary Registration District No. 2148 Registered No. 220

FULL NAME OF CHILD _____

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	July (Month) 7 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	D F Newton	FULL MAIDEN NAME	Clemma Christenot
RESIDENCE	Goodrich	RESIDENCE	Goodrich
COLOR	White	COLOR	Ohi
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Neb.	BIRTHPLACE	Mont.
OCCUPATION	Carpenter	OCCUPATION	Hdg

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was 9 at a. M on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank C. Brown

(Physician ~~or midwife~~)

Given names added from a supplemental report.

_____ 19__

Address _____

Filed 7-7-1915 Frank C Brown

Registrar

Registrar

S-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

435-213-002-864

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Adams

City of Council

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 71 File No. 32670

Primary Registration District No. 2148 Registered No. 222

FULL NAME OF CHILD Ruth RUBY McVey

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Fr		yes	July 13 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	James McVey	FULL MAIDEN NAME	Lottie May Houston
RESIDENCE	Council	RESIDENCE	Council
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Mo
OCCUPATION	Farmer	OCCUPATION	HW

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was 5 45 at P. M on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank E. Brown

(Physician ~~or midwife~~)

Given names added from a supplemental report.

_____ 19__

Address _____

Filed Aug. 11 1915 Frank E. Brown

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss. Certificate No. 32670

County of Butte } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)

for Ruth Ruby McVey (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on July 13, 1915 (DATE OF EVENT)

in Council, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Bible Record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on day of birth (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Rubh	Ruth Ruby McVey

Subscribed and sworn to before me this [illegible]

day of December, 19

[signature]

Notary Public, residing at Gridley, Calif.

My commission expires July 2, 1945

(SEAL)

Signed Mrs James McVey

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Gridley California

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.

County of Butte }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this

day of December, 19 42

[signature]

Notary Public, residing at Gridley Calif.

My commission expires July 2, 1945

(SEAL)

Signed Mrs E.C. McVey

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Pine Grove Calif.

(STREET ADDRESS, CITY, STATE)

Received for filing on By

(REGISTRAR'S SIGNATURE)

DEC 31 1942

693-213-002-213

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Adams

City of Council

No. _____ St.

Hospital _____

Registration District No. 71 File No. 32671

Primary Registration District No. 2148 Registered No. 221

FULL NAME OF CHILD Ophelia Wilson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Fe		yes	7-13-1915

FATHER		MOTHER	
FULL NAME	Wm J Wilson	FULL MAIDEN NAME	Viida Bates
RESIDENCE	Council	RESIDENCE	Council
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Iowa	BIRTHPLACE	Colo
OCCUPATION	Farmer	OCCUPATION	Hwf

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was 11 30 at a M on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank E Brown

(Physician ~~or midwife~~)

Given names added from a supplemental report.

_____ 19__

Address _____

Filed July 1915 Frank E. Brown
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

613-222-002-245

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Adams

City of Council Indian Valley

Registration District No. 71

File No. 32672

No. ..... St.

Primary Registration District No. 2148

Registered No. 223

Hospital .....

FULL NAME OF CHILD Esma Fern Walters

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fe			Yes	7-22-15

FATHER		MOTHER	
FULL NAME	Thos Evans Walters	FULL MAIDEN NAME	Lulu Pearl Burger
RESIDENCE	Indian Valley	RESIDENCE	Ind. Valley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Minn.	BIRTHPLACE	Ida
OCCUPATION	Farmer	OCCUPATION	Hsf

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was 9 at 9.! M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank E. Brown

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed Aug. 21 1915 Frank E. Brown

..... Registrar

8-Y CO. 24655 Registrar

MAY 14 1958

21 1942

466-112-002-255

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Adams

City of Council

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 71 File No. 32673

Primary Registration District No. [illegible] Registered No. 229

FULL NAME OF CHILD Norman Lee

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			yes	Sept 12 1915

FATHER		MOTHER	
FULL NAME	W L Clowers	FULL MAIDEN NAME	Maude Kennady
RESIDENCE	Fruitvale	RESIDENCE	Fruitvale
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Mo	BIRTHPLACE	Mo
OCCUPATION	Farmer	OCCUPATION	H.

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was 9 at a M on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank E. Brown

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed Sept. 13 1915 Frank E. Brown

..... Registrar

8-Y CO. 24655 Registrar

8/18/4

PLACE OF BIRTH

CERTIFICATE OF BIRTH

City of Council

Registration District No. 71

File No. 32675

No. ..... St.

Primary Registration District No. 2148

Registered No. 231

Hospital .....

FULL NAME OF CHILD Garnet Allen CARROLL

Sex of Child	Twin / Triplet / (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fe		2	yes	9 17 — 3

FATHER		MOTHER	
FULL NAME	Chas. E. Carroll	FULL MAIDEN NAME	Marguite A Bacus
RESIDENCE	Council	RESIDENCE	Council
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Hsf

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was 7 lb. P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank E. Brown

(Physician or midwife)

Address .....

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Sept. 19.15 Frank E. Brown

Registrar

B-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 2 3 1945

666-47-002-315

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32676

County of Adams

City of Mesa

No. ..... St.

Hospital .....

Registration District No. 71 File No. .....

Primary Registration District No. 2148 Registered No. 232

FULL NAME OF CHILD Clyde Edward Woods

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			yes	Sept 17 191 5

FATHER		MOTHER	
FULL NAME	Blain Woods	FULL MAIDEN NAME	Cora Lane
RESIDENCE	Idaho	RESIDENCE	Mesa
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Ida	BIRTHPLACE	Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was 2 a M
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Woods
uncle
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 9-20 19 15 Frank C Brown
Registrar

8-Y CO. 24655 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

8-4-41

315-120-002-215

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Adams

City of Council

No. ..... St.

Hospital .....

Registration District No. 71 File No. 32671

Primary Registration District No. 2148 Registered No. 233

FULL NAME OF CHILD John Winston La Voie

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Ml		Yes	9-20-1915

FATHER		MOTHER	
FULL NAME	John La Voie	FULL MAIDEN NAME	Izetta Sanderson
RESIDENCE	Council	RESIDENCE	Council
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Me	BIRTHPLACE	Me
OCCUPATION	Farmer	OCCUPATION	Hwf

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was 9 15 at P M on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank E. Brown

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19....

Address .....

Filed Sept. 1915 Frank E. Brown

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 16 1970

286-102-004-458

PLACE OF BIRTH

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Paris

Registration District No. _____ File No. 32678

No. _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD _____

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	July 2 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Paul Strobolt	FULL MAIDEN NAME	Meta Mehlhorn
RESIDENCE	Paris	RESIDENCE	Paris
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Germany
OCCUPATION	Taylor	OCCUPATION	H.W.

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 3 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A D Cooley

M P
(Physician or midwife)

Given names added from a supplemental report

_____ 19____

Address Paris

_____ Registrar

Filed _____ 19____ _____ Registrar

S-Y CO. 20175

FILED 9/1915

993-230-004-29C

PLACE OF BIRTH

Form V. S. No. 11—10m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Paris

Registration District No. 503 File No. 32679

No. ..... St.

Primary Registration District No. 2132 Registered No. .....

Hospital .....

FULL NAME OF CHILD Harriet

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				yes	June 30 1915

FATHER		MOTHER	
FULL NAME	Morgan G. Rich	FULL MAIDEN NAME	Loyal J. Bradley
RESIDENCE	Paris	RESIDENCE	Paris
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Paris	BIRTHPLACE	England
OCCUPATION	Miller (Flour)	OCCUPATION	H.W.

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. A. Dooley M.D. (Physician or midwife)

Address Paris

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 8-1 1915 C. J. Sutton Registrar

8-Y CO. 20178

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

JUN 26 1981

385-116-005-415

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Benewah

City of De Smet

No. ..... St.

Hospital .....

Registration District No. 31 File No. 32681

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD George Cherapkein

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Sept. 16 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Charlie Cherapkein	FULL MAIDEN NAME	Mary Sugamene David
RESIDENCE	De Smet Ida	RESIDENCE	De Smet
COLOR	Indian	COLOR	Indian
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Okinagan Reserve	BIRTHPLACE	Spokane Reserve
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 17 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at ..... M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Charlie Cherapkein, Indian

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address De Smet, Ida

Filed Sept. 24 1915 John Post, Asst. Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

493-219-005-255

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Benewah

City of DeSmet

No ....., ... St.

Hospital .....

Registration District No 31 File No. 32682

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Vera Miller

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	Feb 19 1915

FATHER		MOTHER	
FULL NAME	Robert Miller	FULL MAIDEN NAME	Norah Isabelle Kenoyer
RESIDENCE	Desmet Ida	RESIDENCE	DeSmet, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Boone, N. C.	BIRTHPLACE	Colfax, Wash.
OCCUPATION	Stationary Engineer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Collard, Physician (Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Desmet, Ida.

Filed Sept. 21 1915 John Post, Deputy Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

855-104-005-753

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Benewah

City of Tensed

No. ..... St.

Hospital .....

Registration District No. 31

File No. 32683

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Joseph Bernard Hendrick

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Aug (Month) 4 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Louie W. Hendricks	FULL MAIDEN NAME	Mabel Elizabeth Peterson
RESIDENCE	Tensed	RESIDENCE	Tensed
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Centerline, Mich.	BIRTHPLACE	Wisconsin
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Collard

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

..... Registrar

Address Desmet, Ida

Filed Sept. 26 1915 John Post, Asst. Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 17 1957

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

347-209-003-954

PLACE OF BIRTH

County of Bannock

City of Wayan

No. _____ St.

Hospital _____

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. [illegible] File No. [illegible]

Primary Registration District No. [illegible] Registered No. [illegible]

FULL NAME OF CHILD Philip Ernest Pingay

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate	Date of Birth
F	—		—	Yes	June 9 (Month) [illegible] (Day) [illegible] (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Perry Pingay	MAIDEN NAME	Hattie Reddley
RESIDENCE	Wayan	RESIDENCE	Wayan
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	43 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Mo
OCCUPATION	Rancher	OCCUPATION	Wife

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at 49 M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ellis Kaerly

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Ellis Kaerly
Registrar

Address Soda Springs

Filed Aug 10 1915 Ellis Kaerly
Registrar

S-Y CO. 24655

PLACE OF BIRTH

763-[illegible]

[illegible] V. S. No. [illegible]-C-20m-2-15-12

PLACE OF BIRTH

BUREA[illegible]

CERTIFICATE [illegible]

County of Blaine

City of ~~Ketchum~~

Registration District No. 21 File No. [illegible]

No. ..... St.

Primary Registration District No. 2022 Registered No. 581

Hospital .....

FULL NAME OF CHILD Carl Richard Pothier

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	July 26 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Fred W. Pothier	FULL MAIDEN NAME	Ella Farnlund
RESIDENCE	Ketchum Ida	RESIDENCE	Ketchum Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	~~White~~ Ketchum Ida	BIRTHPLACE	Colorado
OCCUPATION	Raucher	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Robert H. Wright M.D.

(Physician or midwife)

Address Hailey Ida

Filed July 28 1915 Robert H. Wright Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

PLACE OF BIRTH

266-219-007-249

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Blaine

City of Hailey

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
Form V. S. No. 11-C—Rev-1-1-..

CERTIFICATE OF BIRTH

Registration District No. 21

Primary Registration District No. 2077

File No. 32686

Registered No. 57

FULL NAME OF CHILD Rena May Koonce

Sex of Child	Twin, Triplet or other? (To be answered only in ev...	Legitimate?	Date of Birth
Female	... and ...	yes	July (Month) 19 (Day) 1915 (Year)

FATHER

FULL NAME H. J. Koonce

RESIDENCE Hailey Idaho

COLOR White AGE AT LAST BIRTHDAY 36 (Years)

BIRTHPLACE North Carolina

OCCUPATION rancher

MOTHER

FULL MAIDEN NAME Ruby L. Burnham

RESIDENCE Hailey Idaho

COLOR White AGE AT LAST BIRTHDAY 22 (Years)

BIRTHPLACE State Washington

OCCUPATION housework

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth ...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 4:10 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19...

..... Registrar

(Signature) John J. Raaf M.D.

(Physician or midwife)

Address Hailey Idaho

Filed July 25 1915 Robert H. Wright Registrar

S-Y CO. 24655

AUG 25 1947

AUG 18 1952

719-229-007-238

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Blaine

City of Ketchum

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32687

Registration District No. 21 File No. .....

Primary Registration District No. 2022 Registered No. 56

FULL NAME OF CHILD No name Ivy Irene Parker

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	July (Month) 29 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	H. C. Parker	FULL MAIDEN NAME	Mary Schultz
RESIDENCE	Ketchum Idaho	RESIDENCE	Ketchum Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Ketchum Idaho
OCCUPATION	Miner	OCCUPATION	housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 4 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John J. Raaf MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Hailey Idaho

Filed Aug 7 1915 Robert H. Wright

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 16 1943

493-101-007-913

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32688

PLACE OF BIRTH

County of Blaine

City of Hailey

No. ..... St.

Hospital .....

Registration District No. 21 File No. .....

Primary Registration District No. 2077 Registered No. 55

FULL NAME OF CHILD James Wm. Miller

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
M			Yes	July 1st (Month) (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Daniel R. Miller	FULL MAIDEN NAME	Eunice Bathbone
RESIDENCE	Hailey	RESIDENCE	Hailey
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	47	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Ind.	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	HW

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 11:45 P. M. on the date above stated.

(Signature) E W Kleinman, M.D.

(Physician or midwife)

Address Hailey, Ida

Filed July 10 1915 Robert L. Wright Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 17 1942

659.-220-007-659

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Blaine

City of Bellevue

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 21 File No. 32689

Primary Registration District No. 2077 Registered No. 54

FULL NAME OF CHILD Olive Geraldine Wenry

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl		3	Yes	July 28 1918

FATHER		MOTHER	
FULL NAME	Thos Wenry	FULL MAIDEN NAME	Dora Wenry
RESIDENCE	Bellevue	RESIDENCE	Bellevue
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Nevada	BIRTHPLACE	Nevada
OCCUPATION	Miner	OCCUPATION	House Wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1059 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. J. Adkins

Bellevue Idaho (Physician or midwife)

Given names added from a supplemental report.

_____ 19____ Registrar

Address _____

Filed July 15 19 15 Robert H. Wright Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 1 2 1966

613-130-007-319

Form V. S. No. [illegible]

PLACE OF BIRTH

County of Blaine

City of Bellevue

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 21 File No. 32690

Primary Registration District No. 2072 Registered No 53

FULL NAME OF CHILD George Compton Waldner

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	May 30 1915

	PATHER		MOTHER
FULL NAME	Gottlob Waldner	FULL MAIDEN NAME	Ruth Larson
RESIDENCE	Bellevue Ida	RESIDENCE	Bellevue Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Germany	BIRTHPLACE	Denver Colo
OCCUPATION	Butcher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 4:35 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Robert H. Wright M.D.
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address Hailey Ida

Filed June 13 1915 Robert H Wright
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

652-127-029-168

No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Lath

City of Troy

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 64 File No. 32691

Primary Registration District No. 2144 Registered No. .....

FULL NAME OF CHILD Carl Norman Westberg

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	June 27 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Carl G. Westberg	FULL MAIDEN NAME	Ella C. Johnson
RESIDENCE	Troy	RESIDENCE	Troy
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Sweden
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 12.30 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

Phys.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Troy Ida

Filed June 30 1915 C. V. Johnson
Registrar

Registrar

2-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

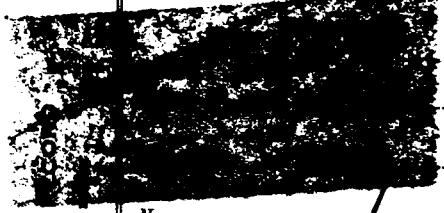
APR 1 1 1968

Dup of 1915-339725

693-116-029-655

[redacted]

Form [illegible] 11-C-20m-2-15-12



STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 64 File No. 32692

No. ..... St.

Primary Registration District No. 2144 Registered No. .....

Hospital .....

FULL NAME OF CHILD Donald Fildes

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	Yes	Apr 16 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Jesse Conrad Fildes	FULL MAIDEN NAME	Sarah Maud Weeks
RESIDENCE	Troy Idaho	RESIDENCE	Troy Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Moscow Idaho	BIRTHPLACE	West Virginia
OCCUPATION	Drayman	OCCUPATION	House Wife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 15 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. McColl

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Troy Idaho

Filed Apr 18 1916 C. V. Johnson Registrar

..... Registrar

S-Y CO. 20174

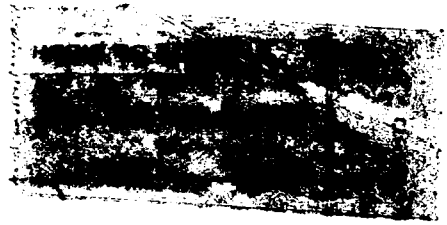
MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the [illegible] of each, in order of birth stated.

FEB 2 1942

AUG 14 19



491-215-029-319

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Troy

No. ..... St.

Hospital .....

Registration District No. 64 File No. 32693

Primary Registration District No. 2144 Registered No. .....

FULL NAME OF CHILD Frances Opal Dragstadt Dragstedt

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
female	—	—	—	Yes	Apr 15 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Ivar Dragstadt Dragstedt	FULL MAIDEN NAME	Hilda Carlson
RESIDENCE	Troy Ida	RESIDENCE	Troy Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Sweden	BIRTHPLACE	No. Dakota
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 9.30 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Mc Coll
Physician
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Troy Idaho

Filed Apr 17 1915 C. H. Johnson
Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... }
County of ..... } ss.

Certificate No. 32693

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Francis Opal Dragstadt	Frances Opal Dragstedt
name of father	Ivar Dragstadt	Ivar Dragstedt

Subscribed and sworn to before me this ..... day of ..... A. D. Duncan, 19 .....

Notary Public, residing at Twin Falls Idaho

My commission expires June 19-1943
(Seal)

Signed Hilda Dragstedt Ruberg
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record, or other credible person.)

Twin Falls Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... }
County of ..... } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19 .....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

FEB 28 1942

569-116-029-418

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Genesee

No. ..... St.

Hospital .....

Registration District No. 64 File No. 32694

Primary Registration District No. 2144 Registered No. .....

FULL NAME OF CHILD Arvin Nordby

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male				Yes	May 16 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Oscar Nordby	FULL MAIDEN NAME	Anna Dahl
RESIDENCE	Genesee Ida	RESIDENCE	Genesee Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Norway
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 9.30 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. McColl

Physician
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Troy Idaho

Filed May 20 1915 C V Johnson
Registrar

Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

11-CC-8

893-106-029-654

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-8-15-12

PLACE OF BIRTH

County of Latah

City of Troy

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32695

Registration District No. 64 File No. .....

Primary Registration District No. 2144 Registered No. .....

FULL NAME OF CHILD Homer Hill

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	— and —	—	Yes	May 6 1915

	FATHER	**MOTHER**
FULL NAME / FULL MAIDEN NAME	Homer Hill	Susan Venn
RESIDENCE	Troy Ida	Troy Ida
COLOR / AGE AT LAST BIRTHDAY (Years)	White 23	White 21
BIRTHPLACE	No. Carolina	Wash.
OCCUPATION	Carpenter	House Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Patrina Venn

Midwife (Physician or midwife)

Address Troy Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed May 19 15

Registrar

8-Y CO. 20174

8-19-41

238-112-029-437

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Latah

City of Troy

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 64 File No. 32686

Primary Registration District No. 2144 Registered No. .....

FULL NAME OF CHILD Gerald Schloesser

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			Yes	Jan 12 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Joseph Schloesser	Jennie McLaughney
RESIDENCE	Troy Ida	Troy Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	34	33
BIRTHPLACE	Iowa	Iowa
OCCUPATION	Printer	House-Wife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated, at 6.50 P.M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. McCall

Physician (Physician or midwife)

Address Troy Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Feb 19 1915 C. V. Johnson Registrar

8-Y CO. 20174

268-223-029-413

Form V. S. No. 11-C—20m-9-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Latah

City of Troy

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 64 File No. 32697

Primary Registration District No. 7144 Registered No. .....

FULL NAME OF CHILD ALICE VIOLA ~~Mary~~ Bohman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female	—	—	Yes	March 13, 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Axel Robert Bohman	Julia Mattson
RESIDENCE	Troy Idaho	Troy Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	31	26
BIRTHPLACE	Sweden	Latah Co. Idaho
OCCUPATION	Lumberman	House Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3.15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. McCoell

Physician (Physician or midwife)

Address Troy Idaho

Filed March 30 1915 C. W. Truman Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

8-Y CO. 20174

AUG 9 1943

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Latah } ss.

Certificate No. 32697

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Mary (Name on Original Certificate) who was born (Was Born or Died) on March 23, 1915 (Date of Event)
in Troy, Latah County, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Baptismal Certificate (Bible Record, Insurance Policy, Etc.) prepared on June 23, 1915 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Mary	Alice Viola Bohman

Subscribed and sworn to before me this 7th
day of August, 1943

E. E. Brooks
Notary Public, residing at Troy, Idaho

My commission expires 3-1-1944
(Seal)

Signed Axel R Bohman (Father)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

318 - 5th St., Lewiston, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Latah } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7th
day of August, 1943

E. E. Brooks
Notary Public, residing at Troy, Idaho

My commission expires 3-1-1944
(Seal)

Signed Ole Bohman
(Signature of Any Credible Person Other Than Previous Year)

Troy, Idaho
(Street Address, City, State)

AUG 10 1943

AUG 11 1943

MARGIN RESERVED FOR BINDING

...TE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Troy

No. 386-122 / 629-639 St.

Hospital

Registration District No. 64 File No. 32699

Primary Registration District No. 2144 Registered No.

FULL NAME OF CHILD MELVIN ARTHUR Thorp

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Jan 22 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Stephen Thorp	FULL MAIDEN NAME	Gertrude Flint
RESIDENCE	Troy	RESIDENCE	Troy
COLOR	White AGE AT LAST BIRTHDAY 46 (Years)	COLOR	White AGE AT LAST BIRTHDAY 43 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	England
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 12 Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9.30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. McColl

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Troy Idaho

Filed Jan 27 1915 C. V. Johnson Registrar

Registrar

S-Y CO. 20174

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Latah }

SEP 30 1941

Certificate No. 32699
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for Melvin Arthur Thorp (Name on original certificate) who was born (Was born or died) on January 22nd, 1915 (Date of event)
in Troy, Latah Co. Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by record Boise, Idaho (Bible record, insurance policy, etc.) prepared on shortly after birth (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name Melvin	Douglas Thorp	Melvin Arthur Thorp#
Arthur Surname Thorp	Thorp	Thorp#

Subscribed and sworn to before me this 25th
day of September, 1941

J. Peters
Notary Public, residing at Bellingham, Wash.
My commission expires March, 1st, 1943
[SEAL]

Signed Gertrude Flint Thorp (mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
#2719 Meridian Street
Bellingham, Wash.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Whatcom }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25th
day of September, 1941

J. Peters
Notary Public, residing at Bellingham Wash
My commission expires March 1st 1943
[SEAL]

Signed Gertrude Flint Thorp
(Signature of any credible person other than the previous affiant.)
Marjorie Thorp Eggleston
2719 Meridian St
(Street Address, City, State)
Bellingham Wash

Received for filing on By
(Registrar's signature)

Form V. S. No. 11-C—25m-1-1-15

PL[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of [redacted]

City of Troy Ida.

No. 437-122-029-666 St.

Registration District No. 64

File No. 32701

Primary Registration District No. 2144

Registered No.

Hospital

FULL NAME OF CHILD Walter Wm McGarvey

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	—	—	Yes	May 22 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Robt. McGarvey	FULL MAIDEN NAME	Rose Wood
RESIDENCE	Troy Ida	RESIDENCE	Iowa
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Canada	BIRTHPLACE	Iowa
OCCUPATION	Laborer	OCCUPATION	House Wife

Number of child of this mother, including present birth 11

Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10.40 A on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Muncoll
Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Troy Idaho

19

Filed June 25 1915 C. V. Johnson
Registrar

Registrar

9-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

968-205-029-265

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Troy

No. ..... St.

Hospital .....

Registration District No. 64 File No. 32702

Primary Registration District No. 2144 Registered No. .....

FULL NAME OF CHILD Margaret Louise Johanson

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
female	—	—	yes	June 5 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John Johanson	FULL MAIDEN NAME	Alma Swenson
RESIDENCE	Troy Ida	RESIDENCE	Troy Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Minnesota	BIRTHPLACE	Minnesota
OCCUPATION	Manufacturer	OCCUPATION	House-Wife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 1.40 P M on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. McCoy

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Troy Idaho

Filed June 9 1915 C. V. Johnson Registrar

Registrar

S-Y CO. 24055

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon } ss.
County of Multnomah }

Certificate No. 32702
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)

for Margaret L. Johanson (Name on original certificate) who was born (Was born or died) on 6-5-15 (Date of event)

in Troy, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Bible record (Bible record, insurance policy, etc.) prepared on 6-5-15 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Surname	Johannson	Johanson

Subscribed and sworn to before me this 2nd day of January 1942

Otis B. Shead
Notary Public, residing at Portland Ore.
My commission expires Sept. 1944
[SEAL]

Signed John Johanson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Pelpietua Lea
(~~Street Address, City, State~~) Territory

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Multnomah }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd day of January, 1942

Otis B. Shead
Notary Public, residing at Portland, Ore.
My commission expires September 11, 1944
[SEAL]

Signed Ernest M. Lehman
(Signature of any credible person other than the previous affiant.)

329 S.E. 20th Portland Ore.
(Street Address, City, State)

Received for filing on By
(Registrar's signature)

FEB 2 1942

125-116-029-236

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Latah

City of Troy

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 64 File No. 32703

Primary Registration District No. 2144 Registered No. .....

FULL NAME OF CHILD Jack Sletto

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	June 16 1916

FATHER		MOTHER	
FULL NAME	Samuel Sletto	FULL MAIDEN NAME	Rachel Scott
RESIDENCE	Troy, Ida.	RESIDENCE	Troy Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	No. Dakota	BIRTHPLACE	Missouri
OCCUPATION	Barber	OCCUPATION	House wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 4. P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) J. M. McCall

Physician
(Physician or midwife)

Address Troy Idaho

Filed June 22 1916 E. J. Thomas Registrar

S-Y CO. 24655

394-221-029-623

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Fatah

City of Troy

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 64 File No. 32704

Primary Registration District No. 2144 Registered No. .....

FULL NAME OF CHILD Anna Laidin

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female				yes	June 21 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	L A Laidin	FULL MAIDEN NAME	Christina Oslund
RESIDENCE	Troy	RESIDENCE	Troy
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Sweden
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at a.p. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Tosbery

Midwife
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed June 26 1915 C. V. Johnson
Registrar

Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

369-123-029-391

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Troy

No. ..... St.

Hospital .....

Registration District No. 64 File No. 32705

Primary Registration District No. 2144 Registered No. .....

FULL NAME OF CHILD Roy Delmar Corkill

Sex of Child	Twin Triplet, or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	Yes	July 23 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Abner Corkill	FULL MAIDEN NAME	Amy Craine
RESIDENCE	Troy Idaho	RESIDENCE	Troy Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Isle of Man	BIRTHPLACE	Isle of Man
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5.15A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Mincoll

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Troy Idaho

Filed July 30 1915 C. V. Johnson Registrar

..... Registrar

R-Y CO. 20174

STATE OF ID
BUREAU OF VITAL S

PLACE OF BIRTH

County of

APR 29 1954

791-102-029-795

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Latah

City of Troy

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-1-1-13

CERTIFICATE OF BIRTH

32706

Registration District No. 64 File No. .....

Primary Registration District No. 2144 Registered No. .....

FULL NAME OF CHILD ~~[redacted]~~ KENNETH Gray

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate	Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	Aug 2 1914

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Fred Leroy Fay	Flonie Grear
RESIDENCE	Troy Ida	Troy Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	28	22
BIRTHPLACE	Missouri	Idaho
OCCUPATION	Laborer	At. Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 5:45 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Metcalf

Phys.
(Physician or midwife)

Address Troy Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Aug 6 1914 C. V. Johnson
Registrar

S-Y CO. 24655

AUG 2 8 1945

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 32706
Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Kenneth Gray (Name on original certificate) who born (Was born or died) on Aug 4, 1916 (Date of event)
in Troy, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by relatives (Bible record, insurance policy, etc.) prepared on ..... (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Theodore Gray	Kenneth Gray

Subscribed and sworn to before me this 2nd
day of April, 1942
R. W. Anderson
Notary Public, residing at Spokane
My commission expires Feb 16-1944
[SEAL]

Signed Mrs. Lossie [illegible] Gray
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
[illegible] Spokane
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Spokane }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd
day of April, 1942
Notary Public, residing at Spokane
My commission expires Feb 16-1944
[SEAL]

Signed [illegible]
(Signature of any credible person other than the previous affiant.)
2123 North Div St Spokane
(Street Address, City, State)

Received for filing on ..... By .....
(Registrar's signature)

AUG 28 1945

249-202-029-195

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32707

County of Latah

City of Troy

No. ..... St.

Hospital .....

Registration District No. 64 File No. .....

Primary Registration District No. 2144 Registered No. .....

FULL NAME OF CHILD Cynthia Smith

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	Yes	Aug 2 1915

FATHER		MOTHER	
FULL NAME	Geo. A. Smith	FULL MAIDEN NAME	Beth Arnot
RESIDENCE	Troy Ida	RESIDENCE	Troy Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Troy Ida.	BIRTHPLACE	S. Dakota
OCCUPATION	Farmer	OCCUPATION	House-Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 4 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. McCall
Phys.
(Physician or midwife)

Address Troy Ida.

Given names added from a supplemental report.

..... 19.....

Filed Aug. 5 19 15 C. V. Johnson
Registrar

..... Registrar

S-Y CO. 24838

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

OCT 24 1972

381-125-029-366

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Latah

City of Troy

No. ..... St.

Hospital .....

Form V. S. No. 11-C-25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 64 File No. 32708

Primary Registration District No. 2144 Registered No. .....

FULL NAME OF CHILD Milo Chapman

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	July 25 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	C K. Chapman	FULL MAIDEN NAME	Maud M Cooper
RESIDENCE	Troy	RESIDENCE	Troy
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	Minister	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive July 25 at 8 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs F Beyer
Midwife
(Physician or midwife)

Given names added from a supplemental report.

..... 19...

Address Deary Idaho

Filed July 29 1915 C K Johnson
Registrar

Registrar

S-Y CO. 24688

RECEIVED
MAR 13 1992

293-101-020-381

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Elmore

City of Mountain Home

Registration District No. 34

File No. 32709

No. ——— St.

Primary Registration District No. 2020

Registered No. 31

Hospital ———

FULL NAME OF CHILD John Sillonis

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	—		—	yes	July 1st 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Pablo Sillonis	FULL MAIDEN NAME	Julia Chacartegui
RESIDENCE	Mountain Home	RESIDENCE	Mountain Home
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Spain	BIRTHPLACE	Spain
OCCUPATION	Sheepman	OCCUPATION	Hwife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 1 P. M. on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. W. Mather

Physician
(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19....

Address Mountain Home

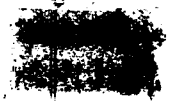
Filed July 8th 1915 B. W. Mather
Registrar

S-Y CO. 24662

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

277-228-020-962

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Elmore

City of Mountain Home

Registration District No. 34 File No. 32710

No. — St.

Primary Registration District No. 2020 Registered No. 30

Hospital —

FULL NAME OF CHILD Donna Lillian Smith

Sex of Child Female | Twin Triplet or other? — and Number in order of birth — (To be answered only in event of plural births) | Legitimate? yes | Date of Birth July 28th 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Nelson Smith	FULL MAIDEN NAME	Della Roberson
RESIDENCE	Mountain Home	RESIDENCE	Mountain Home
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Ga.	BIRTHPLACE	Indian Territory
OCCUPATION	Laborer (Livery Stable)	OCCUPATION	Hwife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8 40 A. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B W Mather

Physician (Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19....

Address Mountain Home

Filed 7/30 1915 B W Mather Registrar

Registrar

S-Y CO. 24652

DEC 1 3 1944

DEC 22 1944

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Arizona } ss.
County of [illegible]

Certificate No. 32710

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth or Death)

for (Name on Original Certificate) who (Was Born or Died) on (Date of Event)

in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Donna Lillian Smith
		Della Mae Smith [illegible]

Subscribed and sworn to before me this 18th day of Dec., 1944

Evelyn Kurriger

Notary Public, residing at 1604 E. Monroe

My commission expires July 18, 1947
(Seal)

Signed Della Mae Smith
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

St. G. Cox 2 A. Phoenix, Ariz.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

JUN 8 1973

419-108-016-912

Form V. S. No. 11-C-25m-1-1-18

[redacted] OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Co[redacted]sia

City of Declo

No. ..... St.

Hospital .....

Registration District No. 17 117 File No. 327[redacted]

Primary Registration District No. 172196 Registered No. 345

FULL NAME OF CHILD Darrell William Darrington

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		yes	July 8 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John C Darrington	FULL MAIDEN NAME	Marie Rasmussen
RESIDENCE	Marshfield	RESIDENCE	Marshfield
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Elba Idaho	BIRTHPLACE	Elba Idaho
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at ..... M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary M. Robinson

Mid Wife (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Bosley No. 2

Filed July 8 1915 Dr. J. C. Patterson Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BIN[redacted]

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
SEP 3 10 33 AM '75

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 32711

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Darrington (Name on Original Certificate) who was born (Was Born or Died) on July 8, 1915 (Date of Event)
in Cassia County (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Church Records (Bible Record, Insurance Policy, Etc.) prepared on ~~XXXXXXXXX~~ Nov. 23, 1926 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	omitted	Darrell William Darrington
City of birth	omitted	~~XXXXXX~~ Declo

Subscribed and sworn to before me this 29th day of August, 1975

Notary Public, residing at Burley, Idaho
My commission expires 10 July 1977
(Seal)

Signed Lee Jackson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Lee Jackson
(Street Address, City, State) 827 Denver Dr. Burley Idaho

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Cassia }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29th day of August, 1975

Notary Public, residing at Burley, Idaho
My commission expires [illegible]
(Seal)

Signed [signature]
(Signature of Any Credible Person)

Burley, Idaho
(Street Address, City, State)

FORM DH 60-155

Telephone call - no corresp. fc

Own child's birth certificate on file with Bureau of Vital Statistics gives name of father of Darrell Jerry Darrington as Darrell William Darrington born in Heyburn, Idaho. Child born November 4, 1941. Certificate # 326565.
Viewed by V.S.

SEP 1 2 1975

Certif of Ordination to the Holy Priesthood gives name as Darrel Wm. Darrington ordained a Deacon on Nov. 28, 1926. father's name given as John C. Darrington and mother's name as Marie Rasmmussen born at Declo, Idaho on July 8, 1915. Baptized Aug. 5, 1923. viewed by V. S.

365-131-C-6-663

PLACE OF BIRTH

County of Cassia

City of

No. , St.

Hospital

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 117 File No. 32712

Primary Registration District No. 2196 Registered No. 344

FULL NAME OF CHILD Frank Cecil Toner

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		yes	7 - 31 - 1915

FULL NAME	FATHER	FULL MAIDEN NAME	MOTHER
	Frank B Toner		Ethel Wolfe
RESIDENCE	Burley Ida	RESIDENCE	Burley Ida
COLOR	W AGE AT LAST BIRTHDAY 34 (Years)	COLOR	W AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE	Pa	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Farmer

Number of child of this mother, including present birth ..... Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Joseph Fremstad

(Physician or Midwife)

Given names added from a supplemental report

Address Burley Ida

..... , 19.....

Filed Aug. 2nd 1915 Dr. J. C. Patterson

Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

FEB 6 1942

STATE
Bureau of I

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Cassia }

Certificate No. 32712

Date Filed APR 1 [illegible]

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH) for Frank Cecil Toner (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on July 31, 1915, (DATE OF EVENT) in Burley, Idaho, (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name of mother	Emma Wolf	Ethel Wolfe

Subscribed and sworn to before me this 30th. day of March, 19 42.

D. T. Foster

Notary Public, residing at Burley, Idaho,

My commission expires December 14, 1945.

(SEAL)

Signed Frank B. Toner

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Cassia }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30th. day of March, 1942.

D. T. Foster

Notary Public, residing at Burley, Idaho.

My commission expires December 14, 1945.

(SEAL)

Signed Bert R. Wolfe

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....

(REGISTRAR'S SIGNATURE)

238-101-016-815

PLACE OF BIRTH

County of Cassia

City of

No. , St.

Hospital

STATE OF IDAHO — Form V. S. No. 11-C—15m-6

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 117 File No. 32714

Primary Registration District No. 2196 Registered No. 349

FULL NAME OF CHILD CARL OSWALD SCHOU

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day)
M		1	yes	7-1-15

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Carl Schou	Eliza Lawson
RESIDENCE	Burley Ida	Burley Ida
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	22	19
BIRTHPLACE	Denmark	California
OCCUPATION	Laundryman	House wife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7 am on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Joseph Fremstad

(Physician or Midwife)

Address Burley

Given names added from a supplemental report

....., 19....

Filed Aug. 1 1915 Dr. J. C. Patterson

Registrar

Registr

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California }
County of San Francisco } ss.

Certificate No. 32714

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Carl Oswald Schou (Birth or Death)
for Birth Certificate (Name on Original Certificate) who was born (Was Born or Died) on July 1, 1915. (Date of Event)
in Burley Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Dr. Joseph Neuman (Bible Record, Insurance Policy, Etc.) prepared on March 30 - 42 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed	Carl Oswald Schou
birthdate	June 21, 1915	July 1, 1915

Subscribed and sworn to before me this 25th day of March, 1942

Notary Public, residing at San Francisco
My commission expires My Commission Expires October 2, 1943
(Seal)

Signed Carl Schou.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

1143 Lurman St, San Francisco Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California }
County of San Francisco } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25th day of March, 1942

Notary Public, residing at San Francisco
My commission expires My Commission Expires October 2, 1943
(Seal)

Signed Carl Schou
(Signature of Any Credible Person Other Than Previous Year)

1143 Lurman St San Francisco Calif.
(Street Address, City, State)

NOTARY PUBLIC
In and for the City and County of San Francisco
State of California

469-120-016-893

PLACE OF BIRTH Amended 3/28/79

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

32715

County of Cassia

City of Burley

Registration District No. 117 File No.

No. , St.

Primary Registration District No. 2196 Registered No. 341

Hospital

FULL NAME OF CHILD Clinton Duward Morgan

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	June 20 19[illegible]

FULL NAME OF FATHER	FULL MAIDEN NAME OF MOTHER
Milford Morgan	Beth Hill
RESIDENCE Burley Ida	RESIDENCE Burley Ida
COLOR W AGE AT LAST BIRTHDAY 26 (Years)	COLOR W AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Iowa	BIRTHPLACE Washington
OCCUPATION Farmer	OCCUPATION Farmer

Number of child of this mother, including present birth

Number of children, of this mother, now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7-0 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Joseph Fremstad

(Physician or Midwife)

Address Burley Ida

Given names added from a supplemental report

, 19

Registrar

Filed Aug. 1st 19 43 Dr. J. C. Patterson

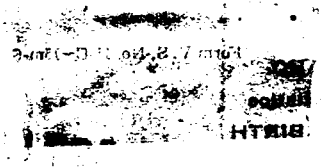
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



DUP OF 1915-113664

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss. Certificate No. 32715

County of ..... Date Filed .....

DEC 22 9 21 AM '78

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed male Morgan (Name on Original Certificate) who was born (Was Born or Died) on June 20, 1915 (Date of Event)

in Cassia County (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	omitted	Clinton Durward Morgan
city of birth	omitted	Burley

Subscribed and sworn to before me this 7th day of December, 1978.

P Bing Parkinson

Notary Public, residing at Burley

My commission expires .....

(Seal)

MY COMMISSION EXPIRES ... NOTARY PUBLIC OF IDAHO RESIDING AT BURLEY, IDAHO

Signed [signature]

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rt 1, Box 24 [illegible]

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.

County of Cassia

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7th day of December, 1978.

P Bing Parkinson

Notary Public, residing at .....

My commission expires .....

(Seal)

MY COMMISSION EXPIRES ... NOTARY PUBLIC OF IDAHO RESIDING AT BURLEY, IDAHO

Signed [signature]

(Signature of Any Credible Person)

Box 162 Oakley Idaho

(Street Address, City, State)

FORM DH 60-155

correction corresp 11-29-78 1 copy pd.

Certif of Baptism and Confirmation from the LDS Church gives name as Clinton Durward Morgan son of Wilford Charles Morgan and Dessie May Hill born June 20, 1915 at Burley, Idaho. Baptized March 29, 1957. viewed by V. S.

Personnel Security Questionaire from Lockheed Aircraft Corp., Sunnyvale, Calif. gives name as Clinton Durward Morgan born June 20, 1915 at Burley, Idaho. dated Nov 10,1959. viewed by V. S.

MAR 2 8 1979

391-224-016-653

AMENDED CHILD'S & MOTHER'S NAMES 1-2-2001 MS

Form V. S. No. 11-C—25m-1-1-18

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Cassia

City of Burley

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 117 File No. 32716

Primary Registration District No. 2196 Registered No. 340

FULL NAME OF CHILD MYRTLE OLIVE CRANER

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	Single	4th	Yes	July 24 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John Thomas Craner	FULL MAIDEN NAME	~~Loretta~~ Wells SARAH LAURETTA
RESIDENCE	Burley.	RESIDENCE	Burley Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Oakley Idaho USA	BIRTHPLACE	Basin Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4th Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 1-30a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G E Craner

Physician
(Physician or midwife)

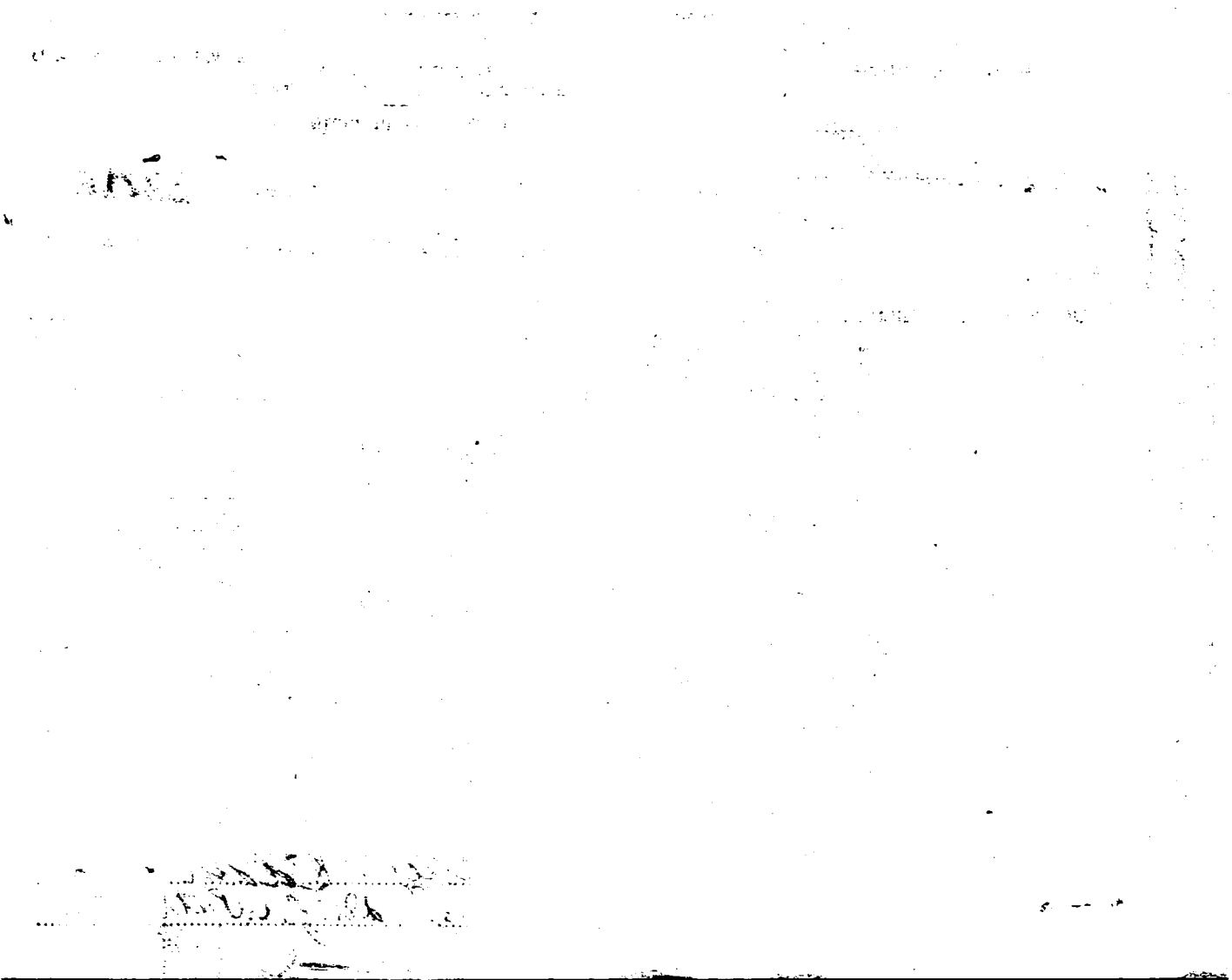
Given names added from a supplemental report.

_____ 19__

Address Burley. Idaho

Filed Aug. 1st 1915 Dr. J. C. Patterson
Registrar

S-Y CO. 24655



11/8/00 1 CC PD

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Center for Vital Statistics
and Health Policy

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of IDAHO
County of BLAINE } ss.

RECEIVED VITAL STATISTICS 00 DEC 29 AM 11:01

Certificate No. 1915-32716
Date Filed 8/1/15

The undersigned does solemnly swear that certain facts on the certificate of BIRTH

for UNNAMED CRANER (Name on Original Certificate) who WAS BORN (Was Born, Died, etc.) on 7/24/15 (Date of Event)

in BURLEY (CASSIA CO.) ID (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
CHILDS GIVEN NAMES	UNNAMED	MYRTLE OLIVE
MOTHERS GIVEN NAMES	LORETTA	SARAH LAURETTA

Subscribed and sworn to before me this 7th day of December, 2000

Notary Public [illegible]
Residing at [illegible] Idaho
My commission expires 11-16-05
(Seal)

x Myrtle Olive Bingham
Signature of Applicant

163 Foot Hill Road
Street Address, City, State
Carey, Idaho

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of [illegible] } ss.

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, ____.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

ID BIRTH CERT #22-D53-0418 FOR RADA LAURA CRANER, BORN 5-5-22 IN BURLEY IDAHO TO SARAH LAURETTA WELLS AND JOHN T CRANER. VIEWED BY VS

ID DEATH CERT #70-722 FOR SARAH LARUETTA CRANER, DIED 2-22-70 IN BURLEY, ID VIEWED BY VS

CHURCH RECORD FROM THE LDS CHURCH SHOWS BYRTLE OLIVE CRANER BORN JULY 24, 1915 IN BURLEY (CASSIA) ID WAS BAPTIZED JULY 24, 1923 VIEWED VS.

STATE OF IDAHO CERTIFICATE OF BIRTH FILED 10/10/1938 FILE NUMBER 1938-271628 SHOWS THE MOTHER'S MAIDEN NAME AS MYRTLE OLIVE CRANER VIEWED VS.

56F-119-016-231

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of

No. St.

Hospital

Registration District No. 31 117 File No. 32717

Primary Registration District No. 2196 Registered No. 343

FULL NAME OF CHILD John Lowell Nordstrom

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	July (Month) 19 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	John G. Nordstrom	FULL MAIDEN NAME	Jane Blake
RESIDENCE	View	RESIDENCE	View
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Heber City Utah	BIRTHPLACE	Heber City Utah
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Thos. Robinson
Midwife
(Physician or midwife)

Given names added from a supplemental report.

19

Address Burley R.D. 42 Idaho

Filed Aug. 1 1915 Dr. J. C. Patterson
Registrar

Registrar

9-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

cc 7/18/41 PBA

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

756-101-016-818

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 117 File No. 32718

Primary Registration District No. 2196 Registered No. 350

FULL NAME OF CHILD Ernest Peter Jeffson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			Yes	7-1-15 191...

FATHER		MOTHER	
FULL NAME	J. L. Jeffson	FULL MAIDEN NAME	Anna Hahn
RESIDENCE	Burley, Ida	RESIDENCE	Burley, Ida.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	25
COLOR	White	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Utah	BIRTHPLACE	Germany
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 8 a. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M.D.

(Physician or midwife)

Address Burley, Ida.

Given names added from a supplemental report.

..... 19.....

Filed July 3 1915 Dr. J. C. Patterson

Registrar

..... Registrar

S-Y CO. 24655

666-205-016-154

PLACE OF BIRTH

Amended 9-6-74

County of Cassia

City of Burley

No. ____ St.

Hospital ____

Form V. S. No. 11-C—35m-1-1-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32719

Registration District No. 117 File No. ____

Primary Registration District No. 2196 Registered No. 349

FULL NAME OF CHILD Marvel Ruth Wood

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	7-5-15 191...

FATHER		MOTHER	
FULL NAME	C. W. Wood	FULL MAIDEN NAME	Lizzie Anderson
RESIDENCE	Burley, Ida.	RESIDENCE	Burley Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 9 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson

M. D.

(Physician or midwife)

Address Burley, Ida.

Given names added from a supplemental report.

..... 19....

.....
Registrar

Filed July 7 1915 Dr. J. C. Patterson
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

AUG 2 1 1974

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

SEP 6 1 36 PM '74

Certificate No. 32719

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth
(Birth or Death)
for Unnamed Woods (female) who was born on July 5, 1915
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Burley, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by ..... prepared on ....., are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed Woods	Marvel Ruth Wood
father's last name	Woods	Wood

Subscribed and sworn to before me this 28th day of August, 1974

Notary Public, residing at Ogden, Utah

My commission expires Jan. 14, 1975

(Seal)

Signed Martha Elizabeth Woods
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

2325 Harrison Blvd - Ogden Utah
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Weber }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29th day of August, 1975

Notary Public, residing at Ogden, Utah

My commission expires Jan. 14, 1975

(Seal)

Signed .....
(Signature of Any Credible Person)

[illegible] Ogden, Utah
(Street Address, City, State)

FORM DH 60-155

CL 8/21/74

Marriage certificate of Marvel Ruth Wood of Burley Idaho to Vernon John Craner of Burley, Idaho on November 24, 1933 in Salt Lake City, Utah. Gives name correct.
Viewed by V.S.

SEP 6 1974

Own childs birth certificate on file with Bureau of Vital Statistics gives name of mother as Marvel Ruth Wood. Child bornApril 1, 1942 in Twin Falls, Idaho. Childs name Bonnie Elizabeth. Father listed as Vernon John Craner.
Viewed by V.S.

349-213-016-389

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. _____ St.

Hospital _____

Registration District No. 117 File No. 32720

Primary Registration District No. 2196 Registered No. 348

FULL NAME OF CHILD Curtis

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F.		Yes.	7-13-15 191 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Geo. W. Curtis	FULL MAIDEN NAME	Minnie Christensen
RESIDENCE	Burley, Ida.	RESIDENCE	Burley, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12.15 a. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson

M.D.
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address Burley, Ida.

Filed July 15 1915 Dr. J. C. Patterson
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-6—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32121

County of Cassia

553-116-016-243

City of

Registration District No. 117 File No.

No. St.

Primary Registration District No. 2196 Registered No. 346

Hospital

FULL NAME OF CHILD Not named. EDWARD CLARENCE NELSON

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy				yes	July 16, 1915

FATHER

FULL NAME Thos. W. Nelson

RESIDENCE View

COLOR White AGE AT LAST BIRTHDAY 42 (Years)

BIRTHPLACE St Joe, Missouri

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Mary J. Sullivan

RESIDENCE View

COLOR White AGE AT LAST BIRTHDAY 38 (Years)

BIRTHPLACE Callahan Co. Fla.

OCCUPATION House wife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at ..... M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Thos. Robinson

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Burley

Filed Aug. 1 19 15 Dr. J. C. Patterson

Registrar

S-Y CO. 24655 Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada }

Certificate No. 32721

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Gertie (BIRTH OR DEATH)
for Unnamed Nelson (NAME ON ORIGINAL CERTIFICATE) who was (WAS BORN OR DIED) on July 16, 1915 (DATE OF EVENT)
in Canon Co. Ida (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by mother (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Edward Clarence Nelson

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
(SEAL)

Signed Marie Gertrude Nelson
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD: OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
910 - N 22 St Boise Ida
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16
day of January, 19 42
Walter W. Fisher
Notary Public, residing at Boise
My commission expires April 30, 1944
(SEAL)

Signed Edna Mae Burgess
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
2127 - Ellis Ave
(STREET ADDRESS, CITY, STATE)
Boise Ida

Received for filing on By
(REGISTRAR'S SIGNATURE)

393-212-016-163

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-19

CERTIFICATE OF BIRTH

Registration District No. 117 File No. 32722

Primary Registration District No. 2196 Registered No. 347

FULL NAME OF CHILD Mary Bernice Little

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	Single	2nd	Yes	July 12 1919

FATHER	MOTHER
FULL NAME Charles Little	FULL MAIDEN NAME Eldora Jolley
RESIDENCE Burley Idaho	RESIDENCE Burley.
COLOR White AGE AT LAST BIRTHDAY 28 (Years)	COLOR White AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Utah U.S.A.	BIRTHPLACE Utah U.S.A.
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 2nd

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 11 0 M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Dr. G. E. Crane

Physician
(Physician or midwife)

Address Burley Idaho

Filed July 15 1919 Dr. J. C. Patterson
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 2 2 1994

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 32722

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	unnamed	Mary Bernice Little

Subscribed and sworn to before me this 3rd day of April, 1946

Notary Public, residing at Burley, Idaho

My commission expires 1/14/47
(Seal)

Signed Chloe A. Little
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19 .....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

291-21[illegible]
009-819[illegible]

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of [illegible]

City of Sandpoint

No 404 S 2[illegible]

Registration District No 78 File No. 32723

Primary Registration District No. 2155 Registered No. 842

Hospital [illegible]

FULL NAME OF CHILD Mary Jean Stackhouse

Sex of Child	Twin or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
Female		Yes	June 15, 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Charles P. Stackhouse	FULL MAIDEN NAME	Fannie L. Hart
RESIDENCE	Sandpoint	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	
BIRTHPLACE	Pa	BIRTHPLACE	Wilkes Barre Pa
OCCUPATION	MD	OCCUPATION	Hwf

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Stackhouse

MD
(Physician or Midwife)

Address Sandpoint

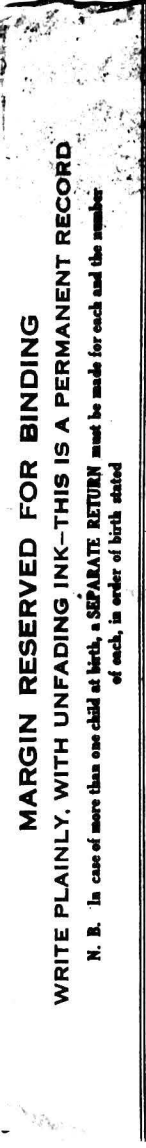
Given names added from a supplemental report

....., 19....

Filed Oct 7 1915 M McKinnon
Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JAN 19 1962
SEP 28 1966

843-[illegible]-813

PLACE OF BIRTH

STATE OF IDAHO
Bureau of Vital Statistics

Form V. S. No. [illegible]

CERTIFICATE OF BIRTH

32724

County of Bonner

City of Sandpoint

No 323, Euclid Ave

Registration District No 78 File No.

Primary Registration District No. 2153 Registered No. 843

Hospital

FULL NAME OF CHILD Harry Blayney Hull Jr

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
Male		yes	July (Month) 5 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Harry Blayney Hull	FULL MAIDEN NAME	Svea Florence Hallgren
RESIDENCE	Paola, Mont	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Riverside Ill	BIRTHPLACE	Helsingborg Sweden
OCCUPATION	Paymaster, Guthrie McDougall	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9.20 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Stockhouse

MD
(Physician or Midwife)

Address Sandpoint

Given names added from a supplemental report

....., 19.....

Filed Oct 7 1915 M. McKinnon
Registrar

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

[redacted]

NOV 20 1942

415-215-009-763

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Hope Ida

Registration District No. 78 File No. 32725

No. ..... St.

Primary Registration District No. 2106 Registered No. 844

Hospital .....

FULL NAME OF CHILD Laura Marie Daniels

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Aug (Month) 15 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Charles A Daniels	FULL MAIDEN NAME	Agnes Pocket
RESIDENCE	Hope	RESIDENCE	Hope
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Michigan	BIRTHPLACE	Michigan
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9:30 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas B Moody
MD
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Hope Idaho

Filed Oct 7 1915 M McKinnon
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 21 1968

699-121-009-231

Form V. S. No. 11-

PLACE OF BIRTH

County of Bonner

City of Kootenai

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 78 File No. 3

Primary Registration District No. 2155 Registered No.

FULL NAME OF CHILD Tommy Lee Orrick

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day)
Male		yes	Aug 21

FATHER		MOTHER	
FULL NAME	Earl Allen Orrick	FULL MAIDEN NAME	Virginia Lee Stanf
RESIDENCE	Kootenai	RESIDENCE	Kootenai
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY	2
BIRTHPLACE	Van Buren Ark.	BIRTHPLACE	Cauthran Ar
OCCUPATION	Brakeman	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 12 on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Stackhouse

M.D. (Physician or Midwife)

Given names added from a supplemental report

....., 19....

Address Sandpoint

Filed Oct 7 1915 M McKinno

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Photo copy of page from Family Bible gives one child's full name as Tommy Lee Orrick, born Aug. 21, 1915 - record appears old and unaltered - viewed by V.S. and Statement from M.H. Benton, Superintendent of the Booneville Public Schools, Booneville, Arkansas, States "This is to certify that the school records show the birthdate of Tommy Lee Orrick as Aug. 21, 1915, and his place of birth as Kootenai, Idaho. Date of enrollment is given as Jan. 2, 1933." - statement viewed by V.S.

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Arkansas
County of Logan } ss.

Certificate No. 32726
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Orrick (Name on Original Certificate) who was born (Was Born or Died) on Aug. 21, 1915 (Date of Event)
in Kootenai, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible and School record (Bible Record, Insurance Policy, Etc.) prepared on March 7th, 1961. (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Tommy Lee Orrick

Subscribed and sworn to before me this 11th, day of March, 1961, 19

Notary Public, residing at Booneville, Arkansas
My commission expires April 1st, 1963.
(Seal)

Signed Earl A. Orrick
Father of Tommy Lee Orrick
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

R.S. Dunn
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155 CL 2-23-61. nm

APR 19 1961

529-102-009-314

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonner

City of Newton

No ....., ... St.

Hospital .....

Registration District No 78 File No. 32727

Primary Registration District No. 2155 Registered No. 846

FULL NAME OF CHILD Claude Douglas Ekins

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Sept 2, 1915

FATHER		MOTHER	
FULL NAME	Claude Daniel Ekins	FULL MAIDEN NAME	Bessie Agnes Campbell
RESIDENCE	Westmond	RESIDENCE	Westmond
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Whitman Co - Wn.	BIRTHPLACE	Morton Idaho
OCCUPATION	Rancher	OCCUPATION	Housework

Number of child of this mother, including present birth 1

Number of children, of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8:40 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C P Blackhamer M.D.

(Physician or Midwife)

Address Sandpoint

Given names added from a supplemental report

....., 19.....

Registrar

Filed Oct 7 1915 M McKinnon

Registrar

SVMS - YORK CO., PTRS. & BDRS 17326

APR 1 8 1975

Amended 1-14-63

(Be sure the information is complete and accurate)

State File No. 32728
Local Reg. No. 847
Reg. Dist. No. 78

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hope
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hope
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Vernon
b. (Middle): Wray
c. (Last): Miller

4. SEX: Male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH: (Month) August (Day) 30, (Year) 1915

FATHER OF CHILD

7. FULL NAME
a. (First): Herbert
b. (Middle): E.
c. (Last): Miller

8. COLOR OR RACE: White

9. AGE (At time of this birth): 37 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): California

11a. USUAL OCCUPATION: Bookkeeper

11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Nina
b. (Middle): V.
c. (Last): Mack

13. COLOR OR RACE: White

14. AGE (At time of this birth): 23 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Minnesota

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living?
b. How many OTHER children were born alive but are now dead?
c. How many children were stillborn (born dead after 20 weeks pregnancy)?

17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: Chas. S. Moody, M.D.

18b. ATTENDANT AT BIRTH: M. D. [X] MIDWIFE [ ] OTHER (Specify)

18c. ADDRESS: Hope, Ida.

18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.: Oct. 7, 1915

20. REGISTRAR'S SIGNATURE: M. McKinnon

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

FOR MEDICAL AND HEALTH USE ONLY
(This section MUST be filled out)

22a. LENGTH OF PREGNANCY:

22b. WEIGHT AT BIRTH:

23. Was a standard serological test for syphilis performed? YES [ ] NO [ ]

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occu hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending phys or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this ar with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there l attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or own the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth o red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of l Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by r cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person ch with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper c cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

Documents listed on back -

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

JAN 14 1963

Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 32728

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Vernon Wray Miller (Name on Original Certificate) who was born (Was Born or Died) on Sept. 3, 1915 (Date of Event) in Hope, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Date of Birth	Sept. 3, 1915	August 30, 1915

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed Nina M. Miller (Mrs Herbert E)

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rt 1-Bx 166- Union - Wash.

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Mason }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8th day of January 1963

Bernice E. Bolin

Notary Public, residing at Union

My commission expires August 3, 1963

(Seal)

Signed .....

(Signature of Any Credible Person)

.....

(Street Address, City, State)

FORM DH 60-155 CL 1-3-63. 1 copy pd. rec. #20515.

Military Record, Notice of Separation from the U.S. Naval Service, Coast Guard, Feb. 15, 1946, - date of induction Nov. 18, 1943 gives full name as Vernon Wray Miller, born Aug. 30, 1915 at Hope, Idaho - viewed by V.S.

Health Chart, date of examination-Aug. 13, 1918, gives full name of child as Vernon Wray Miller, age 3, born Aug. 30, 1915 at Hope, Idaho - examiner's full name is given as Nina Mack Miller, Chairman of Child Welfare work in Hope precinct, Bonner County - viewed by V.S.

689-203-009-962

Form V. S. No. 11-C—20m-8-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32729

County of Bonner

City of Hope

N. ____ St.

Registration District No. 78 File No. ____

Primary Registration District No. 2133 Registered No. 848

Hospital ____

FULL NAME OF CHILD Ruby Robbins Whisnant

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Sept 3 1915

FATHER

FULL NAME Robert S Whisnant

RESIDENCE East Hope

COLOR White AGE AT LAST BIRTHDAY 19 (Years)

BIRTHPLACE Missouri

OCCUPATION Laborer

MOTHER

FULL MAIDEN NAME Agnes P Robbins

RESIDENCE East Hope

COLOR White AGE AT LAST BIRTHDAY 19 (Years)

BIRTHPLACE Missouri

OCCUPATION Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 6 30 A. M. on the date above stated.

(Signature) Chas S. Moody M.D.

(Physician or midwife)

Address Hope Ida

Filed Oct 7 1915 M McKinnon Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

391-205-009-915

Form V. S. No. 11-C—25m-1-1-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Ponderay

No. ..... St.

Hospital .....

Registration District No. 78 File No. 32730

Primary Registration District No. 2155 Registered No. 849

FULL NAME OF CHILD Winnifred Isabel Crampton.

Sex of Child f	Twin Triplet or other? 1 and Number in order of birth 2 (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth Sept 5 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	C Reno. Crampton	FULL MAIDEN NAME	Jessie Randall
RESIDENCE	Ponderay - Ida	RESIDENCE	Ponderay
COLOR	W AGE AT LAST BIRTHDAY 29 (Years)	COLOR	W AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE	Wash	BIRTHPLACE	Penna
OCCUPATION	Brakeman	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 11 p.m. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. Jackson

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19....

Address Sandpoint

Filed Oct 7 1915 M McKinnon

Registrar Registrar

S-Y CO. 24655

MARGIN, RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 23 1966

213-205-009-453

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Priest River

Registration District No. 78

File No. 32731

No. ..... St.

Primary Registration District No. 2155

Registered No. 850

Hospital .....

FULL NAME OF CHILD Mary Maxine Salesky

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	Yes.	Sept. 5 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Max Edwin Salesky	FULL MAIDEN NAME	Alma Ida Decker
RESIDENCE	Priest River	RESIDENCE	Priest River
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Michigan	BIRTHPLACE	Wisconsin
OCCUPATION	Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2:15 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Robert A. Allen

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Laclede Ida.

Filed Oct 7 1915 M. McKinnon
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

892-112-009-445

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

32732

County of Bonner

City of Sandpoint

No. Dell, Dock St.

Hospital

Registration District No. 78 File No.

Primary Registration District No. 2155 Registered No. 851

FULL NAME OF CHILD George Leonard Hibard

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
male		yes	Sept 12 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	George L Hibard	FULL MAIDEN NAME	Thelma Louise Munson
RESIDENCE	Anaconda, Mont	RESIDENCE	Sandpoint
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	15 (Years)
BIRTHPLACE	Wis.	BIRTHPLACE	Mich
OCCUPATION	Miner	OCCUPATION	Hwf.

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10:20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Stackhouse

MD (Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Sandpoint

Filed Oct 7 1915 M McKinnon Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

295-115-009-294

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Bonner

City of Laclede

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 78 File No. 32733

Primary Registration District No. 2155 Registered No. 8 3 2

FULL NAME OF CHILD Karl Gilmore Kiesling

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes.	Sept 15 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Charles Henry Kiesling	Sarah Bruns.
RESIDENCE	Laclede	Laclede
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	22	20
BIRTHPLACE	Michigan	Washington
OCCUPATION	Millworker	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11 45 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Robert A Allen.

..... Physician
(Physician or midwife)

Address Laclede

Filed Oct 7 19 15 M McInnes
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

154-229-009-165

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH 32734

County of Bonner

City of Sandpoint

No 519, Cedar St.

Hospital

Registration District No 78 File No.

Primary Registration District No. 2155 Registered No. 8 3 3

FULL NAME OF CHILD Carolyn Anderson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				yes	Sept 29, 1915

FATHER		MOTHER	
FULL NAME	Alfred R. Anderson	FULL MAIDEN NAME	Ada E. Jones
RESIDENCE	Sandpoint	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Minn.	BIRTHPLACE	Minn
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9:20 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Stackhouse M.D. (Physician or Midwife)

Address Sandpoint

Given names added from a supplemental report

....., 19.....

Filed Oct 7 1915 M McKinnon Registrar

.....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

714-113-009-385

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

32735

PLACE OF BIRTH

County of Bonner

City of Sandpoint

No. ____, ____ St.

Hospital ____

Registration District No. 78 File No. ____

Primary Registration District No. 213-3 Registered No. 8-3-4

FULL NAME OF CHILD William Nelson Pauley

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	1		1	Yes	Sept 19 1913

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Roy C. Pauley	FULL MAIDEN NAME	Verene Lyndall
RESIDENCE	Ora Fino. Ida	RESIDENCE	Ora Fino. Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Mont
OCCUPATION	Mgr. Picture Show	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or stillborn) at 3.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. H. Jameson

(Physician or Midwife)

Address Sandpoint

Given names added from a supplemental report

....., 19.....

Filed Oct 7 1913 M. McKinnon

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

Registrar

JUL 0 9 2007

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Ida ho } ss.
County of Ada }

Certificate No. .....
Date Filed 7 17 41.

The undersigned does solemnly swear that certain facts on the certificate of Sept 13,1915 (Birth or death) 7 13-1915
for None (Name on original certificate) who Born (Was born or died) on Sept 13,1915 (Date of event)
in Sandpoint, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Bible Record (Bible record, insurance policy, etc.) prepared on Sept 13,1915 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
none	unnamed Pauley	William Nelson Pauley

Subscribed and sworn to before me this 17th day of July, 1941.

Notary Public, residing at Boise

My commission expires 1-30-43.

[SEAL]

Signed Roy C Pauley (Father)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

1104 - North 23rd St
(Street Address, City, State) Boise Idaho

Supporting Affidavit of a Second Person

State of Idaho } ss.
County of Ada }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17th day of July, 1941.

Notary Public, residing at Boise

My commission expires 1-30-43.

[SEAL]

Signed R Clifton Pauley
(Signature of any credible person other than the previous affiant)

1104 N. 23rd Boise Idaho.
(Street Address, City, State)

Received for filing on ..... by .....
(Registrar's signature)

7/18/41

669-121-009-294

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

32736

County of Bonner

City of Westmond

Registration District No. 18

File No. 853

No. ....., ... St.

Primary Registration District No. 3153

Registered No. 846

Hospital .....

FULL NAME OF CHILD Emmett Marion Ward

Sex of Child M	Twin, Triplet or other? 1 and Number in order of birth 9 (To be answered only in event of plural births)	Legitimate? Yes	Date of birth Sept (Month) 21 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Arden R. Ward	FULL MAIDEN NAME	Clara Bruner
RESIDENCE	Westmond, Ida	RESIDENCE	Westmond Ida
COLOR	W. AGE AT LAST BIRTHDAY 41 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE	Wisc	BIRTHPLACE	S. Dak
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 7:30 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. C. Jackson

..... (Physician or Midwife)

Given names added from a supplemental report

..... 19.....

Address Sandpoint

Filed Oct 7 1915 M McKinnon Registrar

..... Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

PLACE OF BIRTH

386-229-009-689

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

Registration District No. 78 File No. 32737

No. ..... St.

Primary Registration District No. 2155 Registered No. 857

Hospital .....

FULL NAME OF CHILD Roberta White Thornton

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	Sept 29 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	George D Thornton	FULL MAIDEN NAME	Julia White
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Wash	BIRTHPLACE	Miss
OCCUPATION	Telegrapher Operator	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 12 10 P M on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M McKinnon

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Sandpoint

Filed Oct 7 1915 M McKinnon
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 5 1969

469-225-009-231

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

Registration District No. 78

File No. 32738

No. ..... St.

Primary Registration District No. 2155

Registered No. 856

Hospital .....

FULL NAME OF CHILD Joan Charlotte Morrison

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		Yes	Sept 25 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	H F Morrison	FULL MAIDEN NAME	Anna Stacia
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	2[illegible] (Years)
BIRTHPLACE	Ill	BIRTHPLACE	Minn
OCCUPATION	Care of Sygnal service	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 1:15 P.M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. McKinnon

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Sandpoint

Filed Oct 7 1915 M McKinnon

Registrar

Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

844-214
042-669

PLACE OF [redacted]

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32739

County of Twin Falls

City of Buhl

Registration District No. 39 File No.

No. St.

Primary Registration District No. 2087 Registered No.

Hospital

FULL NAME OF CHILD Louise Maud Hudson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F.		Yes	9 (Month) 14 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Chas S Hudson	FULL MAIDEN NAME	Ida May Norley
RESIDENCE	Buhl Ida	RESIDENCE	Buhl Ida
COLOR	W. AGE AT LAST BIRTHDAY 44 (Years)	COLOR	W AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE	Schoolkill Co Pa	BIRTHPLACE	McEwen Ore
OCCUPATION	Electrician	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8:30 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. McClusky
Phys.
(Physician or midwife)

Given names added from a supplemental report.

19

Address Buhl Ida

Filed 9-15 1915 J. H. Murphy
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

819-119-04[illegible]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls

City of Buhl

No. _____ St.

Hospital _____

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 39 File No. 32740

Primary Registration District No. 2087 Registered No. _____

FULL NAME OF CHILD CHARLES HUGHES HARMON

Sex of Child M. | Twin, Triplet or other? _____ and Number in order of birth _____ (To be answered only in event of plural births) | Legitimate? Yes. | Date of Birth 9/19/1915 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME C G Harmon	FULL MAIDEN NAME Effie Ambrose
RESIDENCE R R 2 Buhl	RESIDENCE Same
COLOR W. AGE AT LAST BIRTHDAY 48 (Years)	COLOR W. AGE AT LAST BIRTHDAY 38 (Years)
BIRTHPLACE Ill.	BIRTHPLACE Ia
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 6. Number of children of this mother now living, including present birth 6.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 11 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Murphy M.D.
(Physician or midwife)

Address Buhl Ida.

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed 9-29 1915 J. H. Murphy Registrar

8-Y CO. 24655

SEP 1 0 1942

319-120-042-713

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

3274

County of Twin Falls

City of Buhl

Registration District No. 39 File No.

No. St.

Primary Registration District No. 2087 Registered No.

Hospital

FULL NAME OF CHILD George Anthony Larson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M.		Yes	Sept (Month) 20 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Ralph Larson	FULL MAIDEN NAME	Carolyn Patrick
RESIDENCE	4 W. - 2 1/2 S Buhl Ida	RESIDENCE	4 W - 2 1/2 S Buhl
COLOR	W. AGE AT LAST BIRTHDAY 23 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE	Moroni Utah	BIRTHPLACE	Three Creek Ida
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3 A M on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. McClusky

Phys (Physician or midwife)

Given names added from a supplemental report.

19

Address Buhl Ida

Filed 9-25 1915 J. F. Murphy Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

765-222-042-319

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STA[illegible]AHO
BUREAU O[illegible] STATISTICS
CER[illegible]F BIRTH

County of Twin Falls

City of Buhl

Registration District No. 39 File No. 32742

No. _____ St.

Primary Registration District No. 2087 Registered No. _____

Hospital _____

FULL NAME OF CHILD Christia Josephine

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F.		Yes	9 (Month) 22 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Perry Poe	FULL MAIDEN NAME	Louise Layon
RESIDENCE	2 W 4½ S Buhl	RESIDENCE	2 W 4½ S Buhl
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Leadville Colo	BIRTHPLACE	Moroni Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 5:40 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. McClusky
Phys
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Buhl Ida

Filed 9-25 1915 J. H. Murphy
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

NOV 1 8 1974

795-125-042-886

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

No. _____ St.

Hospital _____

Registration District No. 39 File No. 32743

Primary Registration District No. 2087 Registered No. _____

FULL NAME OF CHILD H. H. Preston Jr.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M.		Yes	9-25-1915

FATHER		MOTHER	
FULL NAME	H. H. Preston	FULL MAIDEN NAME	Phene Hyde
RESIDENCE	Buhl	RESIDENCE	Same
COLOR	W. AGE AT LAST BIRTHDAY 27 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE	Colo.	BIRTHPLACE	Utah
OCCUPATION	Baker	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 7.40 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Murphy
M. D.
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Buhl Ida

Filed 9-29 1915 J. H. Murphy
Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 19 1958

296-227-042-221

amended 10/9/79

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Bubl.

No. ..... St.

Hospital .....

Registration District No. 39 File No. 32744

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD Laberta Beulah Brown

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F.		Yes	9-27-1915

FATHER		MOTHER	
FULL NAME	Arley Brown	FULL MAIDEN NAME	Mary Blalock.
RESIDENCE	2½ E. Bubl.	RESIDENCE	Same
COLOR	W. AGE AT LAST BIRTHDAY 39 (Years)	COLOR	W AGE AT LAST BIRTHDAY 35 (Years)
BIRTHPLACE	Ida.	BIRTHPLACE	Utah
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8:50 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Murphy

M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Bubl Ida

Filed 9-27 1915 J. H. Murphy
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____

Certificate No. 32744
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Beulah Elberts Brown (Name on Original Certificate) who was born (Was Born, Died, etc.) on Sept 27, 1915 (Date of Event)

in Buhl, Idaho (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	Beulah Elberta Brown	Laberta Beulah Brown

Subscribed and sworn to before me this 9th day of October, 1979.

Notary Public, Teresa Cartright

Residing at Boise

My commission expires Lifetime

(Seal)

X Laberta Braga
Signature of Applicant

X 234 Oregon St. Gooding, Idaho
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Census record for 1920, Jan. 1 gives [illegible] [illegible]nmae as Laberta Brown 4 years old gives father's nameas Arley Brown and mother's name as Mary Brown. viewed by V. S.

Insurance policy from Independent Liberty Life Ins. Co. gives name as Laberta B. Braga. dated Dec 10,1970. policy No. 7052615. married. viewedy V. S.

OCT 9 1979

463-201
028-696

PLACE OF BIRTH [redacted]

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Koole

City of Harrison

No. _____ St.

Hospital _____

Registration District No. 126 File No. 32745

Primary Registration District No. 2204 Registered No. 67

FULL NAME OF CHILD _____

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	—	7	Yes	Sept 1 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	A Jay Doty	FULL MAIDEN NAME	Hilda Frost
RESIDENCE	Harrison Ida	RESIDENCE	Harrison Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Mich	BIRTHPLACE	Mich
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive Sept 1 1915 at 3 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. Finney
Physician
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Harrison Ida

Filed Oct 6 1915 R. S. Jensen
Registrar

Registrar

5-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 1 6 1967

556-104-028 1652

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32746

County of Kootenai

City of Harrison, Idaho

Registration District No. 126

File No.

No. St.

Primary Registration District No. 2204

Registered No. 66

Hospital

FULL NAME OF CHILD Robert Ray Newton

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	Single	first	Yes	Sept 4 1915

FATHER		MOTHER	
FULL NAME	Edward Myer Newton	FULL MAIDEN NAME	Jewel Ritta Fesket
RESIDENCE	Harrison, Idaho	RESIDENCE	Harrison, Idaho.
COLOR		COLOR	
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Gillette, ...	BIRTHPLACE	Tarkie, Missouri
OCCUPATION		OCCUPATION	

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or stillborn), at M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

19

Registrar

(Signature) H W Didier

Physician
(Physician or midwife)

Address Harrison Ida

Filed Oct 6 1915 R S Jenson
Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

Registration District No.

Registered No.

Hospital

219-218-028-141.

Form V. S. No. IPC—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Harrison, Idaho

Registration District No. 126 File No. 32748

No. ..... St.

Primary Registration District No. 2204 Registered No. 65

Hospital .....

FULL NAME OF CHILD EUNICE MABEE Sargant,

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	Single	Two	Yes	Sept 18 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	George Franklin Sargant	FULL MAIDEN NAME	Viola Ada
RESIDENCE	Kootenai County	RESIDENCE	Kootenai County
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Webster County, Iowa	BIRTHPLACE	Texas County, Missouri
OCCUPATION	Teamster	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive Sept 18, '15, at 2:05 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Didier M.D.

Harrison Idaho
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed Oct 6 1915 R. S. Jensen
Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of San Bernardino }

Certificate No. 32748

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (BIRTH OR DEATH)
for Sargant (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Sept. 18, 1915 (DATE OF EVENT)
in Harrison, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by family history (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Eunice Mable
Surname	Sargant	Sargant

Subscribed and sworn to before me this 16th.
day of January, 19 43.

Wm. Vaughan
Notary Public, residing at SanBernardino, California

My commission expires Sept. 24, 1945
(SEAL)

Signed Mrs Viola May Sargant
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

962 E. 5th.St.SanBernardino,California
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19 .

Signed
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at
(STREET ADDRESS, CITY, STATE)

My commission expires
(SEAL)

Received for filing on JAN 20 1943 By
(REGISTRAR'S SIGNATURE)

JAN 21 1943

217-112-028-432

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Rose Lake NE 5 miles

Registration District No. 126

File No. 32749

No. ..... St.

Primary Registration District No. 2204

Registered No. 64

Hospital Residence

FULL NAME OF CHILD Not named

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	Single (To be answered only in event of plural births)	2nd	yes	Sept 12 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Joe Baxter	FULL MAIDEN NAME	Ruth McKasson
RESIDENCE	Near Moscow Ida	RESIDENCE	Near Moscow Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Moscow Ida	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth Second

Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 9:10 a M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. E. Worthington

Physician

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Rose Lake Ida

Filed Oct 6 1915 R. S. Jensen

Registrar

Registrar

8-Y CO. 24685

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

168-104-028-669

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32750

County of Kootenai

City of Cataldo

No. ..... St.

Hospital Home

Registration District No. 126

Primary Registration District No. 2204

File No. 2

Registered No. 63

FULL NAME OF CHILD .....

Sex of Child Male

Twin Triplet or other? (To be answered only in event of plural births) and Number in order of birth

Legitimate? Yes

Date of Birth Feb 4 1913 (Month) (Day) (Year)

FATHER

FULL NAME William Johnson

RESIDENCE Cataldo

COLOR White

AGE AT LAST BIRTHDAY 31 (Years)

BIRTHPLACE Sweden

OCCUPATION Lumberman

MOTHER

FULL MAIDEN NAME Gertrude Forceblade

RESIDENCE Cataldo

COLOR White

AGE AT LAST BIRTHDAY 29 (Years)

BIRTHPLACE Sweden

OCCUPATION Housekeeper

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3.35 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs C. E. Norton

Nurse (Physician or midwife)

Address Dudley Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed [illegible] 1913

P. S. Jensen Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

County of Latah

City of Kendrick

No. 239-118-029-719 St.

Registration District No. 63

File No. 32751

Primary Registration District No. 2143

Registered No. 87

Hospital

FULL NAME OF CHILD ~~Lafayette~~ Jess James Strohl

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Sept 18 1915 (Month) (Day) (Year)

	FATHER		MOTHER
FULL NAME	George Elmer Strohl	FULL MAIDEN NAME	Addie Garner
RESIDENCE	Kendrick Idaho	RESIDENCE	Kendrick Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	~~Idaho~~ Council Bluff Iowa	BIRTHPLACE	Linden Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10-30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Rothwell M D

(Physician or midwife)

Given names added from a supplemental report

19

Address Kendrick Idaho

Filed Oct 7 1915

J E Hoyt

Registrar

Registrar

R-Y CO. 20174

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

FEB 21 1947

326114

nited States
epartment of Commerce
ureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Kendrick
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 23 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Kendrick
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 23 yrs.

3. RESIDENCE OF FATHER (city, state)

FULL NAME OF CHILD Jess James Strahl
5. Date of Birth of Child (Month, day, year) Sept 18, 1915
Sex Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnacy 9
9. Legitimate? Yes

FATHER OF CHILD
FULL NAME George Elmer Strahl
1. Color or Race White
12. Age at time of THIS birth 38 yrs.
3. Birthplace Council Bluff (City or town) Iowa (State or foreign country)
4. Exact Occupation Farmer
5. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Addie Garner
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Linden (City or town) Idaho (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

2. **Name prophylactic used to prevent Ophthalmia Neonatorum**
3. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

4. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)
5. Attendant's **OWN** signature M.D. Midwife Address Date

tate of Washington
ounty of Spokane } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears Item 4, above, that I am now 48 years of age, that I have known this person for 48 years, and that Dr. (First name) Rothwell (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that e facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under hapter 139, 1937 Session Laws.

Addie Strahl Rogsdill Signature
411 E. Pacific Spokane, Wash P. O. Address

Subscribed and sworn to before me this 1st day of Dec, 1941
(SEAL) Edward J. Reilly Notary Public, residing at Spokane
(Note: Perjury is punishable as a felony in Idaho; see Sec. 1[illegible], Idaho Code Annotated.)

ceived for filing on ..... by Mary F. Eeyer Registrar

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of **Chapter ~~191,~~ 1911** Session Laws, has not been recorded, or in case of failure to report any birth **which has occurred subsequent to such** date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

395-205-029-112

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Kendrick

No. ..... St.

Registration District No. 63

File No. 30752

Primary Registration District No. 2143

Registered No. 86

Hospital .....

FULL NAME OF CHILD Margaret Lien

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Sept 5 1915

FATHER		MOTHER	
FULL NAME	Even Lien	FULL MAIDEN NAME	Mollie Aas
RESIDENCE	near Kendrick Ida.	RESIDENCE	near Kendrick Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Norway	BIRTHPLACE	Minnesota
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8.15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Rothwell M D

(Physician or midwife)

Address Kendrick Idaho

Given names added from a supplemental report

..... 19.....

Filed Sep 30 19 15

J E Hoyt
Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 2 9 1984

DEPARTMENT OF HEALTH
State of Florida

Amended 4-18-57

PLACE OF BIRTH

719-217-029-437

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Linden

No. ..... St.

Registration District No. 63 File No. 32753

Hospital ..... Primary Registration District No. 2143 Registered No. 85

FULL NAME OF CHILD Maxine Garner
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes	Sept. 17, 1915

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	George Garner	FULL MAIDEN NAME	Mattie McPhee
RESIDENCE	near Linden, Idaho	RESIDENCE	near Linden, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Idaho	BIRTHPLACE	Oregon
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2:15 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John E. Hoyt, M. D.

(Physician or midwife)

Address Kendrick, Idaho

Give names added from a supplemental report.

....., 192.....

..... Registrar.

Filed Sept. 20, 1915 J. E. Hoyt Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DECEASED

School Record - for School Year 1928 - shows correct child's name.
Cert. #378371 shows correct child's name. - Viewed by V.S.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 32753

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Lolo May Garner (Name on Original Certificate) who was born (Was Born or Died) on 9-17-15 (Date of Event)
in Linden (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Mother's Birth Cert. shows correct last name McPhee prepared on Filed April 2, 1957 (Give Date), are:
(Bible Record, Insurance Policy, Etc.) in Oregon State

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original) State File No. DF10469 Viewed by V. S.	TO (The Correct Facts)
Child's Name	Lolo May Garner	Maxine Garner
Mother's Maiden Name	McFee	McPhee

Subscribed and sworn to before me this 3rd day of April, 19 57

Notary Public, residing at Kendrick, Idaho
My commission expires Jan. 11th, 1960.
(Seal)

Signed Mattie Garner Aldeu
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Southwick, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Latah }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8th day of April, 19 57

Notary Public, residing at Kendrick, Idaho.
My commission expires Jan. 11th, 1960.
(Seal)

Signed Grace Sanders
(Signature of Any Credible Person)

Kendrick, Idaho.
(Street Address, City, State)

FORM DPH 55.155

L 4-4-57 nm

267-215-029-795

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Latah

City of Deary

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 63 File No. 12754

Primary Registration District No. 2143 Registered No. 84

FULL NAME OF CHILD Muriel Doris

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		Yes	Sep 15 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Edward G Boger	FULL MAIDEN NAME	Texas A Pierce
RESIDENCE	near Deary Ida	RESIDENCE	same
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Minn	BIRTHPLACE	Minn
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 30 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John E. Hoyt MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Kendrick Ida

Filed Sep 20 1915 J E Hoyt

Registrar

Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

MAY 24 1961

291-215-029-315

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Latah

City of Kendrick

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 63 File No. 32755

Primary Registration District No. 2143 Registered No. 83

FULL NAME OF CHILD Reva Nerene

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		Yes	Sep 15 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Elmon Bratcher	FULL MAIDEN NAME	Edith Lanway
RESIDENCE	Kendrick Ida	RESIDENCE	same
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Wash	BIRTHPLACE	Idaho
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John E. Hoyt MD
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Kendrick Ida

Filed Sep 16 1915 J. E. Hoyt
Registrar

Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 2 1975

165-107-029-869

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Latah

City of Kendrick

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 63 File No. 32756

Primary Registration District No. 2143 Registered No. 82

FULL NAME OF CHILD John Davenport Jones

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		yes	Sep. 7 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Albert Walter Jones	FULL MAIDEN NAME	Myrtle Horton
RESIDENCE	near Kendrick Ida	RESIDENCE	same
COLOR	w	COLOR	w
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Neb	BIRTHPLACE	Iowa
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7 45 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John E Hoyt M D
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Kendrick Ida

Filed Sep 8 1915 J. E. Hoyt Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

cc 3/4/41 rmf

PLACE OF BIRTH

593-204-029-714

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Latah

City of Kendrick

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32757

Registration District No. 63 File No. .....

Primary Registration District No. 2143 Registered No. 81

FULL NAME OF CHILD Mabel Josephine Nilson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		Yes	Sep 4 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Nils Nilson	FULL MAIDEN NAME	Mary Paulson
RESIDENCE	near Kendrick Ida	RESIDENCE	same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	55 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Norway	BIRTHPLACE	Norway
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 14 Number of children of this mother now living, including present birth 12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John E. Hoyt M D
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Kendrick Ida

Filed Sep 7 1915 J. E. Hoyt
Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

693-225-001-619

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32758

County of ~~Eagle~~ Ada

City of Eagle

No. R F D 4 St.

Hospital at Home

Registration District No. 10 2d

File No.

Primary Registration District No. 2062 Registered No. 50

FULL NAME OF CHILD Doris Elva Williams

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl			yes	Sept 25 1915

FATHER		MOTHER	
FULL NAME	Hiram H. Williams	FULL MAIDEN NAME	Hettie Grace Hart
RESIDENCE	Eagle	RESIDENCE	Eagle
COLOR	white	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	New Providence Hardin Co Iowa	BIRTHPLACE	Boise Idaho
OCCUPATION	Farmer	OCCUPATION	Home Wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born (alive) on the date above stated. at 4:30 P.M.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. H. Williams "Father"
(Physician or midwife)

Address Eagle R F D 4

Given names added from a supplemental report.

..... 19.....

Filed Sept 25 19 15 L B Harris
Registrar

..... Registrar

8-Y CO. 24656

[redacted]

493-221-001-296

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. Near Edgewood Sta St.

Hospital

Registration District No. 104

Primary Registration District No. 2002

File No. 32759

Registered No. 49

FULL NAME OF CHILD Marjorie Miller

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	yes	Sept 21 1915

FATHER		MOTHER	
FULL NAME	George A. Miller	FULL MAIDEN NAME	Nora S. Kromrei
RESIDENCE	Valley Road Near Edgewood	RESIDENCE	Valley Road - Near Edgewood
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Stock Buyer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2nd

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Taylor M.D.
(Physician or midwife)

Address Boise Idaho

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed Sept 21 1915

L B Harris
Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 1 3 1942

DECEASED

465-218-001-964

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of —

Registration District No. 10 wh

File No. 32760

No. 10 Mi North of Boise

Primary Registration District No. 2002

Registered No. 48

Hospital

FULL NAME OF CHILD Claudia May Monroe

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
female	—		—	yes	Sept 18th 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John J. Monroe	FULL MAIDEN NAME	Blanche M. Rodgers
RESIDENCE	10 Miles North of Boise	RESIDENCE	10 Mi. North Boise
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Wisconsin
OCCUPATION	Teamster	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4:45 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Taylor M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Boise Idaho

Filed Sept 18 1915 L B Harris
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

645-201-029-432

PLACE OF BIRTH

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah.

City of Potlatch.

No. ..... St.

Hospital .....

Registration District No. 65

File No. 32761

Primary Registration District No. 2145

Registered No. .....

FULL NAME OF CHILD Marie Julia O'Dell.

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	✓		✓	yes.	Aug 1 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Emmet O'Dell.	FULL MAIDEN NAME	Nora. McKin.
RESIDENCE	Potlatch (Country)	RESIDENCE	~~Potlatch~~
COLOR	white. AGE AT LAST BIRTHDAY 23 (Years)	COLOR	white. AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Tenn.
OCCUPATION	Rancher.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1st

Number of children of this mother now living, including present birth One.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. J. W. Thompson

M.D.

(Physician or midwife)

Address Potlatch Idaho.

Filed Sept. 5th 1915

Dr J. W. Thompson

Registrar

Given names added from a supplemental report.

..... 19.....

.....

Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 5 1944

266-102-029-255

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Potlatch

No. (country) St.

Hospital

Registration District No. 65

File No. 32762

Primary Registration District No. 2145

Registered No.

FULL NAME OF CHILD Willard Ellsworth Boone

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Sept. (Month) 2 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Harry Boone	FULL MAIDEN NAME	Elsie Sinnett
RESIDENCE	Potlatch	RESIDENCE	Potlatch
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Home Manager

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 A.M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo T. Boyd

M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address Palouse Wash,

Filed Sept 15 1915 D. Jr. Thompson

Registrar

Registrar

2-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

314 - 22-5-029-464

Form V. S. No. 11—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Potlatch

Registration District No. 6 5

File No. 32763

No. _____ St.

Primary Registration District No. 2145

Registered No. _____

Hospital _____

FULL NAME OF CHILD Florence Henrietta Goda.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female.	✓	✓	yes.	July 25 1915

FATHER		MOTHER	
FULL NAME	John Goda.	FULL MAIDEN NAME	Stella E. Morrison.
RESIDENCE	Potlatch	RESIDENCE	Potlatch
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Minn.	BIRTHPLACE	Minn.
OCCUPATION	Laborer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1st.

Number of children of this mother now living, including present birth One.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. at 4 30 P. M. on the date above stated.
(Born alive or stillborn)

(Signature) D. J. Thompson M.D.

(Physician or midwife)

Address Potlatch Idaho.

Filed Sept. 20th 1915. D. J. Thompson Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 31 1947

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32764

County of Latah

City of Potlatch

No. ..... St.

Hospital .....

Registration District No. 65 File No. .....

Primary Registration District No. 2145 Registered No. .....

FULL NAME OF CHILD ~~[illegible]~~ RICHARD NORMAN Kiny

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	✓		✓	yes	May (Month) 12 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Wilson Kiny	FULL MAIDEN NAME	Laura Smith
RESIDENCE	Potlatch	RESIDENCE	Potlatch
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 5th

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 00 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. W. Thompson M.D.

(Physician or midwife)

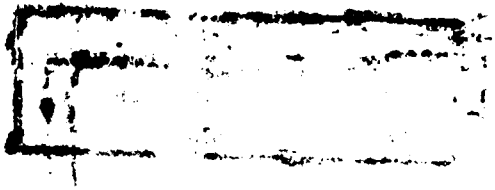
Given names added from a supplemental report

..... 19.....

Address Potlatch

Filed Sept. 11 1915 Dr. J. W. Thompson Registrar

S-Y CO. 20174



KING

DWP 001915- DE49-1507

795-104-025-255

C-20m-2-15-12

PLACE OF BIRTH

County of Latah.

City of Potlatch

No. ..... St.

Hospital .....

Registration District No. 65. File No. 32765

Primary Registration District No. 2145. Registered No. .....

FULL NAME OF CHILD Junior. Wilbur. Geesa.

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Male.	✓ (To be answered only in event of plural births)		✓	yes.	Sept.	4	1915

FATHER	MOTHER
FULL NAME: William F. Geesa.	FULL MAIDEN NAME: Amanda. Pevans.
RESIDENCE: Potlatch	RESIDENCE: Potlatch.
COLOR: white. AGE AT LAST BIRTHDAY: 24. (Years)	COLOR: white. AGE AT LAST BIRTHDAY: 22. (Years)
BIRTHPLACE: Pa.	BIRTHPLACE: Wis.
OCCUPATION: Trainman on N. P.	OCCUPATION: Housewife.

Number of child of this mother, including present birth: 1st. Number of children of this mother now living, including present birth: one.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn) on the date above stated., at 3 45 A. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. W. Thompson M.D.

(Physician or midwife)

Address Potlatch Idaho

Given names added from a supplemental report

..... 19.....

Filed Sept. 10th 1915 Dr. J. W. Thompson Registrar

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

249-221-25-259

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

County of Latah

Name added 4-6-81

City of

No. St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32766

Registration District No. 65 File No.

Primary Registration District No. 2145 Registered No.

FULL NAME OF CHILD Esta May Burden

Sex of Child Female | [redacted] or other? (To be answered only in event of plural births) | and Number in order of birth | Legitimate? Yes | Date of Birth Sept 21 (Month) (Day) 1915 (Year)

FATHER	MOTHER
FULL NAME Archie C Burden	FULL MAIDEN NAME Vera J Perkins
RESIDENCE Latah Co	RESIDENCE Latah Co.
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 22 (Years)	AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE Idaho	BIRTHPLACE Mo.
OCCUPATION Farmer	OCCUPATION Housework

Number of child of this mother, including present birth 2nd

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive 3:30 a. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr R Harrison MD

(Physician or midwife)

Address Palouse Wash

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed Sept 26 1915

Dr J M Thompson
Registrar

S-V CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 8 1976

3-23-81

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
MAR 5 19 PM '81

State of Washington
County of Pacific } ss.

Certificate No. 32766
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Burden (Name on Original Certificate) who was born (Was Born, Died, etc.) on 9-21-15 (Date of Event)

in Latah County (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Esta May Burden

Subscribed and sworn to before me this 25th day of March, 19 81.

Notary Public, [signature]

Residing at Raymond

My commission expires January 29, 1984

(Seal)

[signature]
Signature of Applicant

Rt. 2, Box 593, Raymond, Wa. 98577
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

2 cc pd

Hospital Record issued by Harbor Hospital, Raymond Washington gives name as Esta M. Burden Christensen age 54, born September 21, 1915, in Idaho. Date of admission to hospital August 20, 1970.
Viewed by V.S.

School Census takem May of 1932 on file in the office of the Pacific County Superintendent of Schools shows Esta M. Burden daughter of Mrs. Veora Z. Burden was born September 21, 19151
Viewed by V.S.

249-102-029-312

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Genesee

Registration District No. 62

File No. 32767

No. ..... St.

Primary Registration District No. 242

Registered No. 28

Hospital .....

FULL NAME OF CHILD Samuel Burns

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	Sept 2 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Virgil Burns	FULL MAIDEN NAME	Bessie Taber
RESIDENCE	Genesee Idaho	RESIDENCE	Genesee Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Cal	BIRTHPLACE	Or
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Tuomy

Genesee Idaho (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 9-13 1915

V. H. Chen
Registrar

S-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

274-102-055-849

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Custer

City of Grouse

No. ____ St.

Hospital ____

Registration District No. 62 File No. 32768

Primary Registration District No. 242 Registered No. 27

FULL NAME OF CHILD Willis Everett Spurlock

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	Sept 2 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Rollin Spurlock	Effie Burcham
RESIDENCE	Grouse Idaho	Grouse Idaho
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	33	30
BIRTHPLACE	Ore	Wash
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Thomas

Grouse Idaho (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed 9-13 1915 W. F. Evans Registrar

S-Y CO. 24655

855-109-029-812

Form V. S. No. 11-C—25m-1-1-13

32769

PLACE OF BIRTH

County of Latah

City of Genesee

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 62 File No. .....

Primary Registration District No. 2142 Registered No. 29

FULL NAME OF CHILD Leo Heimgartner

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	Sept 9 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Louis Heimgartner	FULL MAIDEN NAME	Hassler
RESIDENCE	Genesee	RESIDENCE	Genesee
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 9 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Thorny

Genesee Idaho
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed Sept 15 1915 W. H. Chem
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

691-217-029-685

Form V. S. No. 11-C—20m-3-15-12

PLACE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 61 File No. 32770

Primary Registration District No. 2141 Registered No. 118

FULL NAME OF CHILD Eldeise Agnes

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	Sept 17 1915

FATHER	MOTHER
FULL NAME Harry Frazier	FULL MAIDEN NAME Cora A. Linn
RESIDENCE Moscow	RESIDENCE Moscow
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 25 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Idaho	BIRTHPLACE Colorado
OCCUPATION Laborer	OCCUPATION H W.

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 10 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Joseph Asprey M.D.
(Physician or midwife)

Address Moscow Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Sept 20 1915

D. F. Rae Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

695-105-025-791

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital .....

Registration District No. 61

Primary Registration District No. 2141

File No. 32771

Registered No. 722

FULL NAME OF CHILD Virgil Edward Frei

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Sept 3 191[illegible]

FATHER	MOTHER
FULL NAME Edward Frei	FULL MAIDEN NAME Maggie Granby
RESIDENCE Moscow	RESIDENCE
COLOR White	COLOR white
AGE AT LAST BIRTHDAY 34 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Kan.	BIRTHPLACE Idaho
OCCUPATION Farmer	OCCUPATION

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was 3 (Born alive or stillborn) at a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Clarke

(Physician or midwife)

Address Moscow

Filed Sept 10 19 16 L. F. Parr

Registrar

Given names added from a supplemental report

..... 19.....

Registrar

S-Y CO. 20174

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

(Name of

(Given name)

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of IDAHO } ss.
County of LATAH

RECEIVED AUG 1 1966 Bureau of Vital Statistics

Certificate No. 32771

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Frei (male child) (Name on Original Certificate) who was born (Was Born or Died) on Sept. 5, 1945 (Date of Event)
in Moscow, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ARMY DISCHARGE (Bible Record, Insurance Policy, Etc.) prepared on October 25, 1945 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Virgil Edward Frei

Subscribed and sworn to before me this 19th day of July, 1966.
Notary Public, residing at Moscow
My commission expires 12-5-67
(Seal)

Signed [signature] (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Moscow, Washington (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO } ss.
County of LATAH

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19th day of July, 1966.
Notary Public, residing at Moscow
My commission expires 12-5-67
(Seal)

Signed [signature] (Signature of Any Credible Person)
Moscow, Idaho (Street Address, City, State)

FORM DH 60-155

CL 7-13-66. one copy pd. rec. #14596.

U.S. Army Separation Qualification Record, date of separation Oct. 25, 1945, date of entry into active service Nov.28, 1942 gives full name as Virgil Edward Frei - born Sept. 6, 1915 - viewed by V.S.

AUG 1 9 1966

/#7#/ Gem State Mutual Life Insu ance Policy, No. 63553-J, dated Aug. 28, 1958, gives full name of insured as Virgil Edward Frei, born Sept. 6, 1915 in Idaho - vie by V.S.

447-215-029-813

Form V. S. No. 11-C-[illegible]

PLACE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 61 File No. 32772

Primary Registration District No. 2141 Registered No. 124

FULL NAME OF CHILD Blanda Clara Dugger

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Sept (Month) [illegible] (Day) 191[illegible] (Year)

	FATHER		MOTHER
FULL NAME	J. P. Dugger	FULL MAIDEN NAME	Minnie Hately
RESIDENCE	viola	RESIDENCE	viola
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Tenn	BIRTHPLACE	Tenn
OCCUPATION	Laborer	OCCUPATION	

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Clarke

..... (Physician or ~~midwife~~)

Given names added from a supplemental report

..... 19.....

Address Moscow

Filed Sep 20 1915 D F Rae

..... Registrar ..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 12 1942

APR 3 19[illegible]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32773

County of [illegible]

City of Near Moscow

No. 869-221-025-214 St.

Registration District No. 61

File No.

Primary Registration District No. 2141

Registered No. 126

Hospital

FULL NAME OF CHILD Evelyn Elenor

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		Yes	Sept 21 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Hordemann	FULL MAIDEN NAME	Clara Rambitch
RESIDENCE	9 miles S of Moscow	RESIDENCE	Near Moscow
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	H W

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Joseph Aspeay MD

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Moscow Ida

Filed Sep 25 1915 D F Rae

Registrar

Registrar

S-Y CO. 20174

STATE OF
BUREAU OF VITA

CERTIFICATE

PLACE OF BIRTH

(County of

DEC 18 1968

259-230-029-415

Form V. S. No. 11-C—20m-3-15-12

PLACE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital Inland Empire

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 61 File No. 32774

Primary Registration District No. 1011 Registered No. 130

FULL NAME OF CHILD Genevieve Luella Berg.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F.		Yes.	Sept. 30" 1910

FATHER		MOTHER	
FULL NAME	Martin Alfred Berg.	FULL MAIDEN NAME	Leta Laura Davis
RESIDENCE	Lewiston, Id.	RESIDENCE	Lewiston Id.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	North Dakota.	BIRTHPLACE	Kansas.
OCCUPATION	N.P. Travelling Passenger Agent	OCCUPATION	Housekeeper.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9-a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Carithers M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Moscow, Idaho.

Filed Oct 5 1913 D F Rae

Registrar Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 8 1967

693-112-029-356

Form V. S. No. 11-C-[redacted]-15-12

PLACE OF BIRTH

County of Latah

City of Moscow.

No. ..... St.

Hospital Inland Empire

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32175

Registration District No. 61 File No. .....

Primary Registration District No. 1011 Registered No. 128

FULL NAME OF CHILD Halsey Lewis Orland.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes.	Sep. 12 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Halsey H. Orland.	FULL MAIDEN NAME	Helen Lewis
RESIDENCE	Moscow, Id.	RESIDENCE	Moscow, Id.
COLOR	White LAST BIRTHDAY 33 (Years)	COLOR	White AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE	Wis.	BIRTHPLACE	Wis.
OCCUPATION	Hardware Dealer.	OCCUPATION	Housekeeper.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Carithers M. D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Moscow, Id.

Filed Oct 5 1915 D. F. Roe

Registrar Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 17 1947

NOV 2

814-120-029-619

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Moscow

Registration District No. 61

File No. 32776

No. ..... St.

Primary Registration District No. 1011

Registered No. 120

Hospital

FULL NAME OF CHILD Everett Lee Hammond

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male	1	Yes	Aug (Month) 20 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Geo. E. Hammond	FULL MAIDEN NAME	Hazel L. Warlick
RESIDENCE	Moscow Idaho	RESIDENCE	Moscow
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Kans	BIRTHPLACE	Oreg.
OCCUPATION	Mail Carrier	OCCUPATION	House Keeping

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3:40 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Adair M.D.
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Moscow Idaho

Filed Sep 25 1915 D. F. Rae
Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

173 - 110 - 029 - 264

[redacted]

11-C—20m-2-15-12

PLACE OF BIRTH

County of Latah

City of Moscow

Registration District No. 61

File No. 32177

No. ..... St.

Primary Registration District No. 1611

Registered No. 129

Hospital .....

FULL NAME OF CHILD Richard Williams Aytell

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male			Yes.	July 10 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Harold Lurein Aytell	FULL MAIDEN NAME	Gertrude Bouton Aytell
RESIDENCE	Moscow, Idaho	RESIDENCE	Moscow Id.
COLOR	White	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Mass.	BIRTHPLACE	Michigan
OCCUPATION	University Prof.	OCCUPATION	Housekeeping

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Carithers M.D.

(Physician or midwife)

Address Moscow, Id.

Given names added from a supplemental report

..... 19.....

Filed Oct 5 1913 D. F. Rae

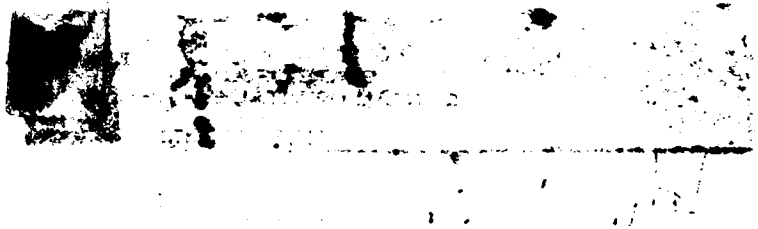
..... Registrar

S-Y CO. 20174 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



418 - 116-029-443

Form V. S. No. 11-C—20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 61 File No. 32778

Primary Registration District No. 1011 Registered No. 119

FULL NAME OF CHILD John Cecil Mahoney

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
M.		2	Yes	Aug 16 (Month) (Day) 1914 (Year)

FATHER

FULL NAME John T. Mahoney

RESIDENCE Moscow Idaho

COLOR White AGE AT LAST BIRTHDAY 27 (Years)

BIRTHPLACE Iowa

OCCUPATION Butcher

MOTHER

FULL MAIDEN NAME Mary A. Ruland

RESIDENCE Moscow Idaho

COLOR White AGE AT LAST BIRTHDAY 26 (Years)

BIRTHPLACE N.Y. City

OCCUPATION House Keeping

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

.....
Registrar

(Signature) W. A. Adams M.D.
(Physician or midwife)

Address Moscow Idaho

Filed Sept 26 1914 A. F. Rae
Registrar

8-Y CO. 20174

Form V. S. No. 11-C—20m 7-15-52

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

NOV 8 1957

168-107-029-212

Form V. S. No. 11-C—25m-1-1-19

PLACE OF BIRTH

County of Latah

City of Moscow

No. So Main St.

Hospital Gritman

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32779

Registration District No. 61 File No.

Primary Registration District No. 1011 Registered No. 117

FULL NAME OF CHILD Jean Bassett Johnson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Sept 7 (Month) (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Jno. R. Johnson	FULL MAIDEN NAME	Aurie Bassett
RESIDENCE	Moscow, Idaho	RESIDENCE	Moscow, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Minnesota
OCCUPATION	Lumberman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 3:30 a. M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. L. Gritman, M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address Moscow, Idaho

Filed Sep 10 1915 D F Rice

Registrar Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF VITAL STATISTICS
CERTIFICATE OF BIRTH

445-203-008-442

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Boise

City of

No. , St.

Hospital

Registration District No. 12 File No. 32780

Primary Registration District No. 2019 Registered No.

FULL NAME OF CHILD Nellie Maxine Dunn

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
fm		yes	1 (Month) 3 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Robt Dunn	FULL MAIDEN NAME	Nettie Dukes
RESIDENCE	Vanwyck	RESIDENCE	Vanwyck
COLOR	wht AGE AT LAST BIRTHDAY 30 (Years)	COLOR	wht AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE	ark	BIRTHPLACE	Ida
OCCUPATION	farmer	OCCUPATION	Housekeeping

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G E Hoggle

(Physician or Midwife)

Given names added from a supplemental report

, 19

Address Vanwyck Ida

Filed Oct 11 1915 Mary Fitz Sepulveda

Registrar

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

3/24/41b Z.J.

712-209-040-791

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of [redacted]

City of [redacted]

No. [redacted] St.

Hospital [redacted]

[redacted] IDAHO

BUREAU [redacted] STATISTICS

Form V. S. No. 11-C—20m-2-15-12

CERTIFICATE OF BIRTH

32783

Registration District No. 2201 File No. 104

Primary Registration District No. 123 Registered No.

FULL NAME OF CHILD Margaret Alice Gaby

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female		3	Yes	April 4 1915

	FATHER	MOTHER
FULL NAME	John Gaby	FULL MAIDEN NAME Margaret Pratt
RESIDENCE	Kellogg	Kellogg
COLOR	White	White
AGE AT LAST BIRTHDAY	31 (Years)	30 (Years)
BIRTHPLACE	Del, Litchfield	Missouri, Kansas City
OCCUPATION	Store Manager	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 9.45 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. L. Lindsay

Physician (Physician or midwife)

Address Kellogg Ida.

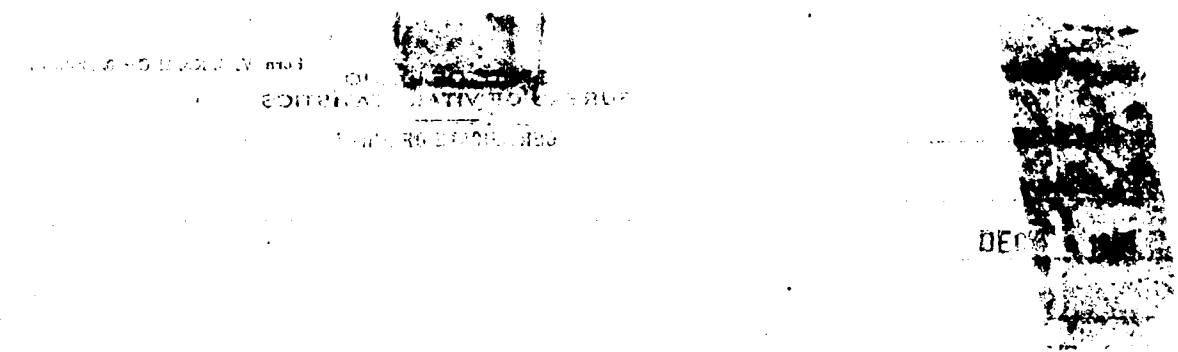
Given names added from a supplemental report

..... 19.....

Filed 10/11 1915 Geo. D. Fisher Registrar

..... Registrar

S-Y CO. 20174



855-102-040-753

PLACE OF BIRTH

County of Shoshone

City of Wardner

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

32785

Registration District No. 7701 File No. 102

Primary Registration District No. 123 Registered No. ____

FULL NAME OF CHILD Frank Henickman

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	—	Yes.	Sept 2, 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John Henickman	Margaret Petrich
RESIDENCE	Wardner Ida.	Wardner. Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	29	22
BIRTHPLACE	Austria	Austria
OCCUPATION	Miner	House-wife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12 15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alex. D. McCracken M D

(Physician or Midwife)

Address Kellogg. Ida

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 10/7 1915 Geo. D Lester Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDA

Bureau of Vital Stat

CERTIFICATE OF

BIRTH

759-215-040-715.

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

32786

County of Shoshone.

City of Kellogg

No. ....., ... St.

Hospital .....

Registration District No. 2201

File No. 101

Primary Registration District No. 123

Registered No. .....

FULL NAME OF CHILD Mary Perpich

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth
Female	---		---	Yes	Sept. (Month) 15 (Day), 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John Perpich	FULL MAIDEN NAME	Eva Pavicich
RESIDENCE	Kellogg, Ida.	RESIDENCE	Kellogg, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Austria	BIRTHPLACE	Austria
OCCUPATION	Miner	OCCUPATION	House-wife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alex D. McCrackin

M. D.

(Physician or Midwife)

Given names added from a supplemental report

Address Kellogg Idaho

..... 19....

Filed 10/7/ 1915 Geo S Fisher

Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF OHIO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

861-115-040-695

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

32787

County of Shoshone

City of Kellogg

No. ....., ... St.

Hospital .....

Registration District No. 2201 File No. 100

Primary Registration District No. 123 Registered No. .....

FULL NAME OF CHILD George Valdemar Hoaglund

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Sept. 15, 1915

FATHER		MOTHER	
FULL NAME	Matt Hoaglund	FULL MAIDEN NAME	Anna Finne
RESIDENCE	Kellogg, Ida.	RESIDENCE	Kellogg, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Finland	BIRTHPLACE	Finland
OCCUPATION	Millman	OCCUPATION	House-wife.

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 A.M. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alex. D. McCracken

M.D.

(Physician or Midwife)

Given names added from a supplemental report

Address Kellogg, Idaho

..... 19.....

Filed 17 1915 Geo. S Lasher

Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

789-127-022-249

PLACE OF BIRTH

[redacted] Form V. S. No. 11-C—25m-1-1-13

STATE OF [redacted]
BUREAU OF VITAL [redacted]

CERTIFICATE OF [redacted]

32788

County of Fremont

City of St Anthony

Registration District No. 99 File No.

No. St.

Primary Registration District No. 5177 Registered No.

Hospital

FULL NAME OF CHILD Elmer Philips

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Sept 27 1913

FATHER		MOTHER	
FULL NAME	Thos O Philips	FULL MAIDEN NAME	Stella E Smith
RESIDENCE	St Anthony Ida	RESIDENCE	St Anthony Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Ida	BIRTHPLACE	Utah
OCCUPATION	Rancher	OCCUPATION	Housekeeping

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2 10 a M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [redacted]

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address

Filed Oct 10 1913

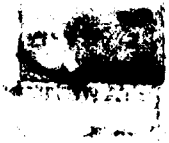
Registrar

B-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



852-123-022-113

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13.

STATE OF [illegible]
BUREAU OF VITAL STATISTICS.

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony

Registration District No. 99 File No. 32789

No. _____ St.

Primary Registration District No. 2177 Registered No. _____

Hospital _____

FULL NAME OF CHILD Dennis Elwood Hess

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Sept 23 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Orin M Hess	FULL MAIDEN NAME	Annie Jackson
RESIDENCE	Rioré Ida	RESIDENCE	St Anthony
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Grain buyer	OCCUPATION	Housekeeping

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 9:30 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

(Physician or midwife)

Given names added from a supplemental report.

_____, 19__

Address _____

Filed Oct 22 1915 W B West

Registrar

Registrar

S-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dup of 1915-40132

436-121-022-866

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony

No. ..... St.

Registration District No. 99 File No. 32790

Primary Registration District No. 7177 Registered No. .....

Hospital .....

FULL NAME OF CHILD Francis Wm McFarland

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male			yes	Sept 21 (Month) (Day) 191 5 (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Frank McFarland	Edith J Howells
RESIDENCE	St Anthony R 7	St Anthony R 7
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	40	25
BIRTHPLACE	Utah	Utah
OCCUPATION	Rancher	Housekeeping

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9 9 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Morfield

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed Oct 10 19 15 W B Swat Registrar

S-Y CO. 24655

493-119-022-796

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony

Registration District No. 99

File No. 32791

No. ..... St.

Primary Registration District No. 2177

Registered No. .....

Hospital .....

FULL NAME OF CHILD John Fredrick Miller

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Sept 19 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Jno F Miller	FULL MAIDEN NAME	Mabelle Grover
RESIDENCE	St Anthony R F D	RESIDENCE	St Anthony R F D
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Ida	BIRTHPLACE	Ida
OCCUPATION	Rancher	OCCUPATION	Housekeeping

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 20 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A Morefield

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed Oct 8 1915 W D West

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 18 1949

299-207-022-959

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32792

County of Fremont

City of St Anthony

No. ..... St.

Registration District No. 99 File No. .....

Primary Registration District No. 2177 Registered No. .....

Hospital .....

FULL NAME OF CHILD Shirley Virginia Birch

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Sept 7 1951 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Earl Birch	FULL MAIDEN NAME	Georgia Sherman Plimer
RESIDENCE	St Anthony	RESIDENCE	St Anthony
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Ida	BIRTHPLACE	Nebr
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A Morefield

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed Oct 6 1951 W B West
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 4 1949

JUL 9 1976

493-102-022-331

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony

Registration District No. 99 File No. 32793

No. _____ St.

Primary Registration District No. 2177 Registered No. _____

Hospital _____

FULL NAME OF CHILD Russell Milward

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	Date of Birth Sept 2nd 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Roger Milward	FULL MAIDEN NAME	Margaret Clarke
RESIDENCE	St Anthony	RESIDENCE	St Anthony
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Ut.	BIRTHPLACE	Ida
OCCUPATION	Tonsorial Artist	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 7 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A Morfield

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address _____

Filed Oct 10 1915 [signature]

Registrar Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

235-129-022-299

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Sugar

No. _____ St.

Hospital _____

Registration District No. 99 File No. 32794

Primary Registration District No. 2177 Registered No. _____

FULL NAME OF CHILD Elwin Stewart

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Sept 29 1951 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ben I Stewart	FULL MAIDEN NAME	Caroline Birch
RESIDENCE	Sugar Cy R.F.D.	RESIDENCE	Sugar Cy R.F.D.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	Housekeeping

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8:30 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A Morefield Jr.

(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Address _____

Filed Oct 10 19____ W B Wright

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

468-110-022-195

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-19

PLACE OF BIRTH

County of Franklin

City of St Anthony

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 99 File No. 32795

Primary Registration District No. 277 Registered No. .....

FULL NAME OF CHILD Harold Elmo Morton

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Sept 10 1914

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Walter Cureton Morton	Lilia Arnold
RESIDENCE	St Anthony	St Anthony
COLOR	White	White
AGE AT LAST BIRTHDAY	31 (Years)	27 (Years)
BIRTHPLACE	Utah	Mo
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 1:30 P M
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J Mansfield
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed Oct 1 1914 W Davis

S-Y CO. 24655 Registrar

Registrar

NOV 16 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of ..... } ss. AUG 23 1941 Certificate No. .....
County of ..... } Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Harold Elmo Moreton (Name on original certificate) who was born (Was born or died) on Sept 10 - 1915 (Date of event)
in St Anthony Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true
facts as shown by ..... (Bible record, insurance policy, etc.) prepared on ..... (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.	FROM (As on original)	TO (The correct facts)
Date of birth	Aug 10 - 1915	Sept 10 - 1915
Father's birthplace	Idaho	Utah
Mother's maiden name & age	Lillias - 28 years	Lilias - 27 years
Fathers full name	Walter Moore	Walter Cureton Moreton

Subscribed and sworn to before me this .....
day of ....., 19.....

Signed Lilias A. Moreton
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

Notary Public, residing at .....
My commission expires .....
[SEAL]

133 E 1st So Rexburg, Idaho
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of Idaho } ss.
County of Madison }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21st
day of August, 1941

Signed Frances E. Guinn
(Signature of any credible person other than the previous affiant)

[signature]
Notary Public, residing at Rexburg
My commission expires Sept 12, 1941
[SEAL]

355 E 1st So St. Anthony Ida
(Street Address, City, State)

Received for filing on ..... by .....
(Registrar's signature)

MAR 2 1966

756-119-020-993

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
[illegible] OF BIRTH

Form V. S. [illegible] 25m 1-1-13

County of [illegible]

City of St Anthony

Registration District No. 99

File No. 32796

No. _____ St.

Primary Registration District No. 2177

Registered No. _____

Hospital _____

FULL NAME OF CHILD [redacted] CLIFTON George.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male.		yes.	Aug 19 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John R. George.	FULL MAIDEN NAME	Elizabeth Richman.
RESIDENCE	Teton	RESIDENCE	Teton.
COLOR	White. AGE AT LAST BIRTHDAY 33 (Years)	COLOR	White. AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8:20 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. Morfield.
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address _____

Filed Sept 10 1915 W B Wert
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

BUREAU OF

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss. JA[illegible] Certificate No. 32796

County of ..... } Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (BIRTH OR DEATH)

for ..... (NAME ON ORIGINAL CERTIFICATE) who ..... (WAS BORN OR DIED) on ..... (DATE OF EVENT)

in ..... (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Elwin H. George	Clifton George

Subscribed and sworn to before me this 14th day of January, 1942

Charles B. Halley

Notary Public, residing at 3616 E. 1st Los Angeles

My commission expires May 5 - 1945

(SEAL)

Signed Lester Wm George

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

California

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.

County of Los Angeles }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14th day of January, 1942

Charles B. Halley

Notary Public, residing at Los Angeles

My commission expires May 5 1945

(SEAL)

Signed Emma M. George

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

2324 No Pursuit

~~3616~~ E. 1st Los Angeles

(STREET ADDRESS, CITY, STATE)

Received for filing on JAN 20 [illegible] By .....

(REGISTRAR'S SIGNATURE)

993-211-022-253

11-C—25m-1-1-13

PLACE OF BIRTH

County of Fremont

City of St Anthony

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 99 File No. 32797

Primary Registration District No. 2177 Registered No. _____

FULL NAME OF CHILD Ruth Ricks

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	July (Month) 11 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Geo. Ricks	FULL MAIDEN NAME	Lattie Searish
RESIDENCE	Woodrow	RESIDENCE	Woodrow
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 12 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. Morefield

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address _____

Filed Sept 10 1915 W B West

Registrar

Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 1 5 1971

299-220-022-318

PLACE OF BIRTH

Form [redacted] C-25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony

No. ..... St.

Hospital .....

Registration District No. 99

File No. 32798

Primary Registration District No. 2177

Registered No. .....

FULL NAME OF CHILD Wanneta Birch

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	July 20 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wm R. Birch	FULL MAIDEN NAME	Elizabeth Layton
RESIDENCE	St Anthony	RESIDENCE	St Anthony
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Drayman	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9:20 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A Morfield

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar

Filed Sept 10 1915 W A West

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form [illegible] 1-1-13

PLACE OF BIRTH

County of Fremont

City of St Anthony

958-213-022-41

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 99

File No. 32799

Primary Registration District No. 2177

Registered No. .....

FULL NAME OF CHILD Bessie Reynolds

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes.	July 13 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wm T. Reynolds.	FULL MAIDEN NAME	Marion Davenport.
RESIDENCE	Parker.	RESIDENCE	Parker.
COLOR	White	COLOR	White.
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7.30 A. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. Morefield

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed Sept 10 1915

W B West

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony

No. 897-125-022-45 St.

Registration District No. 99

File No. 32800

Primary Registration District No. 2177

Registered No.

Hospital

FULL NAME OF CHILD ~~[illegible]~~ LEO CARLYLE HIGBEE

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	July (Month) 23 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Sam S. Higbee	FULL MAIDEN NAME	Phebe G. Meservey
RESIDENCE	Wilford	RESIDENCE	Wilford
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7 20 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. Morefield

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed Sept 10 1913

W B West

Registrar

S-Y CO. 24655

STATE OF IDAHO

E OF BIRTH

File No. 3280

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho
County of Bonneville } ss.

Certificate No. 32800
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)

for Dean Higby (Name on original certificate) who born (Was born ~~or died~~) on July 25 1915 (Date of event)

in Wilford, Idaho Fremont Co (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Family Record (Bible record, ~~insurance policy, etc.~~) prepared on Summer of 1912 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
SurName	Higby	Higbee
Name	Dean	Leo Carlyle Higbee

Subscribed and sworn to before me this 30th day of December, 1941

Myrtle H. Chamberlain
Notary Public, residing at Idaho Falls, Idaho
My commission expires June 26th, 1943
[SEAL]

Signed Phebe Higbee, Wold
(Signature of parent or attendant if correcting a birth record; of attendant, ~~funeral director~~, informant if correcting a death record; or other credible person.)

139 So Water, Idaho Falls, Id.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bonneville } ss.

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 31 day of December, 1941

Stanley Crowley
Notary Public, residing at Idaho Falls Idaho
My commission expires Sept 1, 1945
[SEAL]

Signed Rolf C. Wold
(Signature of any credible person other than the previous affiant.)

139 So Water
Idaho Falls, Idaho
(Street Address, City, State)

Received for filing on By
(Registrar's signature)

FEB 6 1969

DEC 24 1943

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Fremont

City St Anthony

Registration District No. 99 File No. 32801

No. ..... St.

Primary Registration District No. 2177 Registered No. .....

Hospital .....

FULL NAME OF CHILD Lorain Sorenson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes.	July 27 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Hans T. Sorenson.	FULL MAIDEN NAME	Mary Agnes Pierce
RESIDENCE	Canyon Creek.	RESIDENCE	Canyon Creek
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29. (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Utah.	BIRTHPLACE	Utah
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 1:15 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. Morefield
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed Sept 10 1915 W. A. West
Registrar

S-Y CO. 24655

JUL 1 8 1975

249-131-022-445

PLACE OF BIRTH

[redacted]

25m-1-1-13

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony.

No. ..... St.

Hospital .....

Registration District No. 99

File No. 32802

Primary Registration District No. 2177

Registered No. .....

FULL NAME OF CHILD Geo. Elwin Smith.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes.	July 31 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Jos L. Smith.	FULL MAIDEN NAME	Ida Lee Dunn.
RESIDENCE	St Anthony.	RESIDENCE	St Anthony.
COLOR	White	COLOR	White.
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Tenn.	BIRTHPLACE	Miss.
OCCUPATION	Farmer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. at 4 15 A M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. Morefield.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed Sept 10 1913 W B Wood

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

AUG 5 1943

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

851-108-022-249

[redacted]

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of St. Anthony

Registration District No. 91

File No. 32803

No. ....., ... St.

Primary Registration District No. 2177

Registered No. .....

Hospital .....

FULL NAME OF CHILD George Adelbert Yeaman

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	July 8, 1915

FATHER		MOTHER	
FULL NAME	Wm L Yeamans	FULL MAIDEN NAME	Mary Smithurst
RESIDENCE	Dubois	RESIDENCE	Dubois
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	42
BIRTHPLACE	Utah	BIRTHPLACE	England
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 10

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive ~~or stillborn~~) at 1:05 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C E Jones M D

(Physician or Midwife)

Given names added from a supplemental report

..... 19.....

Address Dubois Idaho

Filed Sept 10 1915 W B Wurst

Registrar

Registrar

S-Y CO., 16670

[redacted]

NOV 21 1966

431-205-022-154

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony

No. ..... St.

Hospital .....

Registration District No. 99 File No. 32804

Primary Registration District No. 2177 Registered No. .....

FULL NAME OF CHILD Genevieve McArthur

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	July 2 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John McArthur	FULL MAIDEN NAME	Pearl Anderson
RESIDENCE	St Anthony	RESIDENCE	St Anthony
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Morfield

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed Sept 10 1915 W. S. West

Registrar Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

819-114-022-369

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of S Kinthony

Registration District No. 49 File No. 32805

No. St.

Primary Registration District No. 2177 Registered No.

Hospital

FULL NAME OF CHILD ~~Elwin~~ READ / BENJAMIN Hardy

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	June 14 1954 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Mr. Frank Hardy	FULL MAIDEN NAME	Emily Viola Cozier
RESIDENCE	S Kinthony	RESIDENCE	S Kinthony
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Ida	BIRTHPLACE	Utah
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 9:30 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A Morefield

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed Sept 14 1954 W D West

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECEASED

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Shoshone }

Certificate No. 32805

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (BIRTH OR DEATH)
for ..... (NAME ON ORIGINAL CERTIFICATE) who ..... (WAS BORN OR DIED) on ..... (DATE OF EVENT)
in ..... (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	Elwin Hardy	Read Benjamin Hardy

Subscribed and sworn to before me this 14 day of April, 1943

Clerk of Probate Judge

~~Notary Public~~, residing at .....

My commission expires .....
(SEAL)

Signed Emily C. Hardy
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Wallace Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19 .....

Notary Public, residing at .....

My commission expires .....
(SEAL)

Signed .....
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

.....
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

APR 2 1 1943

314-123-022-295

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony

Registration District No. 99 File No. 32806

No. ..... St.

Primary Registration District No. 2177 Registered No. .....

Hospital .....

FULL NAME OF CHILD Russell Ray Lauder ~~[illegible]~~ Lauder

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	June 23 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	James M Lauder	FULL MAIDEN NAME	Edith Bingham
RESIDENCE	St Anthony	RESIDENCE	St Anthony
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 4:30 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed Sept 11 1915 [illegible]

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 1 1 1967

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. H. C.—Rev. 1-1-13

32807

County of [illegible]

City of St Anthony

No. 215-118-022-753 St.

Registration District No. 99

File No.

Primary Registration District No. 2177

Registered No.

Hospital

FULL NAME OF CHILD George Alvin Sanderson

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
male			yes	June 18 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wm Sanderson	FULL MAIDEN NAME	Anne M Peterson
RESIDENCE	St Anthony	RESIDENCE	St Anthony
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 9

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12 10 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A Morefield

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Registrar

Filed Sept 10 1913

W B Ward
Registrar

S-Y CO. 24655

MAY 3 0 1976

APR 16 1976

MAR 25 1976

653-274-852-154

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony

Registration District No. 99

File No. 32808

No. ..... St.

Primary Registration District No. 2177

Registered No. .....

Hospital Valentine Wellard

FULL NAME OF CHILD ~~[illegible]~~

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male				yes	Feb 14 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John Wellard	FULL MAIDEN NAME	Gertrude Andrews
RESIDENCE	St Anthony R F D	RESIDENCE	St Anthony R F D
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1 30 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J Morfield

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed Sept 10 1915 [redacted] M D

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

HATHI TRUST DIGITAL LIBRARY

449-203-022-168

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony

Registration District No. 99

File No. 32809

No. _____ St.

Primary Registration District No. 2177

Registered No. _____

Hospital _____

FULL NAME OF CHILD Maeda Alice Murri

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of Birth June 3 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Chas E Murri	FULL MAIDEN NAME	Ellen E Johnson
RESIDENCE	St Anthony	RESIDENCE	St Anthony
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Switzerland	BIRTHPLACE	Utah
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A Morefield

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address _____

Filed Sept 10 1915 W B West

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 22 1964

866-106-022-445

[redacted]

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony

No. _____ St.

Registration District No. 99 File No. 32810

Primary Registration District No. 2177 Registered No. _____

Hospital _____

FULL NAME OF CHILD Earl Uden Hoop

Sex of Child male	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	Date of Birth June 6 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Edward Hoop	FULL MAIDEN NAME	Lottie Uden
RESIDENCE	St Anthony	RESIDENCE	St Anthony
COLOR	White AGE AT LAST BIRTHDAY 22 (Years)	COLOR	White AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE	Minn	BIRTHPLACE	Utah
OCCUPATION	Cow Puncher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2.9 M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A Morefield

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address _____

Filed Sept 10 1915 W Dwest

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

MAR 8 1974

813-108-022-962

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony

Registration District No. 99

File No. 32811

No. _____ St.

Primary Registration District No. 277

Registered No. _____

Hospital _____

FULL NAME OF CHILD ~~Leland R Hall~~ Ross Hall

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	June 8 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Leland R Hall	FULL MAIDEN NAME	Bessie Rose
RESIDENCE	St Anthony	RESIDENCE	St Anthony
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A Morefield

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address _____

Filed Sept 10 1915

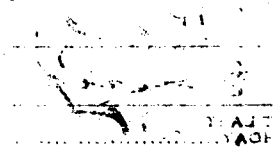
W B Gerst
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



265-109-022-558

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony

Registration District No. 99 File No. 32812

No. ..... St.

Primary Registration District No. 2177 Registered No. .....

Hospital .....

FULL NAME OF CHILD Yoshio Sonda

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	June 9 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Y Sonda	FULL MAIDEN NAME	T Niyamata
RESIDENCE	St Anthony	RESIDENCE	St Anthony
COLOR	Brown	COLOR	Brown
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 5:30 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A Morefield
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed Sept 11 1915 W B West
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.-B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SONODA

DUP061915-111061

639-128-022-458

Form V. S. No. 11-C—25m

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony

Registration District No. 99

File No. 32813

No. ..... St.

Primary Registration District No. 2177

Registered No. .....

Hospital .....

FULL NAME OF CHILD Leonard Adell Flint

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Aug 28 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Geo M. Flint	FULL MAIDEN NAME	Hilda C Meyers
RESIDENCE	Parker	RESIDENCE	Parker
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Denmark
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 15 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. Morefield

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed Sept 10 1915 W B West

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 9 1966

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

452-203-022-217

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony

No. _____ St.

Registration District No. 99

File No. 32814

Primary Registration District No. 2177

Registered No. _____

Hospital _____

FULL NAME OF CHILD Mary Meservey

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Aug 3 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	O. K. Meservey	FULL MAIDEN NAME	Charlotte Elnore Bagley
RESIDENCE	St Anthony	RESIDENCE	St Anthony
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION		OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7 20/9 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. Morfield

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address _____

Filed Sept 10 1915

W B West

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

993-227022-269

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony

Registration District No. 99

File No. 32815

No. ..... St.

Primary Registration District No. 2177

Registered No. .....

Hospital .....

FULL NAME OF CHILD Irene Ricks.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes.	Aug 27 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Willard N. Ricks.	FULL MAIDEN NAME	Anna C. Sorensen
RESIDENCE	Parker.	RESIDENCE	Parker
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Ida.	BIRTHPLACE	Utah.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 45 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. Morefield.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed Sept 11 1915 W B Wex

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 2 2 1942

154-101-[illegible]-363

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 32816
Local Reg. No.
Reg. Dist. No. 99

Amended 5/1/75

1. PLACE OF BIRTH
a. COUNTY: Fremont
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: St. Anthony
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Fremont
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: St. Anthony
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME *(Type or print)*
a. (First): Milton
b. (Middle): LeRoy
c. (Last): Andreas

4. SEX: Male
5a. THIS BIRTH: SINGLE ___ TWIN ___ TRIPLET ___
5b. IF TWIN OR TRIPLET (This child born): 1st ___ 2nd ___ 3rd ___
6. DATE OF BIRTH: (Month) Aug. (Day) 1, (Year) 1915

FATHER OF CHILD

7. FULL NAME
a. (First): Fred
b. (Middle): L.
c. (Last): Andreas

8. AGE (At time of this birth): 23 YEARS
9. BIRTHPLACE (State or foreign country) (City or Town): Ida.
10. USUAL OCCUPATION: Laborer
11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Pearl
b. (Middle):
c. (Last): Locks

13. AGE (At time of this birth): 22 YEARS
14. BIRTHPLACE (State or foreign country) (City or Town): Utah
15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living?
b. How many OTHER children were born alive but are now dead?
c. How many children were stillborn (born dead after 20 wks. pregnancy?)
16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: A. Morefield
18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ___ OTHER (Specify) ___
19. ADDRESS:
20. DATE SIGNED:
21. DATE REC'D BY LOCAL REG.: Sept. 10, 1915
22. REGISTRAR'S SIGNATURE: W. B. West
23. DATE ON WHICH GIVEN NAME ADDED BY ___ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ___ NO ___ DATE ___

Was a standard serological test for syphilis performed? YES ___ NO ___ APPROXIMATE DATE ___

LENGTH OF PREGNANCY ___ WEEKS WEIGHT AT BIRTH ___ LBS. ___ OZS TIME: 5:20 PM

RACE OR COLOR OF FATHER: White
RACE OR COLOR OF MOTHER: White

Was 1% Silver Nitrate Used to prevent blindness? YES ___ NO ___

METHOD OF DELIVERY:

BIRTH INJURY TO INFANT ___ YES IF YES, DESCRIBE ___ NO

CONGENITAL MALFORMATIONS OF INFANT ___ YES IF YES, DESCRIBE ___ NO

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

/

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
BUREAU OF
VITAL STATISTICS
APR 14 9 18 AM '75

State of Nevada } ss.
County of White Pine }

Certificate No. 32816

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth for Emery Andrews (Name on Original Certificate) who was born (Was Born or Died) on Aug. 1, 1915 (Date of Event) in St. Anthony, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Emery Andrews	Milton LeRoy Andreas
father's last name	Andrews	Andreas
mother's maiden name	Lockes	Locks

Subscribed and sworn to before me this 2 day of November, 19 74

Signed [signature] (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

Wayne R. Prince
Notary Public, residing at Ely, Nevada
My commission expires 5-21-77
(Seal)

WAYNE R. PRINCE
Notary Public - State of Nevada
White Pine County
Commission Expires May 21, 1977

2000 North St Ely Nev
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Nevada } ss.
County of White Pine }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3 day of November, 19 74

Signed [signature] (Signature of Any Credible Person)

Wayne R. Prince
Notary Public, residing at Ely, Nevada
My commission expires 5-21-77
(Seal)

WAYNE R. PRINCE
Notary Public - State of Nevada
White Pine County
Commission Expires May 21, 1977

200 North St Ely Nevada
(Street Address, City, State)

FORM DH 60-155

CL 10/17/74

Marriage License and Certif. from Idaho gives names as Fred Andreas and Pearl Lockes. dated April 3, 1915. viewed by V. S.

School Census Marshal's Report for Sept. 1923 gives father's name as F. L. Andreas and child's name as Milton. born Aug. 11, viewed by V. S.

Social Securty card (518-09-2982 gives name as Milton LeRoy Andreas. dated 12-30-30. viewee by V. S.

Family Group record gives name as as Fred Lewis Andreas and Pearl Locks. child's name given as Milton Leroy Andreas. born Aug. 1, 1915. viewed by V. S.

693-117-022-156

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony

Registration District No. 99

File No. 32817

No. _____ St.

Primary Registration District No. 2177

Registered No. _____

Hospital _____

FULL NAME OF CHILD George Lorenzo Wilson.

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male.				Yes.	Aug 17 1912 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Geo. R. Wilson.	FULL MAIDEN NAME	Stella N. Jeffs.
RESIDENCE	St. Anthony.	RESIDENCE	St Anthony.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Idaho.	BIRTHPLACE	Utah.
OCCUPATION	Laborer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn) at 2 20 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Morefield

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address _____

Filed Sept 10 1912 W D West

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

693-101-022-893

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony

Registration District No. 99 File No. 32818

No. _____ St.

Primary Registration District No. 2177 Registered No. _____

Hospital _____

FULL NAME OF CHILD Wayne Woodrow Williams.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male.		yes.	Aug 1 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	James F Williams.	FULL MAIDEN NAME	Mary Marguerite Hill.
RESIDENCE	Parker.	RESIDENCE	Parker.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Va.
OCCUPATION	Farmer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 2. Number of children of this mother now living, including present birth 2.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn) at 2 20 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. Morefield

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address _____

Filed Sept. 10 1915 W Barrett

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 25 1975

FEB 5 1949

862-102-022-243

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony

No. _____ St.

Registration District No. 99

File No. 32819

Primary Registration District No. 2177

Registered No. _____

Hospital _____

FULL NAME OF CHILD Clarence Hobbs.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes.	Aug 2 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Franklin M. Hobbs.	FULL MAIDEN NAME	May Louise Bult.
RESIDENCE	St Anthony.	RESIDENCE	St Anthony.
COLOR	White	COLOR	White.
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Ut.	BIRTHPLACE	Ut.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at _____ M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. Morfield

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address _____

Filed Sept 10 1915 W B West

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 14 1960

659-202-022-968

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Fremont

City of St Anthony,

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 99 File No. 32820

Primary Registration District No. 2177 Registered No. .....

FULL NAME OF CHILD Kuola Weigh.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes.	Aug 2 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Leon M Weigh.	FULL MAIDEN NAME	Ferol Roylance
RESIDENCE	Parker.	RESIDENCE	Parker.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Utah.	BIRTHPLACE	Utah.
OCCUPATION	Rancher.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 3 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. Morfield.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed Sept 10 1915 W B West

Registrar Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

962-130-022-794

Form V. S. No. 11-C—25m-1-1

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32821

County of Fremont.

City of St Anthony

Registration District No. 99 **File No.**

No. ..... *St.*

Primary Registration District No. 2177 **Registered No.**

Hospital .....

FULL NAME OF CHILD Elwin Roberts.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male.		yes.	Aug. 30 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wesley Roberts.	FULL MAIDEN NAME	Gladys Pruitt.
RESIDENCE	St. Anthony	RESIDENCE	St Anthony.
COLOR	White	COLOR	White.
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Idaho.	BIRTHPLACE	Mo.
OCCUPATION	Laborer	OCCUPATION	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 10 30 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. Mansfield.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed Sept 10 1915 W B West

..... Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

249-223-022-813

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Fremont

City of St Anthony

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 99 File No. 32822

Primary Registration District No. 2177 Registered No. _____

FULL NAME OF CHILD ~~XXXXXXXXXXXXXXXXXX~~ LURLIA Burt.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes.	Aug 23 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Harry Burt	FULL MAIDEN NAME	Jennie Hathaway.
RESIDENCE	Chester	RESIDENCE	Chester
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 7 45 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. Morfield

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address _____

Filed Sept 10 1915 W Burt

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Fremont }

Certificate No. 32822

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Lurlia Burt (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on Aug. 23, 1915 (DATE OF EVENT)
in Chester, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Bible Record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Aug. 23, 1915 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	Virginia Burt	Lurlia Burt

Subscribed and sworn to before me this 11 day of April, 19 42

Notary Public, residing at St. Anthony, Idaho

My commission expires August 17, 1944
(SEAL)

Signed H. S. Burt
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Chester, Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19 .....

Notary Public, residing at .....

My commission expires .....
(SEAL)

Signed .....
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

.....
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

APR 15 194

238-124-022-294

PLACE OF BIRTH Amended 4/12/79

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony

No. _____ St.

Hospital _____

Registration District No. 99

File No. 32823

Primary Registration District No. 2177

Registered No. _____

FULL NAME OF CHILD Albert C. Schaat.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes.	Aug 24 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Peter Schaat	FULL MAIDEN NAME	Mary Krug
RESIDENCE	St Anthony	RESIDENCE	St Anthony
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Russia	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5 A. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. Morfield

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address _____

Filed Sept 10 1915

W B Gess X

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
MAR 6 11 08 AM '79

State of Idaho
County of Fremont } ss.

Certificate No. 32823
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for Wayne Schaat (Name on Original Certificate) who was born (Was Born, Died, etc.) on Aug. 24, 1915 (Date of Event)
in St. Anthony (Fremont) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	Wayne Schaat	Albert Clarence Schaat

Subscribed and sworn to before me this 21st day of February, 19 79
Notary Public, [signature]
Residing at St. Anthony, Idaho
My commission expires 7-29-79
(Seal)

Albert Clarence Schaat
Signature of Applicant
720 E. 14th St., Burley, ID 83318
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.
Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

2-12-79

School Census record for 1928-1929 gives name as Albert Schatt born 8-24-15 father's name as Peter Schatt. viewed by V. S.

APR 12 1979

Registrat of Communicants from the Community Presbyterian Church gives name as Albert C. Schaat ~~born~~ March 17, 1929. date admitted to the church. viewed by VS

264-208-022-612

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Fremont

City of Parker

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 44 File No. 32824

Primary Registration District No. 2177 Registered No. .....

FULL NAME OF CHILD Haruko Kaniko

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	July 8 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Roy Kaniko	FULL MAIDEN NAME	Tomi Bakamotsu
RESIDENCE	Parker	RESIDENCE	Parker
COLOR	Yellow	COLOR	Yellow
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 12 M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W D West

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed Oct 10 1915 W D West

Registrar Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

KANEKO

DuPo21915-117956

519-201-022-792

Form V. S. No. 11-C—25m-1-1-13.

PLACE OF BIRTH

County of Fremont

City of St Anthony

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 99 File No. 32825

Primary Registration District No. 2177 Registered No. .....

FULL NAME OF CHILD Elizabeth Regenia Varin

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	July 1 1912 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Edward Varin	FULL MAIDEN NAME	Elizabeth Gibb
RESIDENCE	St Anthony	RESIDENCE	St Anthony
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Michigan	BIRTHPLACE	Ill
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W B West

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed Sept 10 1912 W B West Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JUL 24 1968

689-107-022-381

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Fremont

City of Egin

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 99 File No. 32826

Primary Registration District No. 2177 Registered No. .....

FULL NAME OF CHILD Levi Richard White

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	July 7 1912 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Joe White	FULL MAIDEN NAME	May Chandler
RESIDENCE	Egin	RESIDENCE	Egin
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 a. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W B West

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed Sept 18 1912 W B West Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

693-213-022-764

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Fremont

City of Chester

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 99 File No. 32827

Primary Registration District No. 2177 Registered No. .....

FULL NAME OF CHILD Blanch Williams

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl		Yes	Aug 13 1915

FATHER		MOTHER	
FULL NAME	Edward Williams	FULL MAIDEN NAME	Nora Godfrey
RESIDENCE	Chester	RESIDENCE	Chester
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Colorado	BIRTHPLACE	Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. Bevest

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed Sept 10 1915 W Bevest Registrar

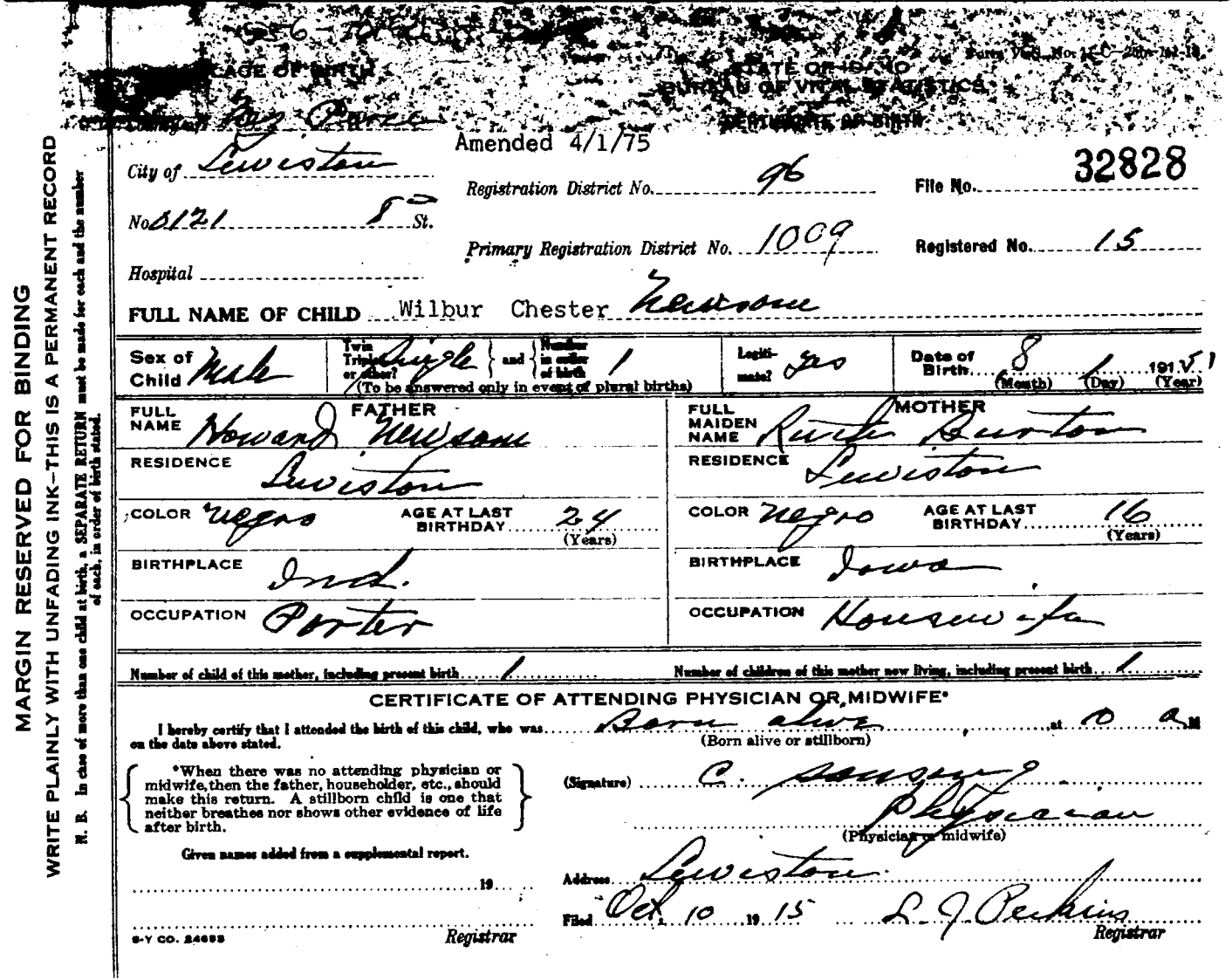
S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH



MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form Vol. No. 1-C-2[illegible]

PLACE OF BIRTH

County of Nez Perce

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Amended 4/1/75

City of Lewiston

No. 8121 8th St.

Hospital

Registration District No. 96

Primary Registration District No. 1009

File No. 32828

Registered No. 15

FULL NAME OF CHILD Wilbur Chester Newsome

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Male	Single	1	Yes	8 (Month) 1 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Howard Newsome	FULL MAIDEN NAME	Ruth Burton
RESIDENCE	Lewiston	RESIDENCE	Lewiston
COLOR	Negro	COLOR	Negro
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	16 (Years)
BIRTHPLACE	Ind.	BIRTHPLACE	Iowa
OCCUPATION	Porter	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19...

..... Registrar

(Signature) C. Sanson

Physician (Physician or midwife)

Address Lewiston

Filed Oct. 10 1915 L. J. Perkins Registrar

S-Y CO. 24693

Documents listed on back -

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 32828

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Wilburn Newsome (Name on Original Certificate) who was born (Was Born or Died) on Sept. 1, 1915 (Date of Event) in Lewiston, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Wilburn Newsome	Wilbur Chester Newsom
Child's Birthdate	Sept. 1, 1915	August 1, 1915
Father's Last Name	Newsome	Newsom

Subscribed and sworn to before me this 6th day of October, 1961

Notary Public, residing at Compton, Calif.
My commission expires Feb 9, 1964
(Seal)

Signed Ruth Newsom - Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1406 - S. Kemp St.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Los Angeles }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th day of October, 1961

Notary Public, residing at Compton, Calif
My commission expires Feb 9, 1964
(Seal)

Signed Sadie Balser - Grandmother
(Signature of Any Credible Person)

1512 So Grandee, Calif.
(Street Address, City, State)

FORM DH 60-155 CL 10-3-61. one copy pd. receipt #2249.

APR 1 1975

Social Security Application, Dec. 23, 1936 gives full name as Wilbur Chester Newsom, born Aug. 1, 1915 at Lewiston, Idaho to Howard Newsom and Ruth Perline Burton - viewed by V.S. Social Security No. 700-05-3434 -

Statement from Selmer H. Berg, Supt. of Schools, Oakland Public Schools, Oakland, California - states "This is to certify that according to our school records dated September 1926 - Wilbur Newsom was born in Idaho on August 1, 1915. Mother Ruth, Father's name not given. Left Oakland Schools in 1933." - viewed by V.S. statement written Dec. 21, 1961 - statement has been notarized -

Marriage Application from California gives groom;s name as Wilbur Chester Newsom age 24. father's name given as Howard Newsom and mother;s name as Ruth Burton.
bride's name as Leona mae Jackson. dated Sept. 12, 1939. viewed by V. S.

City of Culdesac

Registration District No. 95 File No. 32829

No. 266-102-035-363 St.

Primary Registration District No. 1000 Registered No. 16

Hospital

FULL NAME OF CHILD Elbert Eugene Bowen

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—			yes	Sept 2 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Cagar Mack Bowen	FULL MAIDEN NAME	Jone Amies Colen
RESIDENCE	Culdesac	RESIDENCE	Culdesac
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Grouse Ora
OCCUPATION	Rancher	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. F. Smith

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Culdesac, Ida

Filed Oct. 10 1915 L. G. Parker

Registrar Registrar

S-Y CO. 20174

WRITE PLAINLY WITH INFADING INK. THIS IS PERMANENT

N. B. In case of more than one child at birth, a SEPARATE BLANK must be made for [illegible]

JAN 31 1954

432-104-035-432

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

Registration District No. 96 File No. 32830

No. ..... St.

Primary Registration District No. 1009 Registered No. 17

Hospital St Josephs

FULL NAME OF CHILD David Carroll McKay

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Sept 4 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Dade McKay	FULL MAIDEN NAME	Blanche McKay
RESIDENCE	Lewiston Idaho	RESIDENCE	Lewiston Idaho
COLOR	white	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Wash.
OCCUPATION	Railroader	OCCUPATION	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at ..... M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elmer G Braddock

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Lewiston Idaho

Filed Oct 10 1915 L. J. Perkins Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

795-205-035-754

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

No. ..... St.

Hospital St Josephs

Registration District No. 96

File No. 32831

Primary Registration District No. 1009

Registered No. 18

FULL NAME OF CHILD Mary Pierce

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Sept 5 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Harry Pierce	FULL MAIDEN NAME	Matilda Gemschlich
RESIDENCE	Greer Idaho	RESIDENCE	Greer Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elmer G. Braddock

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Lewiston Idaho

Filed Oct 10 1915 L. J. Perkins
Registrar

Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JAN 26 1965

688-205-035-853

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Nez Perce

City of near arrow

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 95 File No. 32832

Primary Registration District No. 1009 Registered No. 19

FULL NAME OF CHILD Elsie Beryl Whybark

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		yes	10 (Month) 5 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Don Whybark	FULL MAIDEN NAME	Dottie Helm
RESIDENCE	Near Arrow, P.O. Juliette	RESIDENCE	same
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Kas
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7 30 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John E. Hoyt M D
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Kendrick Idaho

Filed Oct 10 1915 L J Perkins
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 2 1 1942

666-207-035-914

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

No. ..... St.

Hospital .....

Registration District No. 96 File No. 32833

Primary Registration District No. 1009 Registered No. 20

FULL NAME OF CHILD Grace Wooster

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Sept 7 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Earl S. Wooster	FULL MAIDEN NAME	Ruth Ransom
RESIDENCE	Lewiston, Idaho	RESIDENCE	Lewiston
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	N.Y.	BIRTHPLACE	N.Y.
OCCUPATION	Professor Normal Sch	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) David H. Ransom M.D.

(Physician or midwife)

Address Clarkston, Wash

Filed Oct 10 - 1915 L. J. Perkins Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 19 1944

251-209-035-236

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No. 723-16th St.

Hospital

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32834

Registration District No. 96 File No.

Primary Registration District No. 1007 Registered No. 21

FULL NAME OF CHILD Beach

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female	—	—	no	Sept 9 1915

FATHER		MOTHER	
FULL NAME	John Beach	FULL MAIDEN NAME	Francis Rebecca Stone
RESIDENCE	Lewiston Idaho	RESIDENCE	Lewiston
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Nebraska	BIRTHPLACE	Washington
OCCUPATION	Restaurant cook	OCCUPATION	Lives with parents.

Number of child of this mother, including present birth 3rd

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Paulu Johnson
Physician
(Physician or midwife)

Address Clarkston Wash

Filed Oct 10 19 15 L. J. Perkins
Registrar

Given names added from a supplemental report

.....19.....

.....
Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dep of 1915. 156485

363-111-035-359

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No. 0119-20th St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-2-15-12

CERTIFICATE OF BIRTH

Registration District No. 96 File No. 32835

Primary Registration District No. 1009 Registered No. 22

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	Sept 11 1915

FATHER		MOTHER	
FULL NAME	John Roth	FULL MAIDEN NAME	Holyta Perez
RESIDENCE	Lewiston Idaho	RESIDENCE	Lewiston Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Hungary	BIRTHPLACE	Hungary
OCCUPATION	Laborer	OCCUPATION	House wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 6 a M. on the date above stated.
(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

.....
Registrar

(Signature) L. J. Perkins
(Physician or ~~midwife~~)

Address Lewiston Idaho

Filed Oct 10 19 15 L. J. Perkins
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

389-112-035-236

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

No. 813 - 4th St.

Hospital

Registration District No. 96 File No. 32836

Primary Registration District No. 10 Registered No. 23

FULL NAME OF CHILD Thiessen Sidney Charles

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	yes	Sept 12 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Clarence C. Thiessen	FULL MAIDEN NAME	Ingabo Stockslager
RESIDENCE	Lewiston Ida	RESIDENCE	Lewiston Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Lewiston Ida	BIRTHPLACE	Linn Kansas
OCCUPATION	Stockman	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edgar L. White M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Lewiston Ida

Filed Oct 10 1915 L. G. Aukens

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

c.c. 6/3/41. w.h.

653-113-035-719

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

No. 616 15th St.

Registration District No. 96

File No. 32837

Primary Registration District No. 1009

Registered No. 24

Hospital

FULL NAME OF CHILD Clyde George Walker

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Male	Single	1	yes	9 (Month) 13 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Ray Walker	FULL MAIDEN NAME	Elsie Gardner
RESIDENCE	Lewiston	RESIDENCE	Lewiston
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Ida.	BIRTHPLACE	Oregon
OCCUPATION	Shipping Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. Sansing

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Lewiston

Filed Oct. 10 1915 L. J. Perkins Registrar

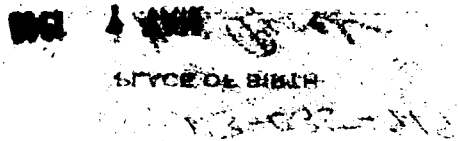
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



536-213-035-249

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

No. ..... St.

Hospital St Joseph's

Registration District No. 96

Primary Registration District No. 1009

File No. 32838

Registered No. 25

FULL NAME OF CHILD Myrtle Inez Virginia Newman

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
girl	single (To be answered only in event of plural births)	1	yes	Sept 13 1915

FATHER		MOTHER	
FULL NAME	Ira A Newman	FULL MAIDEN NAME	Mary E. Smith
RESIDENCE	1522 9 ave, Lewiston, Ida	RESIDENCE	1502-9 ave, Lewiston, Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Kentucky	BIRTHPLACE	Mich
OCCUPATION	R. R. Freight employee	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 7a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. E. Carsson

(Physician or midwife)

Address Lewiston Idaho

Given names added from a supplemental report.

..... 19.....

Filed Oct. 10 19 15 L. J. Parker
Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 2 6 1942

155-216-035-714

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

County of Nez Perces

City of Lewiston

No. 14 1/2 6th St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 96 File No. 32839

Primary Registration District No. 1009 Registered No. 26

FULL NAME OF CHILD Martha May Jenkins

Sex of Child	Twin / Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				?	Sept 16 1915

(To be answered only in event of plural births)

FATHER

FULL NAME: Wm Thomas Jenkins.

RESIDENCE: Clarkston Wn.

COLOR: White AGE AT LAST BIRTHDAY: 46 (Years)

BIRTHPLACE: Washington.

OCCUPATION: Laborer

MOTHER

FULL MAIDEN NAME: Myrtle Paul

RESIDENCE: Grangeville Ida

COLOR: White AGE AT LAST BIRTHDAY: 29 (Years)

BIRTHPLACE: Washington.

OCCUPATION: Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 a. M. on the date above stated.

(Signature) Edgar L. White, M.D.

(Physician or midwife)

Address Lewiston Ida

Filed Oct 10 1915 L J Jenkins

Registrar

*When there was no attending physician or midwife, then the father, householder, etc, should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

.....19.....

.....

Registrar

S-Y-CO 38071

112-216-035-154

PLACE OF BIRTH

County of Nez Perce

City of Lewiston, Orchards

No. Orchards St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

Registration District No. 95 File No. 32840

Primary Registration District No. 1009 Registered No. 27

FULL NAME OF CHILD Doris Jakey.

Sex of Child	Twin / Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Sept 16 1915

(To be answered only in event of plural births)

FATHER

FULL NAME Andrew Jakey

RESIDENCE Lewiston Ida

COLOR White AGE AT LAST BIRTHDAY 36 (Years)

BIRTHPLACE Germany

OCCUPATION Orchardist.

MOTHER

FULL MAIDEN NAME Mayme Anderson

RESIDENCE Lewiston Ida

COLOR White AGE AT LAST BIRTHDAY 34 (Years)

BIRTHPLACE Washington.

OCCUPATION Housewife.

Number of child of this mother, including present birth 2nd Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5 A. M. on the date above stated.

(Signature) Edgar L. White M.D.

(Physician or midwife)

Address Lewiston Ida

Filed Oct 10 19 16 L J Perkins
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 24 1967

313 - 116-035-463

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32841

County of Nez Perce

City of Culdesac, Ida. Registration District No. 95 File No.

No. St. Primary Registration District No. 1007 Registered No. 28

Hospital

FULL NAME OF CHILD Earl Richard Tallmadge

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	—	—	yes	Sept 16 1915

	FATHER	MOTHER
FULL NAME	LeRoy Everett Tallmadge	Edith Grace Mock
RESIDENCE	Culdesac	Culdesac
COLOR	White	White
AGE AT LAST BIRTHDAY	37 (Years)	20 (Years)
BIRTHPLACE	Ogdensburg Wisc	Kendrick Ida
OCCUPATION	Machinist	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1300 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L F Smith

Physician

(Physician or midwife)

Address Culdesac

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Oct. 10 19 15 L J Perkins Registrar

8-Y CO. 20174

42

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 1 1 1942

964-29-035-695

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32842

PLACE OF BIRTH

County of Nez Perce

City of Lewiston Idaho

No. [redacted] St.

Registration District No. 96

Primary Registration District No. 1009

File No.

Registered No. 29

Hospital

FULL NAME OF CHILD Mildred Marie Roush

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Sept. 19 1915

FATHER

FULL NAME Leigh Roush

RESIDENCE Lewiston Idaho

COLOR white

AGE AT LAST BIRTHDAY 29 (Years)

BIRTHPLACE Iowa

OCCUPATION Garage operator

MOTHER

FULL MAIDEN NAME Hold Wining

RESIDENCE Lewiston Idaho

COLOR white

AGE AT LAST BIRTHDAY 22 (Years)

BIRTHPLACE Iowa

OCCUPATION Home wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or [redacted]) at 9:30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. J. Perkins

(Physician or midwife)

Address Lewiston Idaho

Filed Oct 10 1915 L. J. Perkins Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

993-220-035-863

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

Registration District No. 96

File No. 32843

No. ..... St.

Primary Registration District No. 1009

Registered No. 30

Hospital St. Joseph

FULL NAME OF CHILD Rachael Eileen Richmond

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Sept 20 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Rufus Richmond	FULL MAIDEN NAME	Sarah Hockett
RESIDENCE	Lapwai Ida	RESIDENCE	Lapwai Ida
COLOR	White AGE AT LAST BIRTHDAY 44 (Years)	COLOR	White AGE AT LAST BIRTHDAY 40 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	School Principal	OCCUPATION	

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 7 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elmer S Braddock

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Lewiston Ida.

Filed Oct 10 1915 L J Perkins Registrar

Registrar

9-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

512-222-035-962

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

No. 1448 G. St.

Hospital

Registration District No. 96 File No. 32844

Primary Registration District No. 1009 Registered No. 31

FULL NAME OF CHILD Sadie May Eastburn

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	Single		4	yes	9 22 1915

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Roy Eastburn	FULL MAIDEN NAME	Anna Robinson
RESIDENCE	Lewiston	RESIDENCE	Lewiston
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Kansas.	BIRTHPLACE	Minn.
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. Sansing

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Lewiston

Filed Oct. 10 1915 L. J. Perkins Registrar

S-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

225-222-05-363

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Nez Perces

City of Lewiston

No. Reload Place St. 1

Registration District No. 95

File No. 32845

Primary Registration District No. 1009

Registered No. 92

Hospital

FULL NAME OF CHILD Baby Skelton

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	1	5	Yes	9 - 22 - 190

FATHER		MOTHER	
FULL NAME	Arthur Skelton	FULL MAIDEN NAME	Edna M. Cotter
RESIDENCE	Lewiston	RESIDENCE	Lewiston
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Michigan
OCCUPATION	Laborer	OCCUPATION	Housework

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 6 P. M. on the date above stated.

(Signature) H. T. Harris

M. D.

(Physician or Midwife)

Address Lewiston Idaho

Filed Oct 10 1915 L. J. Perkins Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

593-226-035-432

Form V. S. No. 11-C—25m-3-8-15

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No. 7th Ave & 7th St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 96 File No. 32846

Primary Registration District No. 1009 Registered No. 93

FULL NAME OF CHILD ~~Nicholes~~ LaNora Florence Nichols

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Sept 26 1915

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Floyd Gray Nichols	FULL MAIDEN NAME	Virginia McKinney
RESIDENCE	Lewiston Ida	RESIDENCE	Lewiston Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Arkansas	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7.45 A. M. on the date above stated.

(Signature) Edgar L. White M D

(Physician or midwife)

Address Lewiston Idaho

Filed Oct 10 - 19 15 L J Aukrim

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH - BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Nez Perce } ss.

Certificate No.
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for No. 4 Nichols (Name on Original Certificate) who was born (Was Born or Died) on Sept. 28, 1915 (Date of Event) in Lewiston, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Father (Bible Record, Insurance Policy, Etc.) prepared on Feb. 19, 1955 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	No. 4 Nichols	Florence La nora Nichols

Subscribed and sworn to before me this 19th day of February, 1955

Jean Wegelius
Notary Public, residing at Lewiston, Idaho
My commission expires Oct. 21, 1956
(Seal)

Signed F. G. Nichols
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

213 Main Rd. Lewiston Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19th day of February, 1955

Jean Wegelius
Notary Public, residing at Lewiston, Idaho
My commission expires Oct. 21, 1956
(Seal)

Signed Jean T. Usher
(Signature of Any Credible Person)

1108 Sixth St. Clarkston, Wash.
(Street Address, City, State)

Own Child's Birth Cert. on file: (Idaho Birth) #247342 gives full maiden name of mother as LaNora Florence Nichols - viewed by V.S.

OCT 27 1965

State of Idaho, County of Nez Perce, Marriage License and Certificate, (Marriage Cert.) married Sept. 18, 1935 at Lewiston, Idah o gives full name of groom as Richard Wilbur Schumacher and full name of bride as LaNora Florence Nichols - viewed by V.S.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of IDAHO } ss.
County of Nez Perce }

RECEIVED AUG 27 1965 VITAL STATISTICS

Certificate No. 32846

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Nichols (female) (child) who was born on Sept. 26, 1915
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Lewiston, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	LaNora Nichols

Subscribed and sworn to before me this 2nd day of March, 1965

Notary Public, residing at Lewiston, Idaho
My commission expires Jan. 30, 1968
(Seal)

Signed K. J. Nichols
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

John H. Nichols
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of
....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155 , CL 1-12-65. nm

653-[illegible]030-597

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Lemhi

City of

No. St.

Hospital At Home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No.

File No. 32847

Primary Registration District No.

Registered No. 151

FULL NAME OF CHILD Helen Irene Wells

Sex of Child Female	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth 7 (Month) 18 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Rufus Elbert Wells	FULL MAIDEN NAME	Helen Vigus
RESIDENCE	Ten miles S. of May, Idaho.	RESIDENCE	Ten miles S. of May, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Tennessee	BIRTHPLACE	Texas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth Six

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Saloma J. Cleveland

Midwife (Physician or midwife)

Given names added from a supplemental report.

19

Address May, Lemhi Co., Idaho.

Filed 1915 Saloma J. Cleveland Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 16 1946

OCT 1 1945

863-122-030-165

PLACE OF BIRTH

County of Lemhi

City of

No. St.

Hospital At Home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS.

Form V. S. No. 11-C—25m-1-1-18

CERTIFICATE OF BIRTH

Registration District No.

File No. 32848

Primary Registration District No.

Registered No. 15-2

FULL NAME OF CHILD Charles Holland Jr

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	8 22 1915

FATHER

FULL NAME: Charles Holland

RESIDENCE: Three miles S. from May, Idaho

COLOR: White

AGE AT LAST BIRTHDAY: 32 (Years)

BIRTHPLACE: Idaho

OCCUPATION: Teamster-hauling for Mr Astrom

MOTHER

FULL MAIDEN NAME: Ora Belle Jones

RESIDENCE: Three miles S. from May, Idaho

COLOR: White

AGE AT LAST BIRTHDAY: 30 (Years)

BIRTHPLACE: Utah

OCCUPATION: Housewife

Number of child of this mother, including present birth: 4

Number of children of this mother now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Saloma J. Cleveland

Midwife (Physician or midwife)

Address May, Lemhi Co. Idaho

Given names added from a supplemental report.

..... 19..

..... Registrar

Filed Sept. 19 15 Saloma J. Cleveland Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

CERTIFICATE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF VITAL STATISTICS

CERTIFICATE OF BIRTH

APR 12

313-131-030-314

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32849

County of Lemhi

City of ~~Salmon~~ May

Registration District No. 41

File No.

No. _____ St.

Primary Registration District No. 2116

Registered No. ~~149~~ 156

Hospital _____

FULL NAME OF CHILD ~~Baby Calvin~~ FRANK KENNETH CALVIN

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	twin	one	yes	Aug 31 1915

FATHER		MOTHER	
FULL NAME	Jno. Calvin	FULL MAIDEN NAME	Myrtle Campbell
RESIDENCE	May	RESIDENCE	May
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Mo
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 a. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. McCreery M. D.

(Physician or midwife)

Address Challis

Given names added from a supplemental report.

Frank Kenneth Calvin 19....

Filed Sept. 10 19 15 Edith D. Herndon

Registrar

Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 24 1972

313-131-030-314

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lemhi

City of ~~[illegible]~~ May

Registration District No. 41 File No. 32850

No. ..... St.

Primary Registration District No. 2116 Registered No. ~~150~~ 197

Hospital .....

FULL NAME OF CHILD ~~Baby Calvin~~ KERMIT ELWIN CALVIN

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
male	twin	2	yes	Aug 31 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Jno. Calvin	FULL MAIDEN NAME	Myrtle Campbell
RESIDENCE	May	RESIDENCE	May
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Mo
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5:30 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J W Kelley
M D
(Physician or midwife)

Given names added from a supplemental report.

Kermit Elwin Calvin 19.....

Address Challis

Filed Sept 15 1915 Edith D. Herndon
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

CONFIDENTIAL

763-131-030-819

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Lemhi

City of Salmon

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32851

Registration District No. 41 File No. .....

Primary Registration District No. 2116 Registered No. 15-8

FULL NAME OF CHILD Arthur Elisha Pollard

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes.	Aug. 31 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Arthur E. Pollard	FULL MAIDEN NAME	Artie Harrison
RESIDENCE	Salmon Ida	RESIDENCE	Salmon, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Indiana
OCCUPATION	Stationary Engineer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11 a. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. Bratton, M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Salmon, Ida

Filed Sept-15- 1915 Mary A. Greene Deputy Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 1 1 1942

546-116-050-613

Form V. S. No. 11-C—Men-1-1-13

PLACE OF BIRTH

County of Lemhi

City of Salmon

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32852

Registration District No. 41 File No. .....

Primary Registration District No. 2116 Registered No. 139

FULL NAME OF CHILD Robert Wallace Edwards

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Sept 16 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Robert L. Edwards	FULL MAIDEN NAME	Mina Wallace
RESIDENCE	Salmon	RESIDENCE	Salmon
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Michigan	BIRTHPLACE	Canada
OCCUPATION	Mining Engineer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2.30 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. S. Wright M.D.

Salmon Ida
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

..... Registrar

Filed Sept 20 1915 Mary A. Greene Deputy Registrar

S-Y CO. 24695

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 8 1942

747-203-030-399

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lemhi

City of Salmon

No. _____ St.

Hospital _____

Registration District No. 41

File No. 32853

Primary Registration District No. 2116

Registered No. 1

FULL NAME OF CHILD ~~[illegible]~~ Leola Evelyn Pugh

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Sept (Month) 3 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	James Franklin Pugh	FULL MAIDEN NAME	Ella Crippen
RESIDENCE	Lemhi	RESIDENCE	Lemhi
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Wyoming	BIRTHPLACE	Montana
OCCUPATION	Ranching	OCCUPATION	Housekeeping

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8-25-14 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. C. Whitwell

(Physician ~~or midwife~~)

Given names added from a supplemental report.

_____ 19__

Address _____

Filed Sept-15 1915 Mary A Greene Lopez Registrar

Registrar

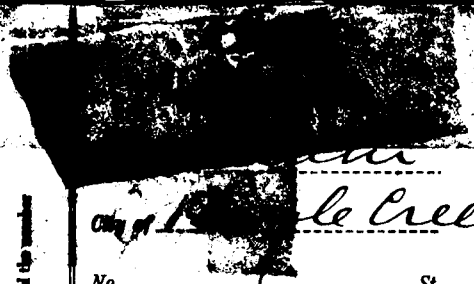
S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified copy issued 12-23-1940



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

[redacted]

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

32[illegible]

City of [redacted]le Creek

Registration District No. 41 File No.

No. , St.

542-113-030-386 Primary Registration District No. 216 Registered No. 161

Hospital

FULL NAME OF CHILD Vernon Earle Embley

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
m.		yes	6 13 1915

FATHER		MOTHER	
FULL NAME	David Erle Embley	FULL MAIDEN NAME	Lulu Thornberg
RESIDENCE	Bayle Creek	RESIDENCE	Bayle Creek
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Michigan	BIRTHPLACE	N. Carolina
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5 30 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. F. Hammer

(Physician or Midwife)

Given names added from a supplemental report

, 19

Address

Filed Sept 13 1915 Mary A Greene Deputy Registrar

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

OCT 29 1970

Official Original
Cite it
C. Hanner

PLACE OF BIR

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32855

County of [redacted]

City of Kimberly Registration District No. 36 File No.

313-107-042-245 No. St. Primary Registration District No. Registered No. 8

Hospital Home

FULL NAME OF CHILD George Irving Talmadge

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male			Yes	Sept 7 (Month) (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Lawrence Talmadge	FULL MAIDEN NAME	Amy Burns
RESIDENCE	Kimberly, Idaho	RESIDENCE	Kimberly, Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Ill	BIRTHPLACE	Oakley Idaho
OCCUPATION	Hardware clerk	OCCUPATION	Hw

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8:30 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jr Davis M.D.

(Physician or midwife)

Address Kimberly Idaho

Given names added from a supplemental report

.....19.....

Filed Sept 15 19 15 Jr Davis

.....
Registrar

.....
Registrar

S-V CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

445-708-42-859

PL[redacted]

Form V. S. No. 11-C—30m-3-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Kimberly

No. ..... St.

Registration District No. 36 File No. 3285

Primary Registration District No. 36 Registered No. 9

Hospital Home

FULL NAME OF CHILD Joan Victor Dunken

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male				yes	Sept 8 1913

FATHER		MOTHER	
FULL NAME	Clyde A Dunken	FULL MAIDEN NAME	Martha M. Hunt
RESIDENCE	Kimberly Idaho	RESIDENCE	Kimberly Ida.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Chicago, Ill.
OCCUPATION	Farmer	OCCUPATION	Hm

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 2 P. M. on the date above stated.

(Signature) Jr. Davis, M.D.

(Physician or midwife)

Address Kimberly Idaho

Filed Sept 15 1913 D. M. Davis Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL
CERTIFICATE OF

PLACE OF

DROP LINE FOR PERMANENT RECORD

365-112
044-855

PLACE OF [redacted]

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Washington

City of Weiser

No. ....., ... St.

Hospital Weiser General

Registration District No. 86 File No. 32857

Primary Registration District No. 1010 Registered No. 30

FULL NAME OF CHILD Carroll Clark Conant Jr

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth
Male				Yes	Sept-12th 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Carroll Clark Conant.	FULL MAIDEN NAME	Judith A. Henrickson
RESIDENCE	Weiser - Ida	RESIDENCE	Weiser - Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Michigan
OCCUPATION	Physician & Surgeon	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6.20 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. R. Hamilton
Physician
(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Weiser - Ida

Filed 9-21 1915 W. R. Hamilton
L.
Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

[redacted]

819-115-014-255

1039

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE [redacted]

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32858

County of Washington

City of Weiser

Registration District No. 86

File No.

No. 222 E. Commercial

Primary Registration District No. 1010

Registered No. 25

Hospital

FULL NAME OF CHILD William Preston Harris

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	#	2	Yes	9 15 1915

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Sherman W. Harris	FULL MAIDEN NAME	Nellie Benson
RESIDENCE	Idaho	RESIDENCE	Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	20	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Iowa	BIRTHPLACE	Idaho
OCCUPATION	Liveryman	OCCUPATION	House-wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4.50 pm on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. H. Shirley, MD

(Physician or midwife)

Given names added from a supplemental report.

19

Address Weiser, Idaho

Filed 9-21 1915 W. R. Hamilton

Registrar

Registrar

L

8-Y CO. 24658

SEP 18 1941

168-220-044-225

PLACE OF BIRTH

AMENDED 11-4-55

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

32859

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

No. ..... St.

Registration District No. 86 File No. 32859

Hospital ..... Primary Registration District No. 1010 Registered No. 28

FULL NAME OF CHILD Clarabell Johnson
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes	August 20 1915

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

FATHER	MOTHER
FULL NAME: R. W. Johnson	FULL MAIDEN NAME: Clara Bresterfeld
RESIDENCE: Weiser, Idaho	RESIDENCE: Weiser, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 47 (Years)	AGE AT LAST BIRTHDAY: 36 (Years)
BIRTHPLACE: Chicago, Illinois	BIRTHPLACE: Schamburg, Illinois
OCCUPATION: Proprietor of Harness Shop	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6:00 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 192.....

..... Registrar.

(Signature) James A. Young

Physician
(Physician or midwife)

Address Weiser, Idaho

Filed 9-21-15 192.. W. R. Hamilton
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECEASED

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 32859

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for Clarabell Johnston (Name on Original Certificate) who was born (Was Born or Died) on Aug 1915 (Date of Event)
in Weiser, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by baptismal cert. Lutheran Trinity Church-Portland Ore. (Bible Record, Insurance Policy, Etc.) prepared on viewed by Vital Statistics (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Birth Cert. # 255416, Idaho		
Date of Birth	August 1915	August 20, 1915
Spelling of Last Name	Johnston	Johnson

Subscribed and sworn to before me this 4th day of November, 19 55
Nina K. Carroll
Notary Public, residing at Boise, Idaho
My commission expires 4-5-59
(Seal)

Signed Bernice Howell
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
1824 Cleveland (Street Address, City, State) Caldwell, Ida

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of [redacted] Idaho } ss.
County of [redacted] Ada }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4th day of November, 19 55
Nina K. Carroll
Notary Public, residing at Boise, Idaho
My commission expires 4-5-59
(Seal)

Signed Clarabell Henneman
(Signature of Any Credible Person)
924 W 3rd Weiser Idaho
(Street Address, City, State)

DPH 52.155

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

3-125-044-689

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

V. S. No. 11-C—20m-2-15-12

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

No. ..... St.

Hospital .....

Registration District No. 86 File No. 32860

Primary Registration District No. 2112 Registered No. 31

FULL NAME OF CHILD Erlin T. Milhorn

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	Yes	Feb (Month) 25 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Gentry Milhorn	FULL MAIDEN NAME	Laura White
RESIDENCE	Weiser	RESIDENCE	Weiser Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Tenn.	BIRTHPLACE	Tenn.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James A Young
Physician
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

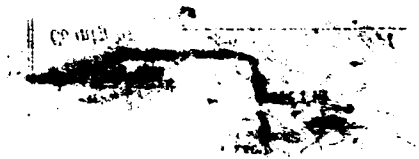
Address Weiser, Ida

Filed 9-21 1915 W. R. Hamilton
Registrar

Registrar

B-Y CO. 2C-74

2/27/41 L. B.



PLACE OF BIRTH:
(a) County ____ (b) City Weiser
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: ____
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ____ days.
In **THIS** county Abt 3 years ____ month ____ days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County ____
(c) City Weiser
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 4 yrs
(f) Mother's mailing address Weiser, Idaho
3. RESIDENCE of FATHER (city, state). Weiser, Idah

FULL NAME OF CHILD ERLIN T MILHORN
5. Date of Birth (Month, day, year) Feb. 25, 1915
Sex Male **7. Twin or Triplet** ____ If so—born 1st, 2nd, 3rd ____ **8. No. months of Pregnancy** 7½ **9. Legitimate?** Yes

FATHER OF CHILD
FULL NAME Gentry Milhorn
Color or Race White **12. Age at time of THIS birth** 36 yrs.
Birthplace Tennessee (City or town) (State or foreign country)
Exact Occupation Farmer
Industry or Business Farming

MOTHER OF CHILD
16. FULL MAIDEN NAME Laura White
17. Color or Race White **18.** Age at time of THIS birth 32 yrs
19. Birthplace Tennessee (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Own home

Name prophylactic used to prevent Ophthalmia Neonatorum ____
Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 6
(c) Born alive and now dead 2 (d) Stillborn None

I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (born alive, stillborn) at 2 A M. on the date and at the place stated above, and that personal particulars were furnished by Laura White (First name) (Last name), who is related to this child as Mother (Mother, etc.)

(a) ____ (Date received) (b) ____ (Registrar's signature)
Given name added on ____ by ____ (Registrar's signature)

25. Mother's ~~XXXXXXXX~~ **OWN signature** Laura Milhorn ~~XXX~~ (M.D., D.O., Midwife, etc.)
and address 1061 Cerritos Av Long Beach, Cal. Date 2/18/41

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Laura Milhorn, being first duly sworn, say that I am Mother (Related to (or) acquainted with) Erlin T. Milhorn (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Young (Name of attendant at birth), who attended the birth is deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Laura Milhorn Signature
1061 Cerritos Ave., Long Beach, Calif. P.O. Address

Subscribed and sworn to before me on this 18th day of February, 19 41.
(SEAL) Hazel Leeke Notary Public, residing at Long Beach, Calif
My Commission Expires December 31, 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

867-101-044-845

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32861

County of Washington

City of Weiser

No. ..... St.

Hospital .....

Registration District No. 86 File No. .....

Primary Registration District No. 2112 Registered No. 29

FULL NAME OF CHILD Eldon Lee Hopper

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	9 - 1 1915

FATHER		MOTHER	
FULL NAME	Ira M. Hopper	FULL MAIDEN NAME	Elizabeth Queen
RESIDENCE	Weiser Ida	RESIDENCE	Weiser Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Midvale Ida	BIRTHPLACE	North Carolina
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 1 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr C C Conant

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 9-21 1915 W. R. Hamilton
Registrar

S-Y CO. 24658

L

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 26 1941

OCT 8 1975

154-108-044-112

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32862

County of Washington

City of Weiser Ida.

Registration District No. 86 File No.

No. — St.

Primary Registration District No. 2112 Registered No. 26

Hospital —

FULL NAME OF CHILD Delray Anderson

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
M.	twin	1st	yes	Sep. 8 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Andrew B. Anderson	FULL MAIDEN NAME	Maggie Aasa
RESIDENCE	Weiser Ida.	RESIDENCE	Weiser Ida.
COLOR	W. AGE AT LAST BIRTHDAY 37 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE	Hyrum Utah.	BIRTHPLACE	Christiana Sweden
OCCUPATION	Rancher.	OCCUPATION	Wife.

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ernest O. Finney
Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Address

Registrar

Filed 9-21 1915 W. R. Hamilton
Registrar

L

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

JUN 2 9 1942

258-225-044-791

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Washington

City of Weiser

No. —, St.

Hospital —

Form V. S. No. 11-C—10m-8-

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 86 File No. 32864

Primary Registration District No. 1010 Registered No. 34

FULL NAME OF CHILD GERALDINE SNYDERS

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth
F	—		—	yes	Sept. 25 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Henry John Snyders	FULL MAIDEN NAME	Goldie Theresa Pratt
RESIDENCE	Weiser Ida	RESIDENCE	Weiser, Ida
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Orange City Iowa	BIRTHPLACE	Fredericksburg Iowa
OCCUPATION	Machinist	OCCUPATION	Hwife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3:30 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ernest O. Fenning

Physician (Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Weiser Idaho

Filed 9-30 1915 W. R. Hamilton Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

STATE OF IDAHO

ERMANENT RECOR

RN must be made for each

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of [illegible]

Certificate No. 32864

Date Filed [illegible]

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Geraldine Snyders (Name on Original Certificate) who Born (Was Born or Died) on Sept - 25 - 1915 (Date of Event)
in Weiser - Idaho (Place of Event) ~~are erroneous or~~ were omitted; and that, to the best of his knowledge, the true facts are shown by [illegible] (Bible Record, Insurance Policy, Etc.) prepared on [illegible] (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Geraldine Snyders

Subscribed and sworn to before me this 29
day of June, 1942

[illegible]
Notary Public, residing at Alameda Calif.

My commission expires [illegible]
(Seal)

Signed Mrs. Goldie D. Snyders.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

822 Haight Ave - Alameda
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of [illegible] } ss.
County of [illegible]

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this [illegible]
day of [illegible], 19[illegible].

Notary Public, residing at [illegible]

My commission expires [illegible]
(Seal)

Signed [illegible]
(Signature of Any Credible Person Other Than Previous Year)

[illegible]
(Street Address, City, State)

AUG 1 1942

AUG 5 1942

165-219-044-795

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Washington

City of Weiser

No. —, — St.

Hospital —

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

32865

Registration District No. 86 File No.

Primary Registration District No. 1010 Registered No. 38

FULL NAME OF CHILD Margaret May Jones

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth
F	—		—	yes	Sep. 19, 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Glen W. Jones	FULL MAIDEN NAME	Nettie Green
RESIDENCE	Weiser Ida.	RESIDENCE	Weiser Ida.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	North Manchester Ind.	BIRTHPLACE	Beardstown Ill.
OCCUPATION	Painter.	OCCUPATION	Hwife.

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ernest O. Finney

Physician (Physician or Midwife)

Address Weiser Idaho.

Given names added from a supplemental report

....., 19.....

Filed 9-21 1915 W. R. Hamilton Registrar

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17826

STATE OF IDAHO

JAN 29 1973

315-207
010-356

PLACE OF BIRTH [redacted]

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls Ida

Registration District No. 73 File No. 32866

No. ..... St.

Primary Registration District No. 2150 Registered No. 233

Hospital .....

FULL NAME OF CHILD ORLEE RUTH TANNER

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	✓		✓	Yes	Sept - 7 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Loren Tanner	FULL MAIDEN NAME	Merzie Lewis
RESIDENCE	Idaho Falls Ida	RESIDENCE	Idaho Falls Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	North Carolina
OCCUPATION	Cement Worker	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive - September 7 1915 at 9:00 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Idaho Falls Idaho

Filed Sept 9 1915 W. S. Kinnaird
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Jefferson }

Certificate No. 32866

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for Orlee Ruth Tanner (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on September 7, 1915 (DATE OF EVENT)
in Idaho Falls, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by County Records (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on After birth (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Orlee Ruth Tanner

Subscribed and sworn to before me this 14th day of December, 19 42

George M. Larsen
Notary Public, residing at Menan, Idaho.
My commission expires Dec. 12, 1943
(SEAL)

Signed Loren Tanner Father.
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Jefferson }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14th day of December, 19 42

George M. Larsen
Notary Public, residing at Menan, Idaho.
My commission expires Dec. 12, 1943
(SEAL)

Signed Willard Adams
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Rigby, Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on [illegible] By
(REGISTRAR'S SIGNATURE)

DEC 23 1942

168-105-010-315

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32867

County of Bonneville

City of Idaho Falls, Ida

Registration District No. 73 File No.

No. St.

Primary Registration District No. 2150 Registered No. 234

Hospital

FULL NAME OF CHILD Kurt Lanzen

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	✓		✓	Yes	Sept. 5 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	G. H. Johnson	FULL MAIDEN NAME	Esther Lanzen
RESIDENCE	Idaho Falls, Idaho	RESIDENCE	Idaho Falls Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Hyde Park Utah	BIRTHPLACE	Stockholm, Sweden
OCCUPATION	Bookkeeper	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive - September 5-1915 at 10 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. R. Lodergrust M.D.

Physician

(Physician or midwife)

Given names added from a supplemental report.

Address Idaho Falls Idaho

19

Filed Sept 9 1915 W. Kinnaird

Registrar Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

FEB 8 1974

MAY 1 1 1942

296-114-010-235

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32868

County of Bonneville

City of Idaho Falls Ida.

No. 14th St.

Registration District No. 73

File No.

Primary Registration District No. 2150

Registered No. 235

Hospital

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	9/14/1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	O. A. Brothen	FULL MAIDEN NAME	Marian Steinmetz
RESIDENCE	Idaho Falls Ida.	RESIDENCE	Idaho Falls Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Norway	BIRTHPLACE	King City Mo.
OCCUPATION	Druggist	OCCUPATION	Housewife.

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive 9/14/15 at 3 A. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. R. Godrey M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address Idaho Falls Ida.

Filed Sept 13 1915 W. Stimaird

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

791-113-010-119

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls Ida

Registration District No. 73 File No. 32869

No. ..... St.

Primary Registration District No. 2150 Registered No. 236

Hospital .....

FULL NAME OF CHILD .....

Sex of Child Male	Twin Triplet or other? — and Number in order of birth — (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth Sept (Month) 13 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	David M. Gray	FULL MAIDEN NAME	Anna Jarchow
RESIDENCE	Idaho Falls Ida	RESIDENCE	Idaho Falls Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Missouri	BIRTHPLACE	Iowa
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive - Sept - 13 - 1915 at 6 30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Idaho Falls - Idaho,

Filed Sept 19th 19 15 W. Kinnaird
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

133-102-010-753

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Ucon

No. ..... St.

Hospital .....

Registration District No. 73 File No. 32870

Primary Registration District No. 2150 Registered No. 237

FULL NAME OF CHILD Horas Welby

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Sep (Month) 2 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Thomas Edwin Allen	FULL MAIDEN NAME	Minnie Elvina Petersen
RESIDENCE	Ucon	RESIDENCE	Ucon
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive Sept 2-1915 at 2 A M. on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Josephine Thompson

(~~Physician or~~ midwife)

Given names added from a supplemental report

..... 19.....

Address Ucon Bonneville Co Idaho

Filed Sept 9 1915 W. Stinnaird
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Registered No.

Legitimate	Date of Birth		191
	(Month)	(Day)	(Year)

MOTHER

Amended 6-25-64

(Be sure the information is complete and accurate)

State File No. 32871
Local Reg. No. 238
Reg. Dist. No. 73

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls, Idaho
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Wyoming
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kemmerer
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print): a. (First) Robert; b. (Middle) Francis; c. (Last) Gudmundsen

4. SEX: Male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH: (Month) Aug. (Day) 20, (Year) 1915

FATHER OF CHILD

7. FULL NAME: a. (First) Joseph; b. (Middle) G.; c. (Last) Gudmundsen

8. COLOR OR RACE: White

9. AGE (At time of this birth): 40 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): Norway

11a. USUAL OCCUPATION: Laborer

11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME: a. (First) Mary; b. (Middle) E.; c. (Last) Vance

13. COLOR OR RACE: White

14. AGE (At time of this birth): 30 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Neb.

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?	c. How many children were stillborn (born dead after 20 weeks pregnancy)?
3	1	0

17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: S. S. Fuller, M.D.

18b. ATTENDANT AT BIRTH: M. D. [X] MIDWIFE [ ] OTHER (Specify)

18c. ADDRESS: Idaho Falls, Idaho

18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.: Sept. 9, 1915

20. REGISTRAR'S SIGNATURE: W. Kinnaird

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

FOR MEDICAL AND HEALTH USE ONLY
(This section MUST be filled out)

22a. LENGTH OF PREG- | 22b. WEIGHT AT BIRTH | 23.

Correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physic or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this arti with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owne the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth oc red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in s case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of bi Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by m cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person char with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper cer cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, a upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Los Angeles }

Certificate No. 32072

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for John Francis Goodmunson (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on 8/20/15 (DATE OF EVENT)
in Idaho Falls Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	John Francis Goodmunson	Robert Francis Goodmanson
Surname	Goodmunson	Goodmanson

Subscribed and sworn to before me this 6 day of Jan, 1942

Dalexed

Notary Public, residing at Compton Cal

My commission expires 10/3/45

(SEAL)

Signed Mary E. Goodmanson (mother)
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

1917 E. Elizabeth St.
(STREET ADDRESS, CITY, STATE) Compton Calif

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Weber }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5th day of January, 1942

W. P. Whitcomb

Notary Public, residing at Ogden, Utah

My commission expires Oct. 23, 1942

(SEAL)

Signed Mrs. Wm. Hunter
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

359 Twenty Sixth St.
(STREET ADDRESS, CITY, STATE)
Ogden, Utah

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

JAN 1 2 1942

JUL 3 1964

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss. RECEIVED MAY 18 1964 Bureau of Vital Statistics

County of ..... }

Certificate No. 32871

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Robert Francis Goodmanson (Name on Original Certificate) who was born (Was Born or Died) on Aug. 20, 1915 (Date of Event)

in Idaho Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's last Name	Goodmanson	Gudmundsen
Father's Full Name	J. G. Goodmanson	Joseph G. Gudmundsen

Subscribed and sworn to before me this 29 day of April, 1964

[illegible] R. Peck

Notary Public, residing at [illegible]

My commission expires ..... My Commission Expires May 23, [illegible]

(Seal)

Signed J. G. Gudmundsen Sr.

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

105 R. Haskell Reno Nev.

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Nevada } ss.

County of Washoe }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22nd day of April 1964

L. E. Mathon

Notary Public, residing at Reno, Nevada

My commission expires Dec 14, 1964

(Seal)

Signed Joseph George Gudmundsen

(Signature of Any Credible Person)

702 South Arlington Reno Nev

(Street Address, City, State)

FORM DH 60.155 CI 4-8-64. nm

Photo (notarized) of Divorce Decree, State of Wyoming, County of Lincoln, dated May 6, 1919, copy issued May 7, 1934 - gives full name of plaintiff as Mary Ellen Gudmundsen and full name of defendant as Joseph G. Gudmundsen, gives one child's name as Robert Gudmundsen, age three - viewed by V.S.

Court Summons, docket 2, no. 478, issued March 25, 1919 filed April 15, 1919, Lincoln County District Court, State of Wyoming, divorce action of Mary Ellen Gudmundsen against Joseph G. Gudmundsen - photo copy of summons made June 19, 1964- viewed by V.S.

243-205-010-253

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls Idaho

Registration District No. 73

File No. 32872

No. _____ St.

Primary Registration District No. 2150

Registered No. 239

Hospital _____

FULL NAME OF CHILD Elenora E. Butterfield

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female	1	Yes	July 5 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ray Butterfield	FULL MAIDEN NAME	Ella Beckstrand
RESIDENCE	Idaho Falls	RESIDENCE	I. Falls Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive July 5 1915 at 3 A. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. S. Fuller

Physician
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address Idaho Falls Idaho

Filed Sept 9 1915 W. Kinnaird
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MAY 2 1973

DECEASED

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
MAY 8 2 17 PM '73

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... MAY

Certificate No. 32872

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Butterfield (Female) (Name on Original Certificate) who was born (Was Born or Died) on July 5, 1915 (Date of Event)
in Idaho Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Elenora Eliza Butterfield

Subscribed and sworn to before me this 4th day of May, 1973

Notary Public, residing at [illegible]
My commission expires 6-12-76
(Seal)

Signed [illegible]
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

[illegible]
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bannock } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4th day of May, 1973

Notary Public, residing at Idaho Falls, Idaho
My commission expires 6-12-76
(Seal)

Signed [redacted]
(Signature of Any Credible Person)

[illegible]
(Street Address, City, State)

FORM DH 60-155 (4) 5-1-73

Marriage License from Idaho gives groom's name as Jess Hall and the birde's name as Elenora E. Garner. Dated February 22, 1949. Viewed by V. S.

MAY 29 1973

Certificate of Baptism and Confirmation from LDS Church dated Jan. 15, 1947 gives name as Ruby Jean Garner daughter of Leonard L. Garner and Elenora E. Butterfield. Born April 16, 1934. Was Baptized Jan. 9, 1947. Viewed by V. S.

419-105-010-318

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

Registration District No. 73

Primary Registration District No. 2150

File No. 32873

Registered No. 240

FULL NAME OF CHILD Robert Simon Martin

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		2nd	Yes	July 5 1915

	FATHER	MOTHER
FULL NAME	Albert Martin	Fern Taylor
RESIDENCE	Idaho Falls	A. Falls Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	21	21
BIRTHPLACE	Wyo	Ida
OCCUPATION	Farmer	Home Wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. L. Fuller MD

Physician

(Physician or midwife)

Address Idaho Falls, Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Sept 9 1915 W. Summerhays Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued Jan. 21, 1941. E.W.

FEB 3 1981

PLACE OF BIRTH

314-105-010-764

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32874

County of Bonneville

City of Idaho Falls

No. _____ St.

Hospital _____

Registration District No. 73

File No. _____

Primary Registration District No. 2150

Registered No. 241

FULL NAME OF CHILD Warren Tho

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	3rd	Yes	Aug 5 1915

FATHER		MOTHER	
FULL NAME	Leroy F Caughie	FULL MAIDEN NAME	Vera V. Gould
RESIDENCE	Idaho Fall	RESIDENCE	I Falls Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Cal	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. S. Fuller MD

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address Idaho Falls Idaho

Filed Sept 9 1915 W. Kinnaird Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

485-118-010-213

Form V. S. No. 11-C—25m-1-1-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Ucon

No. ..... St.

Hospital .....

Registration District No. 73

File No. 32875

Primary Registration District No. 2150

Registered No. 242

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male			3rd	yes	Aug 18 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	O. J. Myer	FULL MAIDEN NAME	Amanda Ball
RESIDENCE	~~Idaho Falls~~ Ucon	RESIDENCE	Ucon
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Penn.	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. S. Fuller MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Idaho Falls Idaho.

Filed Sept. 9" 1915 W. Kinnaird
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Amended 2/18/71

Form V. S. No. 11-C—25m-1-1-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 32876

County of Bonneville

City of Idaho Falls

No. 266-207-010-314 St.

Registration District No. 73 File No.

Primary Registration District No. 2150 Registered No. 243

Hospital

FULL NAME OF CHILD Anna Henrietta Bowen

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of Birth
Female	1 (To be answered only in event of plural births)	Yes	Aug 9 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Pard C Bowen	FULL MAIDEN NAME	Ella Campbell
RESIDENCE	Idaho Falls	RESIDENCE	I. Falls Idaho
COLOR	White AGE AT LAST BIRTHDAY 27 (Years)	COLOR	White AGE AT LAST BIRTHDAY 18 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Oulu, Finland
OCCUPATION	Piano Salesman	OCCUPATION	House Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 P. M., on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. S. Fuller MD

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Idaho Falls, Idaho

Filed Sept 9 1915 H. Kinnaird Registrar

S-Y CO. 24655

Certified Copy issued October 30, 1940. E.W.

OCT 1 1964
JUL 1 6 1968

2-11-71

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED

FEB 1 8 1971

Bureau of Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of CALIFORNIA } ss.
County of LOS ANGELES

Certificate No. 32876

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Anna Henrietta Bowen (Name on Original Certificate) who was born (Was Born or Died) on Aug 9, 1915 (Date of Event)

in Idaho Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Birthplace of mother	Ohio	Oulu Finland

Subscribed and sworn to before me this 23 day of February 1971

Elmer Patrick Ford

Notary Public, residing at Los Angeles, Ca.

My commission expires April 10, 1973

(Seal)

X Signed Shirley H. Boyle

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

110 Malcolm Dr., Pasadena, Calif. 91105

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires

(Seal)

Signed Shirley H. Boyle

(Signature of Any Credible Person)

110 Malcolm Dr.

Pasadena, California

(Street Address, City, State)

FORM DH 60-155

Family Record gives name of mother as Elsa Lydia Kumpulainen (Shortened to Ella Campell) was born in Oulu, Finland, on July 7, 1896. Record obviously old
Viewed by V.S. (Lumijoki)

FEB 18 1971

Certificate of death of mother gives name as Ella Loraine Bowen, daughter of Isaac Kumpalainer (Campbell). Date of death Dec. 12, 1970
Viewed by V.S.

Birth certificate (in Finish) gives name as Elsa Lydia Kumpulainen born July 7, 1896 in Lumijoella (Oulu), Finland. Certified copy issued 1968.
Original record filed 1902.
Viewed by V.S.

219-209-010-418

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

Registration District No. 73

File No. 32877

Primary Registration District No. 2150

Registered No. 244

FULL NAME OF CHILD Lela Barksdale

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	1	yes	Aug 9 1915

FATHER		MOTHER	
FULL NAME	Clyde Barksdale	FULL MAIDEN NAME	Vira Dayley
RESIDENCE	Idaho Falls	RESIDENCE	I. Falls Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Miss	BIRTHPLACE	Ida
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. S. Fuller M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Idaho Falls Idaho

Filed Sept 9 1915 W. Stimmard
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

319 - 114 - 010 - 687

Form V. S. No. 11-C—25m-1-1-19

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 73

Primary Registration District No. 2150

File No. 32878

Registered No. 245

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		5	Yes	Sept. 14 1915

	FATHER	MOTHER
FULL NAME	N. S. Casey	FULL MAIDEN NAME Maggie O'Hara
RESIDENCE	Ida Falls - Ida.	RESIDENCE Ida. Falls - Ida.
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE	Ohio.	BIRTHPLACE Colo.
OCCUPATION	Laborer.	OCCUPATION Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5 P. M. on the date above stated.

(Signature) S. S. Fuller M.D.

(Physician or midwife)

Address Idaho Falls Idaho.

Filed Sept. 21 19 15 N. Hammaird Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

____ Registrar

S-Y CO. 24655

BUR

HTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. 629-231-010-619 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 73 File No. 32879

Primary Registration District No. 2150 Registered No. 246

FULL NAME OF CHILD NORMA ELIZABETH OBREY

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	1	2	yes	July 31 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Luke Obrey OBREY	FULL MAIDEN NAME	Alice Ward
RESIDENCE	Ida Falls, Ida	RESIDENCE	Idaho Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Grocer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 12 m on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. S. Fuller MD
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Idaho Falls Idaho

Filed Sept 9 1915 W. Kinnaird
Registrar

S-Y CO. 24655

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Los Angeles }

Certificate No. 32879

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or ~~Death~~) for Norma Elizabeth Obrey (Name on Original Certificate) who was born (Was Born or ~~Died~~) on July 21, 1915 (Date of Event) in Idaho Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Church Record (Bible Record, Insurance Policy, Etc.) prepared on Aug - 1915 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Surname	Obery	Obrey
Name	Unnamed	Norma Elizabeth Obrey

Subscribed and sworn to before me this 25th day of January, 1943.

Notary Public, residing at Long Beach, Calif.

My commission expires ~~Commission~~
(Seal)

Signed Alice May Ward
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1240 E 4th St. Long Beach Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

JAN 2 0 1943

443-122
029-857

PLACE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 61 File No. 32880

Primary Registration District No. 1011 Registered No. 121

FULL NAME OF CHILD Archie F. Duckett Franklin

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Sept (Month) 22 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	A. M. Duckett	FULL MAIDEN NAME	Bertha B. Headrick
RESIDENCE	Moscow	RESIDENCE	Moscow
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	N. C	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 5 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Clarke
(Physician or ~~midwife~~)

Given names added from a supplemental report

..... 19.....

Address Moscow

Filed Sep 26 1915 D F Rae
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

632-120-225-76

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Latah

City of Moscow

No. 708 S. Wash St.

Registration District No. 61

File No. 32881

Primary Registration District No. 1011

Registered No. 127

Hospital

FULL NAME OF CHILD Olive Lewis Olson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Sept. 20, 1915

FATHER		MOTHER	
FULL NAME	A. H. Olson	FULL MAIDEN NAME	Persis Goodwin
RESIDENCE	Moscow, Idaho	RESIDENCE	Moscow, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Minnesota
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Lewis M.D.

(Physician or Midwife)

Address Moscow Idaho

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed Sep 30 1915 D. F. Rae
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE
Bureau of V
CERTIFICAT

285-106-029-255

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32882

Registration District No. 61 File No. .....

Primary Registration District No. 1011 Registered No. 123

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Sept (Month) 16 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	R. P. Shertzer	FULL MAIDEN NAME	Oeetha Bender
RESIDENCE	Moscow	RESIDENCE	
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Penn.	BIRTHPLACE	S. D.
OCCUPATION	Laborer	OCCUPATION	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 3:30 P M. on the date above stated.
(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Clarke

(Physician or ~~midwife~~)

Given names added from a supplemental report

..... 19.....

Address Moscow

Filed Sep 10 1915 D. L. Rae

..... Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V.S. [illegible]

OF IDAHO
TAL STATISTICS

E OF BIRTH

355-120-029-289

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Moscow

No. 720 So. Main St.

Hospital Gritman

Registration District No. 61

File No. 32883

Primary Registration District No. 1011

Registered No. 125

FULL NAME OF CHILD William Shields Lee

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Sept 20, 1915

FATHER		MOTHER	
FULL NAME	Wm. E. Lee	FULL MAIDEN NAME	Madeline Shields
RESIDENCE	Moscow, Idaho	RESIDENCE	Moscow, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Ashville, N.C.	BIRTHPLACE	Moscow
OCCUPATION	Attorney	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 8:00 a. M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. L. Gritman M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address Moscow, Idaho

Filed Sep 25 1915

S F Rae
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 18 1942

APR 8 1970

389-120-029-315

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

AMENDED 5/1/46 CERTIFICATE OF BIRTH

County of Latah
City of Bovill
No. # St.
Hospital #

Registration District No. 66
Primary Registration District No. 2146
File No. 32884
Registered No. 15

FULL NAME OF CHILD Francis Homer Chrystal
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				Yes	Sept. 20, 1915

What bacteriacidal solution was used in eyes?

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	George Thomas Chrystal	FULL MAIDEN NAME	Orpha Anna Canfield
RESIDENCE	Bovill	RESIDENCE	Bovill
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Idaho
OCCUPATION	Hoisting Engineer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

..... Registrar.

(Signature) F. C. Gibson

Physician
(Physician or midwife)

Address Bovill

Filed Sept. 20, 1915 J. L. Shampine
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Latah }

Certificate No. 32884

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Homer W. Chrystal (Name on Original Certificate) who was born (Was Born or Died) on Sept. 20, 1915 (Date of Event)
in Boville, Latah County, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Attending physician entered a wrong name which was not discovered until a few days ago (Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Homer W. Chrystal	Francis Homer Chrystal

Subscribed and sworn to before me this 22nd day of April, 1946.

Jack McQuade
Notary Public, residing at Moscow, Idaho
My commission expires July 11, 1949
(Seal)

Signed Orpha Ann Hansen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, infermant if correcting a death record; or other credible person.)

Orpha Ann Hansen (formerly Chrystal Mother,
(Street Address, City, State) Harvard, Idaho

SUPPORTING AFFIDAVIT OF A SECOND PERSON

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws,)]

State of Idaho } ss.
County of Latah }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22nd day of April, 1946.

Jack McQuade
Notary Public, residing at Moscow, Idaho
My commission expires July 11, 1946
(Seal)

Signed Ruby Wheeler
(Signature of Any Credible Person)

Ruby Wheeler, 508 W. First St.,
(Street Address, City, State) Moscow, Idaho, Aunt

55-1222-025-266

Form V. S. No. 11-C—25m-1-1-13

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Latah

City of Bovill

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 66 File No. 14

Primary Registration District No. 7146 Registered No. 32885

FULL NAME OF CHILD Esther Marie Evarts

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
girl			yes	August 22 1915

FATHER

FULL NAME: Louis Edward Evarts

RESIDENCE: Bovill

COLOR: White

AGE AT LAST BIRTHDAY: 32 (Years)

BIRTHPLACE: Wells, Minnesota

OCCUPATION: Laborer

MOTHER

FULL MAIDEN NAME: May Louisa Bowden

RESIDENCE: Bovill

COLOR: White

AGE AT LAST BIRTHDAY: 20 (Years)

BIRTHPLACE: England

OCCUPATION:

Number of child of this mother, including present birth: 3

Number of children of this mother now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 9 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

..... Registrar

(Signature) H. C. Gibson

Physician

(Physician or midwife)

Address Bovill, Idaho

Filed 9/30 1915 J. L. Thompson

Registrar

S-Y CO. 24655

APR 2 1 1976

SEP 8 0 1944

OCT 1 4 1944

Form V. S. No. 11—10m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of St Charles

No. 893-211-004-947 St.

Registration District No. _____ File No. 32887

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Hellen Rebaca

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Aug (Month) 11 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Wm Hill	FULL MAIDEN NAME	Annie Pilgrime
RESIDENCE	St Charles	RESIDENCE	St Charles
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	St Charles	BIRTHPLACE	St Charles
OCCUPATION	Farmer	OCCUPATION	HW

Number of child of this mother, including present birth 3rd

Number of children of this mother now living, including present birth 3rd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at _____ M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. E. Cooley

M.D. (Physician or midwife)

Given names added from a supplemental report

_____ 19____

Address Paris Idaho

Filed Oct 8 1915 John Mattson Registrar

Registrar

S-Y CO. 20175

MAR 26 1942

FEB 15 1974

344-21-004-365

PLACE OF BIRTH

amended 9-1-81

County of Bear Lake

City of Fish Haven

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

CERTIFICATE OF BIRTH

Registration District No. _____ File No. 32888

Primary Registration District No. _____ Registered No. _____

FULL NAME OF CHILD Roxeline Cummins

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	X	X	yes	9 11 1915

FATHER		MOTHER	
FULL NAME	Fred Vane Cummins	FULL MAIDEN NAME	Lillian Loveland
RESIDENCE	Fish Haven	RESIDENCE	Fish Haven
COLOR	W	AGE AT LAST BIRTHDAY	25 (Years)
COLOR	W	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Nevada	BIRTHPLACE	Fish Haven
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 1:25 PM on the date above stated.

(Signature) P. J. Sutton

(Physician or midwife)

Address Paris Ida

Filed Oct 5 1915 John Mattson Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____ Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 18 1969

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 32888

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Roseline Cummings (Name on Original Certificate) who was born (Was Born or Died) on Sept. 11, 1915 (Date of Event) in Fish Haven, ID (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Roseline Cummings	Rosaline Cummins
	~~Roseline Cummins~~	Roseline Cummins
	Fred Cummings	Fred Vane Cummins

Subscribed and sworn to before me this 15th day of MARCH 19 74

Edith Eakle

Notary Public, residing at SPARKS, NEVADA

My commission expires MAY 28, 1974

(Seal)

X Signed: Elmina Cummins
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of NEVADA } ss.
County of WASHOE }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15th day of MARCH 19 74

Edith Eakle

Notary Public, residing at SPARKS, NEVADA

My commission expires MAY 28, 1974

(Seal)

Signed James Cummins
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

CL 12/19/69 2 cc pd. rec. #24572

LDS Church Cert of Blessing of Kenneth Dee Tollefson gives mothers name as Roseline Cummins. Child born 5-28-39 at Montillo, NV blessed 8-6-39. Viewed by V.S.

SEP 1 1981

Marriage Cert file # 54917 State of Nevada gives Roseline Cummins and John C Tollefson married 10-2-33 in Elko. Viewed by V.S.

State of Utah Cert of Death gives Fred Vane Cummins born June 10-1890 died 9-3-26 at Ogden. Viewed by V.S.

Marriage Certificate from State of Idaho gives Fred Cummins and Lillian Elmina Loveland married 9-16-14 At Bear Lake County. Viewed by V.S.

356-203-004-266

Form V. S. No. 11—10m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Fish Haven

Registration District No. _____ File No. 32889

No. _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD _____

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Aug. 3 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ernest N. Scofield	FULL MAIDEN NAME	Jim E. Booth
RESIDENCE	Fish Haven	RESIDENCE	St Charles
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	St Charles
OCCUPATION	Farmer	OCCUPATION	Farmer

Number of child of this mother, including present birth 6th Number of children of this mother now living, including present birth 6th

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3:20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C D Cooley

M D (Physician or midwife)

Given names added from a supplemental report

_____ 19____

Address Paris

Filed Oct 8 1915 John Mattson Registrar

_____ Registrar

S-Y CO. 20175

747-205-004-993

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32590

County of Bear Lake

City of St Charles

Registration District No. _____ File No. _____

No. _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD _____

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	x		x	Yes	10 - 5 - 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Sidney Pugmire	FULL MAIDEN NAME	Forest E. Rich
RESIDENCE	St Charles	RESIDENCE	St Charles.
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	St Charles	BIRTHPLACE	Blackfoot
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 10:00 P.M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Sutton

(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Address Paris Ida

Filed Oct 8 1915 John Mattson

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

395-211-004-753

PLACE OF BIRTH

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of St Charles

Registration District No. _____ File No. 32891

No. _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Alice Muriel Linford

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		yes	Aug 11 1915

FATHER		MOTHER	
FULL NAME	Leo C Linford	FULL MAIDEN NAME	Alice May Peterson
RESIDENCE	St Charles	RESIDENCE	St Charles
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	St Charles	BIRTHPLACE	St Charles
OCCUPATION	Farmer	OCCUPATION	House W.

Number of child of this mother, including present birth 3rd

Number of children of this mother now living, including present birth 2nd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 11:15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. Cooley

M. D. (Physician or midwife)

Given names added from a supplemental report

_____ 19____

Address Paris, Idaho

Filed Oct 8 1915 John Mattson Registrar

Registrar

R-Y CO. 20175

APR 9 1970
OCT 24 1973

995 - 203-004 - 769

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 32892
Local Reg. No.
Reg. Dist. No. 53

Amended 6/15/77

1. PLACE OF BIRTH
a. COUNTY: Bear Lake
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Paris
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bear Lake
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Paris
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Gracellen
b. (Middle):
c. (Last): Ringel

4. SEX: Female

5a. THIS BIRTH: SINGLE ____ TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): September 3, 1915

FATHER OF CHILD

7. FULL NAME
a. (First): Fredrick
b. (Middle): Ludwig
c. (Last): Ringel

8. AGE (At time of this birth): 34 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Paris

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Melvina
b. (Middle): Charlotte
c. (Last): Price

13. AGE (At time of this birth): 31 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Paris

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 3
b. How many OTHER children were born alive but are now dead?
c. How many children were stillborn (born dead after 20 wks. pregnancy?)

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: A. D. Cooley, M.D.

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Paris

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: Oct 1, 1915

22. REGISTRAR'S SIGNATURE: R. J. Sutton

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS

WEIGHT AT BIRTH ____ LBS. ____ OZS. TIME: 4:45AM

RACE OR COLOR OF FATHER: W

RACE OR COLOR OF MOTHER: W

METHOD OF DELIVERY:

Was 1% Silver Nitrate Used to prevent blindness? YES ____ NO ____

BIRTH INJURY TO INFANT ____ YES IF YES, DESCRIBE ____ NO

CONGENITAL MALFORMATIONS OF INFANT ____ YES IF YES, DESCRIBE ____ NO

LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Bear Lake

MAY 17 11 23 AM '77

Certificate No. 32892

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Wingle (female) (Name on Original Certificate) who was born (Was Born or Died) on Sept 2, 1915 (Date of Event)
in Paris, Idaho (Bear Lake) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed Wingle	Gracellen Ringel
father's name	Ludwig F. Wingle	Fredrick Ludwig Ringel
mother's name	Melona C. Price	Melvina Charlotte Price
date of birth	Sept 2, 1915	Sept 3, 1915

Subscribed and sworn to before me this 13 day of
, 19 77

Notary Public, residing at Paris
My commission expires
(Seal)

Signed
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Paris Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bear Lake

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13 day of
, 19 77

Notary Public, residing at Paris
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)
(Street Address, City, State)

FORM DH 60-155

CL 4/20/77 nm

Certif of Blessing from the LDS Church gives name as Gracellen Ringel daughter of Fredrick L. Ringel and Melvina Charlotte Price. born Sept 3, 1915 at Paris, Idaho. Blessed Jan 2, 1916. viewed by V. S.

Certif of Baptism and Confirmation from the LDS Church gives name as Gracellen Ringel daughter of Fredrick L. Ringel and Melvina Charlotte Price. Born Sept 3, 1915 at Paris Idaho. Baptized Nov 30, 1924. vie wed b y V. S.

285-202-004-585

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Bear Lake

City of Paris

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 53 File No. 32893

Primary Registration District No. 2132 Registered No. _____

FULL NAME OF CHILD Myrna

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	X	X	Yes	10 2 1913

	FATHER	MOTHER
FULL NAME	Joseph Russell Stephens	FULL MAIDEN NAME Lottie Frye
RESIDENCE	Paris	RESIDENCE Paris
COLOR	W	COLOR W
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years) 34
BIRTHPLACE	Paris	BIRTHPLACE Paris
OCCUPATION	Banker	OCCUPATION House Wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 7.20 AM on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. Sullon

(Physician or midwife)

Address Paris Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Oct 11, 1913 J. Sullon Registrar

S-Y CO. 24655

Form V.S. No. 11-C-2m

STATE OF IDAHO
AU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Dept of 1915 - DE 53 - 8-28

243-217-004-993

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Bear Lake

City of Paris

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 53 File No. 32894

Primary Registration District No. 2132 Registered No. .....

FULL NAME OF CHILD Iva Sutton

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	X		X	Yes	9 (Month) 17 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Richard J Sutton	FULL MAIDEN NAME	Mabel Rich
RESIDENCE	Paris Ida	RESIDENCE	Paris
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Paris Ida	BIRTHPLACE	Bern, Ida
OCCUPATION	M-N.	OCCUPATION	House Wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11 55 PM on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R J Sutton

M-N (Physician or midwife)

Address Paris Ida

Filed Oct 1 1915 R J Sutton Registrar

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

JUL 7 1975

713-221-004-386

[redacted]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

32895

County of Bear Lake

City of Bloomington,

No. ....., ... St.

Hospital .....

Registration District No. 53 File No. .....

• Primary Registration District No. 2132 Registered No. .....

FULL NAME OF CHILD Virtue

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
girl		yes	Sept. 21 - Tues. 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Joseph Peter Patterson	FULL MAIDEN NAME	Elva Thornock
RESIDENCE	Bloomington,	RESIDENCE	Bloomington,
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Bloomington, Idaho	BIRTHPLACE	Bloomington, Idaho
OCCUPATION	School Teacher	OCCUPATION	House wife

Number of child of this mother, including present birth Five

Number of children, of this mother, now living, including present birth Five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9 40 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L H Hottendorf

MD

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address PARIS, IDAHO.

Filed Oct 1 1915 R J Sutton Registrar

Registrar

BYMS - YORK CO., PTRS. & SDRS. 17826

PLACE OF BIRTH

245-120-004-749

PLACE OF BIRTH

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Paris

No. ..... St.

Hospital .....

Registration District No. 53 File No. 32897

Primary Registration District No. 2132 Registered No. .....

FULL NAME OF CHILD STANLEY WILLIAM BUNN

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate	Date of Birth
Male		yes	Aug 20 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wm H Bunn	FULL MAIDEN NAME	May E Bunn
RESIDENCE	Sonora	RESIDENCE	Sonora
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Paris	BIRTHPLACE	Paris
OCCUPATION	Farmer	OCCUPATION	HW

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 7:18 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A F Cooley
M D
(Physician or midwife)

Given names added from a supplemental report

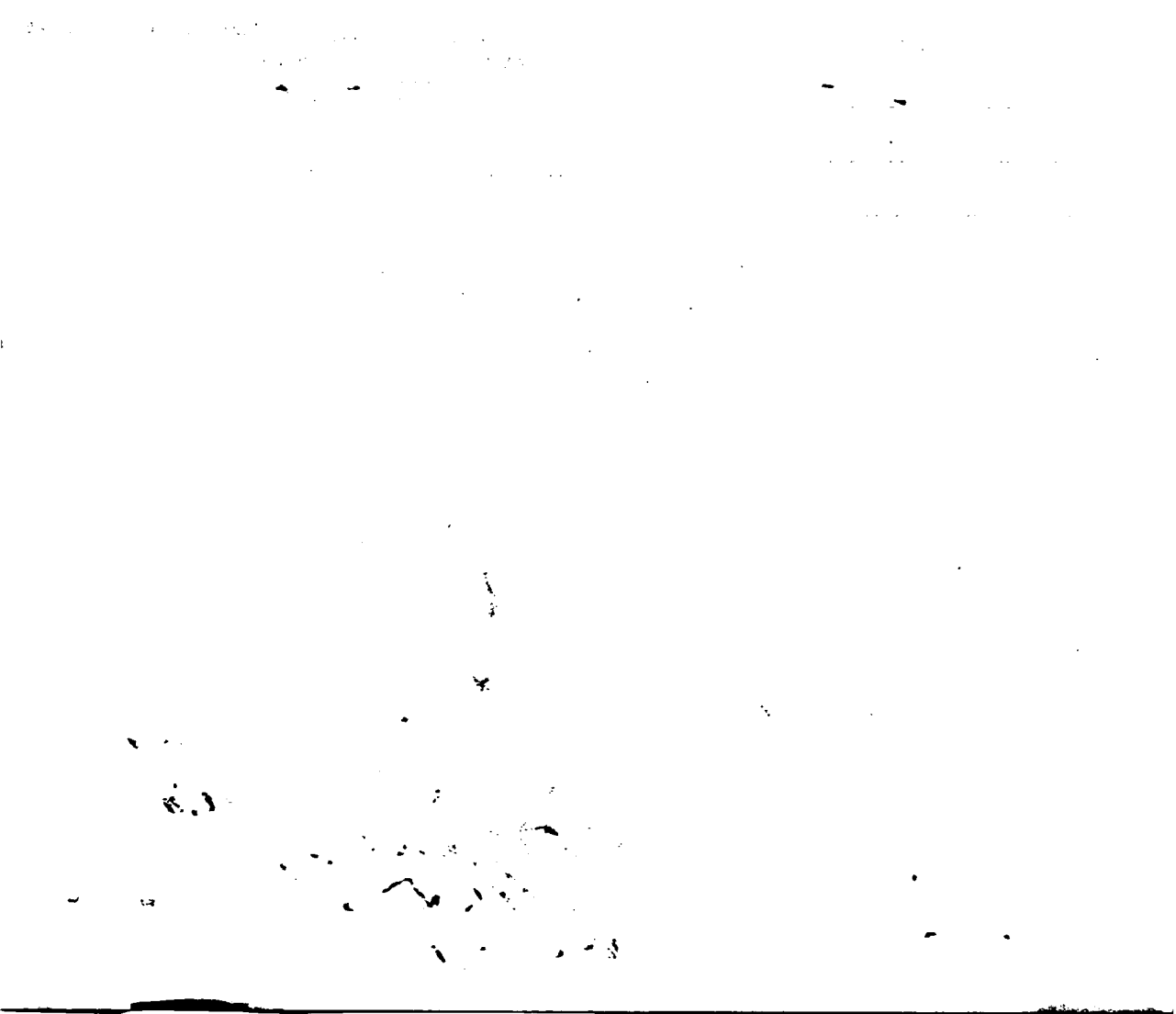
..... 19.....

Address Paris

Filed Oct 1 1915 R J Sutton
Registrar

Registrar

S-Y CO. 20175



IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss. Certificate No. 32897

County of ..... } ss. Date Filed .....

FEB 23 1 46 PM '78

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Bunn (Name on Original Certificate) who was born (Was Born or Died) on August 20, 1915 (Date of Event)

in Paris, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowled

true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date)

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
childs name	omitted	Stanley William Bunn

Subscribed and sworn to before me this 10 day of February, 1978

Eileen W Webb

Notary Public, residing at Paris

My commission expires Lifetime

(Seal)

Signed Stanley W Bunn

(Signature of parent or attendant if correcting a b ord; of attendant, funeral director, informant if co a death record; or other credible person.)

..... (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.

County of Bear Lake } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and th are true to the best of his knowledge.

Subscribed and sworn to before me this 10 day of February, 1978

Eileen W Webb

Notary Public, residing at Paris

My commission expires Lifetime

(Seal)

Signed Ronald Parker

(Signature of Any Credible Person)

Paris, Idaho

(Street Address, City, State)

FORM DH 60-155

Correction corresp 2-10-78 1 copy pd (B) fc

Certificate of Blessing gives name as Stanley William Bunn son of William Bunn and Mary Bunn born August 20, 1915 at Paris, Idaho and blessed Dec. 5, 1915 in L.D.S.Church.
Viewed by V.S.

Service Record gives nam as Stanley W. Bunn # 39 941 304 gives name spelled correctly and birthdate as August 20, 1915 in Paris, Idaho. Inducted March 10, 194 and separated August 3, 1946.
Viewed by V.S.

495-207-004-315

Form V. S. No. 11—10m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32898

County of Bear Lake

City of Paris

No. ..... St.

Hospital .....

Registration District No. 53 File No. .....

Primary Registration District No. 2132 Registered No. .....

FULL NAME OF CHILD Creola Minson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Sept 7 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	David Munson	FULL MAIDEN NAME	Hagel S Law
RESIDENCE	Paris	RESIDENCE	Paris
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Paris	BIRTHPLACE	Paris
OCCUPATION	Farmer	OCCUPATION	HW.

Number of child of this mother, including present birth 3rd Number of children of this mother now living, including present birth 3rd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11:20 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A P Cooley

M.D. (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Paris

Filed Oct 1 1915 A J Sutton Registrar

S-Y CO. 20175

NOV 2 1942

264-214-004-365

Form V. S. No. 11—10m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32899

County of Bear Lake

City of Paris

No. ..... St.

Hospital .....

Registration District No. 53 File No. .....

Primary Registration District No. 2132 Registered No. .....

FULL NAME OF CHILD Frances Louise Bodine

Sex of Child Female	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth Aug 14 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Geo. H. Bodine	FULL MAIDEN NAME	Irene Sweller
RESIDENCE	Evanston, Wyoming	RESIDENCE	Evanston Wyoming
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Wyoming	BIRTHPLACE	Paris
OCCUPATION	Machinist	OCCUPATION	H W

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 12:40 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. D. Cooley M.D.
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Paris

Filed Oct 1 1915 R. J. Sutton
Registrar

Registrar

S-Y CO. 20175

SEP 9 1964

229-218-004-455

Form V. S. No. 11—10m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32900

County of Bear Lake

City of Shoshone

No. ..... St.

Hospital .....

Registration District No. 53 File No. .....

Primary Registration District No. 2132 Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Aug 18 1915

FATHER		MOTHER	
FULL NAME	Frank E Shumer	FULL MAIDEN NAME	Pauline Demcott
RESIDENCE	Shoshone	RESIDENCE	Shoshone
COLOR	W AGE AT LAST BIRTHDAY 32 (Years)	COLOR	W AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE	Shoshone	BIRTHPLACE	Liberty
OCCUPATION	Farmer	OCCUPATION	H.W.

Number of child of this mother, including present birth 4th Ch Number of children of this mother now living, including present birth 4th Ch

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 1:50 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C C Cooley

M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Paris

Filed Oct-1 1915 R J Sutton

Registrar

Registrar

R-Y CO. 20175

K

DECEASED

386-216-004-466 Amended 6/1/69

Form V. S. No. 11—10m-2-15-12

PLACE OF BIRTH

[redacted] Bear Lake

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32901

City of Bloomington

Registration District No. 53

File No.

No. St.

Primary Registration District No. 2132

Registered No.

Hospital

FULL NAME OF CHILD BETH THORNOCK

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth
Female				Yes	Aug 16 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Seymour H Thornock	FULL MAIDEN NAME	Janet Leishman Moffat
RESIDENCE	Bloomington	RESIDENCE	Bloomington
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Bloomington	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	H W

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive 2:30 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A F Hooley

M D
(Physician or midwife)

Given names added from a supplemental report

19

Registrar

Address Paris

Filed Oct 1 1915 R J Sutton
Registrar

S-Y CO. 20175

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Amended 6/7/69

OF BIRTH

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
JUN 4 1969
Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 32901

Date Filed .....

The undersigned does solemnly swear that certain facts on this certificate of Birth (Birth or Death)

for Unnamed Thornock (female child) (Name on Original Certificate) who was born (Was Born or Died) on Aug. 16, 1915 (Date of Event)

in Bloomington, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Beth Thornock
Full Maiden Name of Mother	Jannet Moffat	Janet Moffat

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed Janet Jenkins

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28th day of ....., 1967

Notary Public, residing at Idaho Falls, Idaho

My commission expires Oct 25, 1967

(Seal)

Signed Elaine Thornock Parker

(Signature of Any Credible Person)

143 Whittier, Idaho Falls, Ida

(Street Address, City, State)

FORM DH 60-155 6-19-67. nm

Birth Certificate from LDS Church gives name as Beth Thornock born Aug. 16, 1915. Born in Bloomington, Idaho. Father's name as Seymour H. Thornock znd mother's name as Jennet T. Moffat. Viewed by V. S.

AUG 7 1989

Daughter's birth certificate on File (No. 240255) Carolyn Jean Orr gives mother's maiden name as Beth Thornock. Viewed by V. S.

Form V. S. No. 11—10m-2-1

PLACE OF BIRTH

County of Bear Lake

City of Bloomington

No. 718-112-004-234 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32902

Registration District No. 53 File No.

Primary Registration District No. 2732 Registered No.

FULL NAME OF CHILD James Weldon Payne

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth
Male		Yes	Aug 12 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	James A Payne	FULL MAIDEN NAME	Sybil E Slight
RESIDENCE	Bloomington	RESIDENCE	Bloomington
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Bloomington	BIRTHPLACE	Paris
OCCUPATION	Farmer	OCCUPATION	H W

Number of child of this mother, including present birth 2nd Number of children of this mother now living, including present birth 2nd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 12-15P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C P Tooley M D (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Paris

Filed Oct. 1, 1915 J. J. Sutton Registrar

Registrar

S-Y CO. 20175

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bingham }

Certificate No. 33902

AUG 3 1945

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for James Weldon Payne (Name on Original Certificate) who was born (Was Born or Died) on August 12, 1915 (Date of Event)
in Bloomington, Bear Lake County, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by L. D. S. Church record (Bible Record, Insurance Policy, Etc.) prepared on Oct. 3, 1915 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Birth Date	August 11, 1915	August 12, 1915

Subscribed and sworn to before me this 1st day of August, 19 45

Earl N. Corry

Notary Public, residing at Blackfoot, Idaho

My commission expires Feb. 9, 1949

(Seal)

Signed Wilford G. Jones
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Blackfoot, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bingham }

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws,)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st day of August, 19 45

Earl N. Corry

Notary Public, residing at Blackfoot, Idaho

My commission expires Feb. 8, 1949

(Seal)

Signed Stella Jensen
(Signature of Any Credible Person)

Blackfoot, Idaho
(Street Address, City, State)

AUG 6 1945

796-107-004-244

PLACE OF BIRTH

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO,
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32903

County of Bear Lake

City of Paris

No. ..... St.

Hospital .....

Registration District No. 53 File No. .....

Primary Registration District No. 2132 Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Aug 7 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wm Clarence Grondy	FULL MAIDEN NAME	Mary Viola Budges
RESIDENCE	Paris	RESIDENCE	Paris
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Paris	BIRTHPLACE	Dingle I.
OCCUPATION	Farmer	OCCUPATION	H W

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 1:15 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A D Cooley M D.
(Physician or midwife)

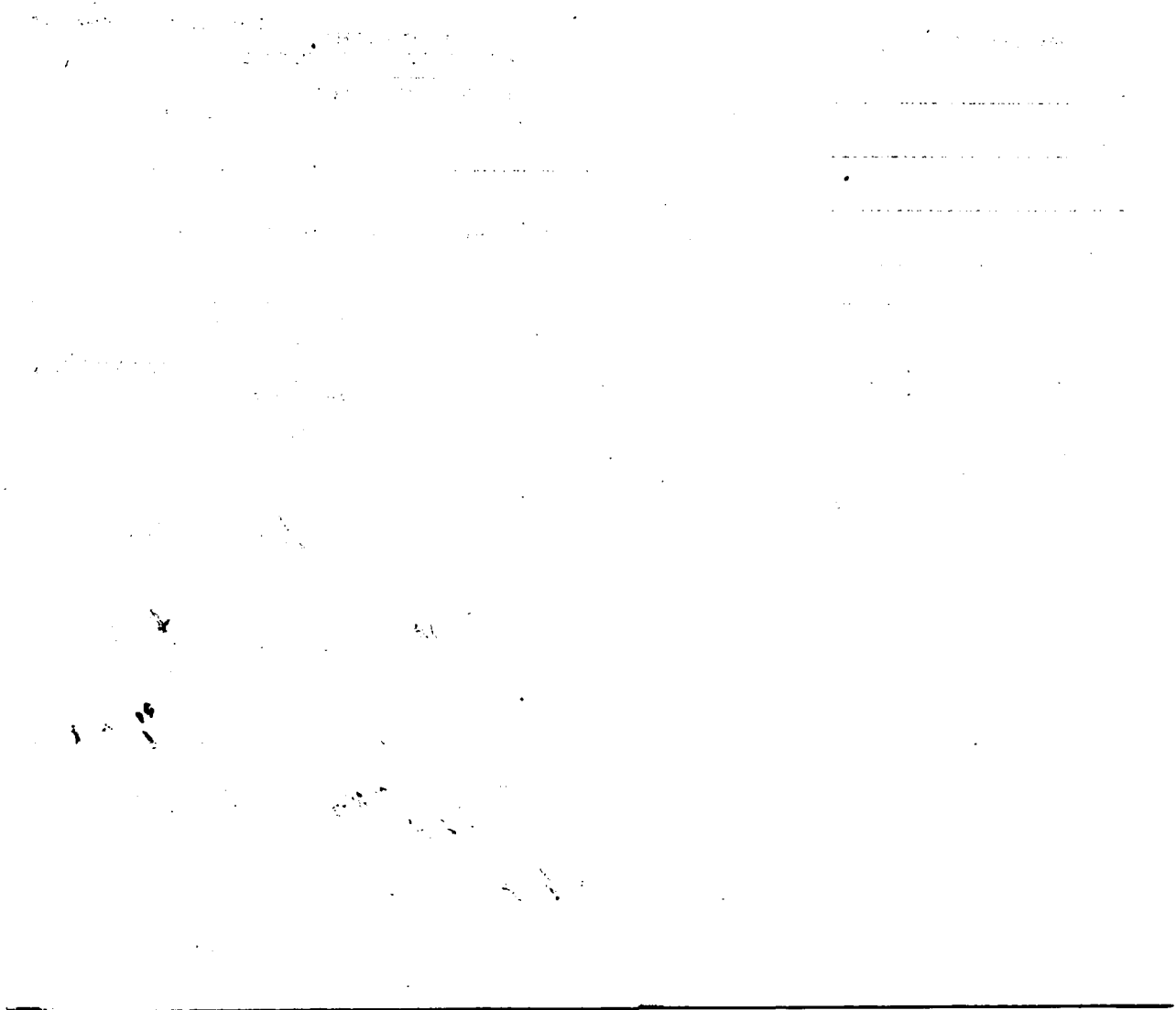
Given names added from a supplemental report

..... 19.....

Address Paris

Filed Oct - 1 1915 R J Sutton
Registrar

R-Y CO. 20175



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bear Lake

City of Bloomington

No. 217-130-004-753, St.

Registration District No. 53

File No. 32904

Hospital

Primary Registration District No. 2132

Registered No.

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	August 30, 1915

FATHER		MOTHER	
FULL NAME	John A. Bagley	FULL MAIDEN NAME	Matilda Peterson
RESIDENCE	Montpelier, Idaho	RESIDENCE	Montpelier, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	55	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Draper, Utah	BIRTHPLACE	Bloomington
OCCUPATION	Lawyer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L T A Hottendorf

MD (Physician or Midwife)

Given names added from a supplemental report

Address Paris Idaho

..... 19.....

Registrar

Filed Oct. 1 1915 R. J. Sutton Registrar

SYMS - YORK CO., PTRS. & SDRS. 17826

D

PLACE OF BIRTH

864-128-004-259

[redacted]

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

...TE OF IDAHO
...F VITAL STATISTICS

...TIFICATE OF BIRTH

County of Bear Lak

City of Ririgle

Registration District No. 53 File No. 32905

No. ..... St.

Primary Registration District No. 2032 Registered No. .....

Hospital .....

FULL NAME OF CHILD Archie E

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male				Yes	Aug 28 1913

FATHER		MOTHER	
FULL NAME	James Edgar Horner	FULL MAIDEN NAME	Ida Bird
RESIDENCE	Ririgle Ida	RESIDENCE	Ririgle Ida
COLOR	WHITE	COLOR	WHITE
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Utah	BIRTHPLACE	Ririgle Ida
OCCUPATION	rancher	OCCUPATION	House-Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 3 30 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L W Hollendorf M. D.
(Physician or midwife)

Address PARIS, IDAHO.

Given names added from a supplemental report

..... 19.....

Filed Oct 1 19 13 R. J. Sutton
Registrar

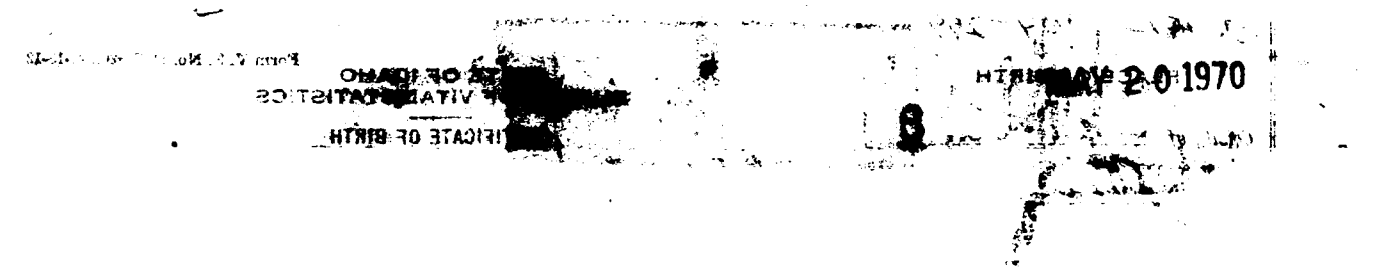
..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-18

[redacted]RTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of [redacted]a

City of Basin

No. 263-208-016-391 St.

Hospital

Registration District No. 120

File No. 32906

Primary Registration District No. 2199

Registered No. 72

FULL NAME OF CHILD Lorna Koch

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
female		Yes	Aug 8 1915

FATHER		MOTHER	
FULL NAME	Bert Koch	FULL MAIDEN NAME	Mellicent Tracy
RESIDENCE	Basin	RESIDENCE	Basin
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Colorado	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 2 P. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report.

19

Address Oakley Treat

Filed 9/24 1915

[signature] Registrar

Registrar

S-Y CO. 24658

FEB 5 1957

34[illegible]17[illegible]251

[illegible] BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32907

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

Registration District No. 190 File No. II

Primary Registration District No. 299 Registered No. 73

FULL NAME OF CHILD Lundy

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Aug 17 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Archie Lundy	FULL MAIDEN NAME	Ona Beacher
RESIDENCE	Oakley Idaho	RESIDENCE	Oakley Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Virginia	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Oakley Idaho

Filed 9/24 1915 E. P. Oliver

Registrar

Registrar

S-Y CO. 24665

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

255-223-016-693

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32908

County of Cassia

City of Oakley

No. _____ St.

Hospital _____

Registration District No. 170 File No. 111

Primary Registration District No. 799 Registered No. 74

FULL NAME OF CHILD Benson Ardus Marion

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	Aug (Month) 23 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Frank Benson	FULL MAIDEN NAME	Sella Wilson
RESIDENCE	Oakley Idaho	RESIDENCE	Oakley Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3 (P.M.)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 11.30 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. O. Nelson

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Oakley Idaho

Filed 9/24 1915 E. Baldham
Registrar

Registrar

S-Y CO. 24698

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

413-113-016-393

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32909

County of Oakley

City of Cassia

No. ..... St.

Hospital .....

Registration District No. 120 File No. III

Primary Registration District No. 799 Registered No. 75

FULL NAME OF CHILD Edwin Russell Daly

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	X		X	Yes	9 (Month) 13 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Thaddeus B Daly	FULL MAIDEN NAME	Emma Littledike
RESIDENCE	Oakley	RESIDENCE	
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	43
BIRTHPLACE	Michigan	BIRTHPLACE	England
OCCUPATION	Auto Salesman	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 12 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 6 45 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E B Oldham

MD
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Oakley

Filed 9/24 1915 E B Oldham

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 9 1976

4/23/41 L. B.

666-114-016-299

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32910

Registration District No. 170 File No. ~~117~~

Primary Registration District No. 999 Registered No. 76

FULL NAME OF CHILD Lawrence Irven Woodruff

Sex of Child: Male	Twin Triplet or other? ✗ and Number in order of birth ✗ (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth 9 (Month) 14 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Carl Woodruff	FULL MAIDEN NAME	Ruth Kircher
RESIDENCE	Kenyon	RESIDENCE	
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	Lumber salesman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 12 15 P M on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Oldham

MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Oakley

Filed 9/24 1915 C. P. Oldham Registrar

S-Y CO. 24858

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

553-122-816-383

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Churchill

No. ..... St.

Hospital .....

Registration District No. 120 File No. 32911

Primary Registration District No. 2199 Registered No. 97

FULL NAME OF CHILD Chas H. Nelson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	X		X	Yes	Mar 22 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Emil Nelson	FULL MAIDEN NAME	Lillian Tycer
RESIDENCE	Churchill	RESIDENCE	
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Louisiana
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8:30 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Emil Nelson

Parent
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Marion Idaho

Filed 9/24 1915 E. P. Oldham
Registrar

Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

386-123-016-413

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 140 File No. 32812

Primary Registration District No. 799 Registered No. 78

FULL NAME OF CHILD James Neil Thornton

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	1		1	yes	9 (Month) 23 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John Thornton	FULL MAIDEN NAME	Susannah Mackey
RESIDENCE	Oakley	RESIDENCE	
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	England	BIRTHPLACE	Utah
OCCUPATION	House Painter	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 3:15 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E P Oldham MD
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Oakley

Filed 9/24 1915 E P Oldham
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

344-208-016-259

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Oakley

No. _____ St.

Hospital _____

Registration District No. 170

File No. 32913

Primary Registration District No. 999

Registered No. 81

FULL NAME OF CHILD Ina Lucille Cummins

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
female	X		X	yes	10 - 8 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

	FATHER		MOTHER
FULL NAME	Lowell B Cummins	FULL MAIDEN NAME	Ladie Knight
RESIDENCE	Oakley	RESIDENCE	
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	75 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	California
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 11 15 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E M Coham

M D
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Oakley

Filed 10-10 1915 E M Coham
Registrar

S-Y CO. 24652

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

845-130-016-433

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32914

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

Registration District No. 120 File No. III

Primary Registration District No. 2194 Registered No. 80

FULL NAME OF CHILD Olan Lee Huntsman

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	X		X	yes	9 30 1915

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Hyrum Ellis Huntsman	FULL MAIDEN NAME	Joan McLaws
RESIDENCE	Oakley	RESIDENCE	
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 6 30 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E P Oloham

MD
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Oakley

Filed 10-16 1915

E P Oloham
Registrar

Registrar

8-Y CO. 24698

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified copy issued 1-7-1941. D.P.

Certified Copy issued Feb. 21, 1941. E.M.

391-130-016-412

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Cassia

City of Island

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32915

Registration District No. 170 File No. III

Primary Registration District No. 2199 Registered No. 79

FULL NAME OF CHILD Wendell Phillips Cranney

Sex of Child: Male	Twin Triplet or other? X and Number in order of birth X (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth 9. 30 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	W D Cranney Jr	FULL MAIDEN NAME	Etta Jane Mabey
RESIDENCE	Island	RESIDENCE	
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 4 30 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E P Olshaw

MD
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Oakley

Filed 10-10 1915

E P Olshaw
Registrar

S-Y CO. 24685

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

569-226
025-494
PLA[redacted]

Form V. S. No. 11—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of [redacted]

City of Cottonwood

Registration District No. 105

File No. 55 32916

~~No.~~ St.

Primary Registration District No. 2183

Registered No.

~~Hospital~~ Home

FULL NAME OF CHILD Anna Norberg

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Aug 26 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Chas. Newton Norberg	FULL MAIDEN NAME	Anna Agnes Drube
RESIDENCE	Westlake Ida.	RESIDENCE	Cottonwood Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Westlake Ida.	BIRTHPLACE	Ellwoods, Kan.
OCCUPATION	Farming	OCCUPATION	House wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 12:30 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Wesley F. Orr
(Physician or midwife)

Given names added from a supplemental report.

Address Cottonwood Ida.

19

Filed Sept 4 1915 H B Blake
Registrar

Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No.

Registered No.

315-[illegible]-866

PLACE OF BIRTH

Form V. S. No. 11—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Cottonwood

Registration District No. 105 File No. 56 32917

No. ..... St.

Primary Registration District No. 2183 Registered No. .....

Hospital Home

FULL NAME OF CHILD Maria Magdalena Lauer

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Sept 3 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Mathias Lauer	FULL MAIDEN NAME	Maria Theresia Hoffman
RESIDENCE	Cottonwood	RESIDENCE	Cottonwood
COLOR	AGE AT LAST BIRTHDAY 51 (Years)	COLOR	AGE AT LAST BIRTHDAY 36 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Germany
OCCUPATION	Farmer	OCCUPATION	cook for the Family on a Farm

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 1:30 A. M., on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Wesley F. Orr.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Cottonwood Ida.

Filed Sept 4 1915 H W Blake
Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 10 1948

465-130-025-154

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Cottonwood

Registration District No. 105

File No. 57 32918

~~No.~~ St.

Primary Registration District No. 2183

Registered No.

~~Hospital~~ Home

FULL NAME OF CHILD Frank Howard Donaldson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Aug 30 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Meeker Donaldson	FULL MAIDEN NAME	Marie Audette
RESIDENCE	Cottonwood Ida.	RESIDENCE	Cottonwood Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	47	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Ohio	BIRTHPLACE	Hardale Minn.
OCCUPATION	Cement Contractor	OCCUPATION	House wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 3:00 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Wesley F. Orr
(Physician or midwife)

Given names added from a supplemental report.

Address Cottonwood Ida.

19

Filed Sept 4 1915 H B Blake
Registrar

Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

JUL 3 1942

964-229-025-386

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Cottonwood

No. _____ St.

Hospital _____

Registration District No. 105 File No. 58 32919

Primary Registration District No. 2183 Registered No. _____

FULL NAME OF CHILD Corrine Evelyn Rounds

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Aug 29 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Plin Rounds	FULL MAIDEN NAME	Maude Thompson
RESIDENCE	Cottonwood	RESIDENCE	Cottonwood
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Ketchum Idaho	BIRTHPLACE	Tolo Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Aug 29 at 2 a M on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J D Shimnick M.D.

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Cottonwood Idaho

Filed Sept 6 1915 H B Blake

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1/18/41 L. B.

464-228-025-122

Form V. S. No. 11-C—25m-1-1-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Cottonwood

No. ..... St.

Hospital .....

Registration District No. 105 File No. 59 32920

Primary Registration District No. 2183 Registered No. .....

FULL NAME OF CHILD Ada L Dodel

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Aug 28 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Arnold Dodel	FULL MAIDEN NAME	Ruth Lillie Asker
RESIDENCE	Cottonwood Idaho	RESIDENCE	Cottonwood Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Milwaukee Wis	BIRTHPLACE	Cottonwood Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive Aug 28-1915 at 6 30 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. D. Shinnick M. D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Cottonwood Idaho.

Filed Sept 6th 1915 H B Blake

Registrar Registrar

S-Y CO. 24698

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 30 1943

571-204-025-867

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Cottonwood Ida.

Registration District No. 105 File No. 60 32921

~~No.~~ St.

Primary Registration District No. 2183 Registered No.

~~Hospital~~ Home

FULL NAME OF CHILD x Etg Agnis Egan

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Sept 4 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	x Edward Egan	FULL MAIDEN NAME	x Jane Hopkins
RESIDENCE	x Cottonwood William Hanleys	RESIDENCE	x Williams Hanley
COLOR	x White	COLOR	x White
AGE AT LAST BIRTHDAY	x 28 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Pittsfield Illinois	BIRTHPLACE	x Ireland
OCCUPATION	x Labourer	OCCUPATION	x House Work

Number of child of this mother, including present birth ~~Born~~ 3rd — Number of children of this mother now living, including present birth 2nd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 1.45 a.m. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Wesley F. Orr

(Physician or midwife)

Given names added from a supplemental report.

Address Cottonwood Idaho

19

Filed Sept 14 1915 H B Blake

Registrar

Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 16 1970

195-104-025-483

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Idaho

City of Ferdinand

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 105 — 61

File No. 32[illegible]

Primary Registration District No. 2183

Registered No. .....

FULL NAME OF CHILD Anton John Arnzen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			Yes	Aug. 4 1915

FATHER

FULL NAME: Henry Arnzen

RESIDENCE: Ferdinand

COLOR: White — AGE AT LAST BIRTHDAY: 46 (Years)

BIRTHPLACE: Effingham Illinois

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Bernardina Ahlborn

RESIDENCE: Ferdinand

COLOR: White — AGE AT LAST BIRTHDAY: 39 (Years)

BIRTHPLACE: Effingham Ills.

OCCUPATION: Farmer

Number of child of this mother, including present birth: 7

Number of children of this mother now living, including present birth: 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 A. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H B Blake

Physician (Physician or midwife)

Address Kentonville, Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Sept 19 1915

H B Blake Registrar

S-Y CO. 24655

SEP 23 1971

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11—25m-1-1-18

PLA[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

62

County of C[redacted]

City of Cottonwood

267-115-025-254 No. _____ St.

Registration District No. 105 File No. 32923

Primary Registration District No. 2183 Registered No. _____

Hospital _____

FULL NAME OF CHILD Jacob Francis Kopczynski

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male			Yes	Sept 15 (Month) (Day) 1915 (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	August Kopczynski	Magdalena Sawicki
RESIDENCE	Cottonwood	Cottonwood
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	40	33
BIRTHPLACE	Kansas	Wisconsin
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 35 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Turner

Physician

(Physician or midwife)

Address Cottonwood, Idaho

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed Sept 20 19 15 _____ Registrar

S-Y CO. 24656

EC 12 1969

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

P[redacted]

County of [redacted]

City of Gooding

No. 553-230-024-663 St.

Hospital Home

Registration District No. 1014 File No. 32924

Primary Registration District No. 1024 Registered No.

FULL NAME OF CHILD ~~Baby~~ Nelson HELEN MARIE NELSON

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
Female			Yes	July (Month) 30 (Day) 1916 (Year)

FATHER		MOTHER	
FULL NAME	Ed Nelson	FULL MAIDEN NAME	Ethel Folson
RESIDENCE	Gooding	RESIDENCE	Gooding
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	Teamster	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. T. Cary M.D.

(Physician or Midwife)

Given name added from a supplemental report

..... 19...

Address Gooding Idaho

Filed Sept 16 1916 F. T. Cary M.D. Registrar

Registrar

S-Y CO., 16669

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ~~Ida~~ Idaho } ss.
County of Gooding }

Certificate No. 32924

Date Filed July 9th 1942

The undersigned does solemnly swear that certain facts on the certificate of (Birth or Death)
for Helen Marie Nelson (Name on Original Certificate) who was Born (Was Born or Died) on July 30th 1918 (Date of Event)
in Gooding, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on September 4th 1915 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Helen Marie Nelson

Subscribed and sworn to before me this 9th day of July 1942

Notary Public, residing at Gooding Ida

My commission expires Jan 9 1946
(Seal)

Signed Edd Nelson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Gooding Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Gooding }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th day of July 1942

Notary Public, residing at Gooding

My commission expires Jan 9 1946
(Seal)

Signed Paul Overly
(Signature of Any Credible Person Other Than Previous Year)

Gooding Ida
(Street Address, City, State)

JUL 10 1942

JUL 1 1 1942

JUL 2 1971

619-114-024-262

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32925

County of Gooding

City of Gooding

Registration District No. 1014 **File No.**

No. ..... *St.*

Primary Registration District No. 1024 **Registered No.**

Hospital .....

FULL NAME OF CHILD Warden

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male	4	yes	7 (Month) 14 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Guy Warden	FULL MAIDEN NAME	Ruth S Bostrom
RESIDENCE	Gooding	RESIDENCE	Gooding
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Ill
OCCUPATION	Stockman	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 5-15 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H E Lamb M.D. (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Gooding Idaho.

Filed Sept 16 1915 F. T. Cary M.D. Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dup of 1915-323656

493-13-024-731

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gooding

City of Gooding

No. ..... St.

Hospital .....

Registration District No. 1014 File No. 32926

Primary Registration District No. 1024 Registered No. .....

FULL NAME OF CHILD LYMAN EUGENE Miller

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		8	yes	July 13 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	George A Miller	Julia Glauner
RESIDENCE	Gooding	Gooding
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	50	41
BIRTHPLACE	Utah	Kan
OCCUPATION	Ranchman	Housewife

Number of child of this mother, including present birth 8

Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5-30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H E Lamb M. D.
(Physician or midwife)

Address Gooding

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Sept 16 19 15 F. T. Cary M. D.
Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss. Certificate No. 32926

County of ..... } Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (BIRTH OR DEATH)

for ..... (NAME ON ORIGINAL CERTIFICATE) who ..... (WAS BORN OR DIED) on ..... (DATE OF EVENT)

in ..... (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed Miller	Lyman Eugene Miller

Subscribed and sworn to before me this 24 day of January, 1943

Signed x George Albert Miller

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Notary Public, residing at Baker-Ore.

My commission expires NOTARY PUBLIC FOR OREGON 1945.

(SEAL)

2435 Church - Baker - Ore -

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.

County of Baker }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24 day of January, 1943

Signed x George Albert Miller

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at Baker-Ore

2435 Church - Baker - Ore.

(STREET ADDRESS, CITY, STATE)

My commission expires .....

(SEAL)

Received for filing on ..... 2 1942 By .....

(REGISTRAR'S SIGNATURE)

256-106-024-781

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gooding

City of Gooding

No. ..... St.

Hospital .....

Registration District No. 1014 File No. 32927

Primary Registration District No. 1024 Registered No. .....

FULL NAME OF CHILD Robert Winton Bevans

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Apr 6 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	DeWitt O. Bevans	FULL MAIDEN NAME	Clara B Pharris
RESIDENCE	Gooding	RESIDENCE	Gooding Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Clerk in Grocery Store	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Cromwell M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Gooding

Filed Sept 16 1915 F. T. Cary M.D.

Registrar

Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

JUN 4 1970

DEC 2 9 1941

259-209-024-35-4

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Gooding

City of Gooding

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 1014 File No. 32928

Primary Registration District No. 1024 Registered No. .....

FULL NAME OF CHILD Naomi Katherine Berry

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Female			Yes	May 9 (Month) (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Clifford E Berry	FULL MAIDEN NAME	Verna Tedman
RESIDENCE	Gooding Ida	RESIDENCE	Gooding Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Minn.
OCCUPATION	R. F. D. Carrier	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 1 A M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Cromwell M. D.

(Physician or midwife)

Address Gooding Idaho.

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Sept 16 1915 F. T. Cary M. D.

Registrar

B-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

January 11, 1941/ EA

249-206-024-413

Form U. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Gooding

City of Gooding

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 1014 File No. 32929

Primary Registration District No. 1024 Registered No. .....

FULL NAME OF CHILD Baby Smith Margaret Rose

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Apr 6 1915

FATHER		MOTHER	
FULL NAME	William E Smith	FULL MAIDEN NAME	Gillian Maloney
RESIDENCE	Gooding Ida	RESIDENCE	Gooding Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Missouri
OCCUPATION	Garage mechanic	OCCUPATION	Housework

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 a. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Cromwell M. D.

(Physician or midwife)

Address Gooding

Filed Sept 16 1915 H. T. Cary M. D. Registrar

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada }

Certificate No. 32929

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for Unnamed Smith (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Apr. 6, 1915 (DATE OF EVENT)
in Gooding, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Mother (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Baby Smith	Margaret Rose Smith

Subscribed and sworn to before me this 22
day of July, 1942

W. B. Joy

Notary Public, residing at Boise, Ida.

My commission expires 7/14/45
(SEAL)

Signed Lillian Maloney Smith
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD: OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

2607 Woodlawn Ave, Boise, Ida
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(SEAL)

Signed
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on By
(REGISTRAR'S SIGNATURE)

JUL 2 2 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

418-105-024-619

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gooding

City of Gooding

No. ..... St.

Hospital .....

Registration District No. 1014 File No. 32930

Primary Registration District No. 1024 Registered No. .....

FULL NAME OF CHILD Gerald Wardell Dahlstrom

Sex of Child Male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth May 5 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Basil Dahlstrom	FULL MAIDEN NAME	Mary Wardell
RESIDENCE	Gooding Ida	RESIDENCE	Gooding Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Automobile-machinist	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 3 P. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Cromwell M D
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Gooding

Filed Sept 16 1915 F. T. Cary M. D.
Registrar

S-Y CO. 24655

719-120-024-669

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Gooding

City of Gooding

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 1014 File No. 32931

Primary Registration District No. 1024 Registered No. .....

FULL NAME OF CHILD Parrish

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Dec 20 1915

FATHER		MOTHER	
FULL NAME	Edward Parrish	FULL MAIDEN NAME	Emma Northington
RESIDENCE	Gooding Ida	RESIDENCE	Gooding Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Oregon
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at noon on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Cromwell M. D.
(Physician or midwife)

Address Gooding

Given names added from a supplemental report.

..... 19.....

Filed Sept 16 1916 F. T. Cary M. D.
Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 1 3 1973

114-206-024-235

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gooding

City of Gooding

No. ..... St.

Hospital .....

Registration District No. 1014

File No. 32932

Primary Registration District No. 1024

Registered No. .....

FULL NAME OF CHILD Frances Murva James

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	June (Month) 6 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	A Frank James	FULL MAIDEN NAME	Murva E Stewart
RESIDENCE	Gooding	RESIDENCE	Gooding Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	South Dakota
OCCUPATION	Attorney at law	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Cromwell M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed Sept 16 1915 F. T. Cary M.D.
Registrar

Registrar

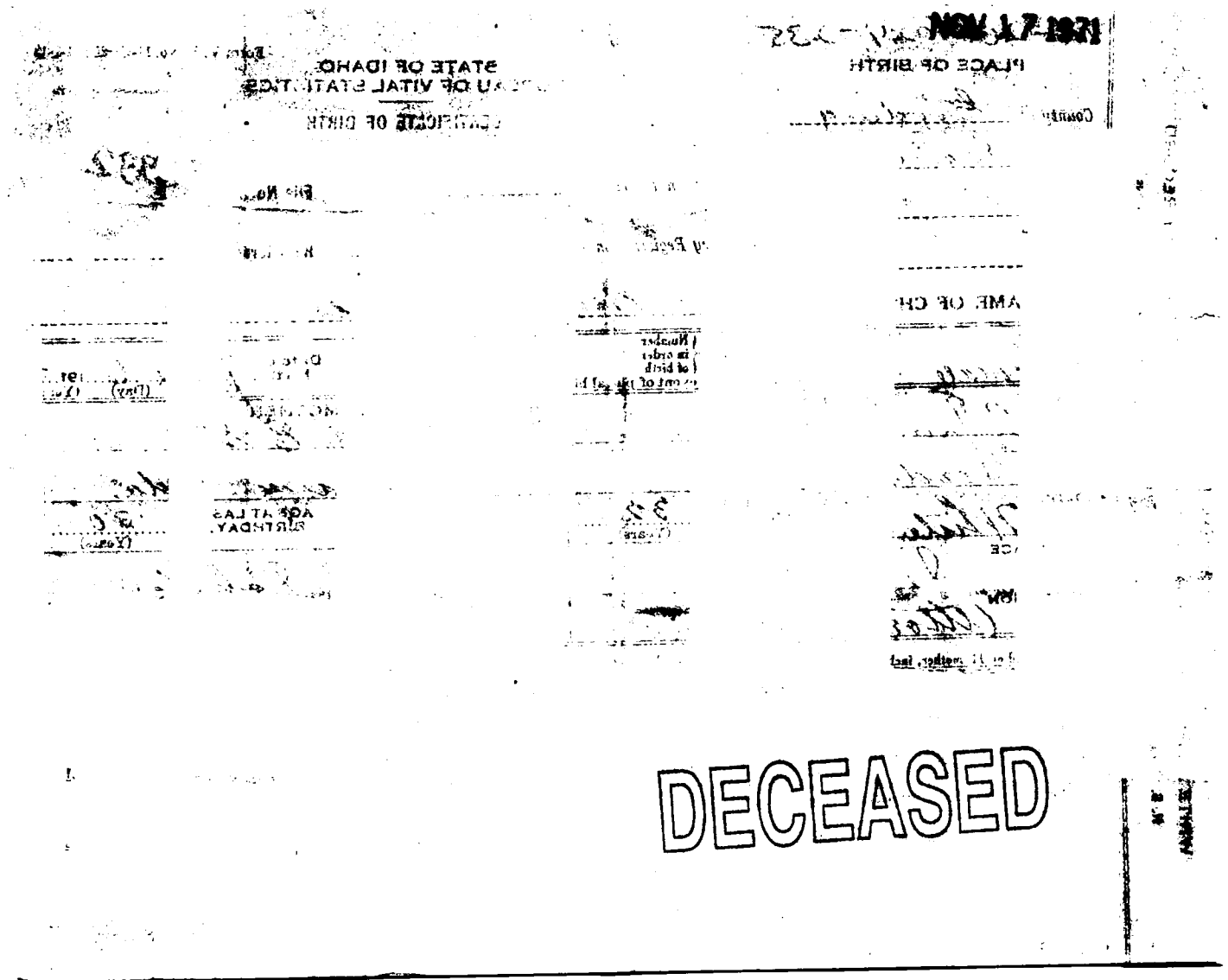
S-Y CO. 24655

K

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.


DECEASED

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

238-220-024-419

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Gooding

City of Gooding

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 1014 File No. 32933

Primary Registration District No. 1024 Registered No. .....

FULL NAME OF CHILD Clara LaVon Schild

Sex of Child: Female | Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth | Legitimate? Yes | Date of Birth: May 20 (Month) (Day) 191.6 (Year)

FATHER

FULL NAME: Otto Schild

RESIDENCE: Gooding Ida

COLOR: White AGE AT LAST BIRTHDAY: 34 (Years)

BIRTHPLACE: Germany

OCCUPATION: Farming

MOTHER

FULL MAIDEN NAME: Clara Martin

RESIDENCE: Gooding Ida

COLOR: White AGE AT LAST BIRTHDAY: 26 (Years)

BIRTHPLACE: Kansas

OCCUPATION: Housewife

Number of child of this mother, including present birth: 1

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Cromwell M.D.

(Physician or midwife)

Address Gooding

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Sept 16 1916 F. T. Carey M.D.

Registrar

S-Y CO. 24655

SEP 8 1948

925-230-024-312

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32935

County of Gooding

City of Gooding

No. ..... St.

Hospital .....

Registration District No. 1014 File No. .....

Primary Registration District No. 1024 Registered No. .....

FULL NAME OF CHILD Hatsui Mary Ikeda

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	May 30 1915

FATHER		MOTHER	
FULL NAME	Tom Ikeda	FULL MAIDEN NAME	Hana Takizawa
RESIDENCE	Gooding	RESIDENCE	Gooding
COLOR	Yellow	COLOR	Yellow
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Cook	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9:45 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Cromwell M. D.
(Physician or midwife)

Address Gooding

Given names added from a supplemental report.

..... 19.....

Filed Sept. 16 19 15 F. T. Carey M.D.
Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

219-203-024-419

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Gooding

City of Gooding

No. _____ St.

Hospital _____

Registration District No. 1014 File No. 32938

Primary Registration District No. 1024 Registered No. _____

FULL NAME OF CHILD Martha Bailey (Martha Agnes)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Apr 3 1913

FATHER		MOTHER	
FULL NAME	Harry H. Bailey	FULL MAIDEN NAME	Pearl March
RESIDENCE	Gooding Ida	RESIDENCE	Gooding Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Kansas
OCCUPATION	Stenographer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 7 a M (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) J. H. Cromwell M. D.

(Physician or midwife)

Address Gooding Idaho

Filed Sept 16 1913 F. T. Carey Jr. Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

142-22-024-319

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11—10m-6-20-11

PLACE OF BIRTH

County of Gooding

City of Gooding

No. 7 St.

Hospital Home

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

32989

Registration District No. 10 14 File No.

Primary Registration District No. 1024 Registered No.

FULL NAME OF CHILD ROSMOND GENEVIEVE ADKINS

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	9 21 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	R. N. Adkins	Martine Larson
RESIDENCE	Gooding	Gooding Idaho
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	48	44
BIRTHPLACE	Virginia	Denmark
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 12

Number of children, of this mother, now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. T. Cary M.D.

(Physician or Midwife)

Address Gooding Idaho

Given name added from a supplemental report

....., 19.....

Filed Oct 8 1915 H. T. Cary M.D.

Registrar

Registrar

S-Y CO., 18669

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Gem } ss.

Certificate No. 32939

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth Rosmond Genevieve Adkins
(Birth or Death)
for (Name on Original Certificate) who born (Was Born or Died) on Sept. 21, 1915 (Date of Event)
in Gooding, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible (Bible Record, Insurance Policy, Etc.) prepared on at birth (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed	Rosmond Genevieve Adkins

Subscribed and sworn to before me this 16 day of March, 19 42

Notary Public, residing at Nov. 20, 1944

My commission expires
(Seal)

Signed Maxine Adkins
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

224 So. Hayes Ave., Emmett, Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Gem } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th day of March, 19 42.

Notary Public, residing at Nov. 20, 1944

My commission expires
(Seal)

Signed Maxine Adkins
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

863-131-034-345

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

Registration District No. 19

File No. 32940

No. ..... St.

Primary Registration District No. 2015

Registered No. 2

Hospital .....

FULL NAME OF CHILD Pierce Rupert Hochige

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	1 31 1915

FATHER		MOTHER	
FULL NAME	Koneanase Hochige	FULL MAIDEN NAME	Kashina Tukaide
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	Yellow	COLOR	Yellow
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Restaurant Man	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 12 M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C P Groom

Physician

(Physician or midwife)

Given names added from a supplemental report.

..... 19 ....

Address Rupert

Filed 1/31 1915 C H Scott

Registrar

Registrar

S-Y CO. 24688

...ED FOR BINDING

...WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1915-

DUP OF 27868

465-220-034-[illegible]

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

No. _____ St.

Hospital _____

Registration District No. 19 File No. 32941

Primary Registration District No. 2015 Registered No. 77

FULL NAME OF CHILD Lois Irene Donaldson

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
female	—	2nd	yes	Aug (Month) 20 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Joseph E. Donaldson	FULL MAIDEN NAME	Edna Pearl Richardson
RESIDENCE	Rupert Ida	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	52 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Pulman Wash
OCCUPATION	Farmer	OCCUPATION	Telephone operator

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11:00 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. T. Rowley M. D. (Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Address Rupert, Ida.

Filed 9-13 1915 Et Elmore Registrar

_____ Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

F IDAHO
TAL STATISTICS
OF BIRTH

231-204-034-841

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32942

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

Registration District No. 19 File No. .....

Primary Registration District No. 2015 Registered No. 78

FULL NAME OF CHILD Ruby Ethel Stapleton

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		Yes	9 (Month) 4 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	H S Stapleton	FULL MAIDEN NAME	Ellen Quarry
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	53 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Tenn	BIRTHPLACE	Tenn
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11:30 p.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Kenagy
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Rupert

Filed 9-13 1915 E H Elmore
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FO[illegible] PERMANENT RECORD

WRITE PLAINLY WITH UNFADING INK—THIS

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 14 1974

DEC 31 1951

397-221-034-819

Amended 4/16/76

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32943

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

Registration District No. 19

File No. .....

Primary Registration District No. 2015

Registered No. 79

FULL NAME OF CHILD Barbara Ann Lipps

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
girl		yes	9 (Month) 21 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Carl Lipps	FULL MAIDEN NAME	Anna Harbour
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Nebr.	BIRTHPLACE	Ill
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Kenagy

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed 9-24 1915 E H Elmore Registrar

S-Y CO. 24695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

3-18-76

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
MAR 30 10 22 AM '76

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of .....

Certificate No. 32943

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Lipps (Name on Original Certificate) who was born (Was Born or Died) on Sept. 20, 1915 (Date of Event)

in Rupert, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	omitted	Barbara Ann Lipps
Date of birth	Sept. 20, 1915	Sept. 21, 1915

Subscribed and sworn to before me this 18th day of March, A.D., 19 76

Florence Cartright

Notary Public, residing at Boise

My commission expires 4-20-78

(Seal)

Signed J. William Armstrong
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

2356 Viewmont Way W. Seattle, WA 98199
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of .....

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

APR 1 6 1976

Insurance policy from the Equitable Life Assurance Society of the UNited States gives name as Barbara L. Armstrong husband listed as Beneficiary (I. William Armstrong.). date o f birth given as Sept. 21, 1915. signed Sept. 28, 1937. viewed by V. S.

Certif of Baptism from Methodist Episcopal Church gives name as Barbara Anna Lipps daughter of Carl & Lipps. [illegible] and Anna Lipps. born in Rupert on Sept. 21, 1915. dated May 21, 1916. viewed by V. S.

Marriage Certif gives names as Ivan Willaim Armstrong and the birde's name as Barbara Ann Lipps. dated Aug 21, 1938. viewed by V. S.

966-217-034-235

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32944

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

Registration District No. 19 File No. .....

Primary Registration District No. 2015 Registered No. 80

FULL NAME OF CHILD Alta Louise Rowlands

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				yes	9 17 1915

FATHER		MOTHER	
FULL NAME	Arthur Rowland	FULL MAIDEN NAME	Mary Alice Stevenson
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7:30 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. H. Elmore

Physician (Physician or midwife)

Address Rupert Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 10-1-1915 E. H. Elmore Registrar

S-Y CO. 24695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

2/28/41 L. B.

349-111-034-234

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Minidoka

City of Acequia

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32945

Registration District No. 19 File No. .....

Primary Registration District No. 2015 Registered No. 81

FULL NAME OF CHILD Earnest Albert Curzon

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male	VIII	Yes	Oct (Month) 11 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Robert H Curzon	FULL MAIDEN NAME	Elizabeth Stuart
RESIDENCE	Acequia	RESIDENCE	Acequia
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	England	BIRTHPLACE	Utah
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth VIII Number of children of this mother now living, including present birth VIII

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2 a.m. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Groom

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Rupert

Filed 10-8 1915 E. H. Elmore
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

693-119-034-613

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32946

Registration District No. 19 File No. .....

Primary Registration District No. 2015 Registered No. 82

FULL NAME OF CHILD Jessie Ray Wilson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male	I	Yes	Sept (Month) 19 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Waren Wilson	FULL MAIDEN NAME	Opal Walker
RESIDENCE	Burley	RESIDENCE	Burley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Kans
OCCUPATION	U.S.R.S. Employee	OCCUPATION	Housewife

Number of child of this mother, including present birth I Number of children of this mother now living, including present birth I

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 10 a. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Groom

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Rupert

Filed 10 - 8 1915 E. H. Elmore
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

363-201-034-243

PLACE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

CERTIFICATE OF BIRTH

32947

Registration District No. 19 File No. .....

Primary Registration District No. 2015 Registered No. 83

FULL NAME OF CHILD Nelda Martha Cole

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of Birth
Female	(To be answered only in event of plural births) VIII	Yes	Sept 1 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	W. B. Cole	FULL MAIDEN NAME	Pearl Bullock
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth VIII Number of children of this mother now living, including present birth VII

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8 a. m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Isom

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Rupert

Filed 10-8 1915 E. H. Elmore
Registrar

Registrar

E-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

MAY 4 1965

394-225-034-968

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Minidoka

Registration District No. 19 File No. 32948

No. ..... St.

Primary Registration District No. 2201 Registered No. 84

Hospital .....

FULL NAME OF CHILD Mary Crum.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female	V	Yes	Sept 25 1916 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	James a Crum	FULL MAIDEN NAME	Anna Rohde
RESIDENCE	Minidoka	RESIDENCE	Minidoka
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Scotland	BIRTHPLACE	Utah
OCCUPATION	R.R. Engineer	OCCUPATION	Housewife

Number of child of this mother, including present birth V

Number of children of this mother now living, including present birth IV

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 1 P. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Groom.

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Pocket.

Filed 10 - 8 1915 E. H. Elmore
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

569-123-034-858

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32949

Registration District No. 19 File No. .....

Primary Registration District No. 2015 Registered No. 85

FULL NAME OF CHILD Charles Phillip Norby

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of Birth
Male	VII	Yes	Sept 23 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Jno Norby	FULL MAIDEN NAME	Fannie Heyerdahl
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Norway	BIRTHPLACE	Norway
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth VII Number of children of this mother now living, including present birth VI

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 4 a. m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Greene

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Rupert

Filed 10 - 8 1915

E. H. Elmore
Registrar

S-Y CO. 24695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

AUG 28 1967

415-111-034-459

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Minnedoka

City of Oceania

Registration District No. 19 File No. 32950

No. ..... St.

Primary Registration District No. 2015 Registered No. 86

Hospital .....

FULL NAME OF CHILD Lawrence Leslie Dorr.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male	I	Yes	Aug 11 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Lawrence A Dorr.	FULL MAIDEN NAME	Margaret Meinen
RESIDENCE	Oceania	RESIDENCE	Oceania
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Nebr
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth I

Number of children of this mother now living, including present birth I

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 6 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C P Loomis

physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Rupert.

Filed 10-8 1915 E H Ehrsam
Registrar

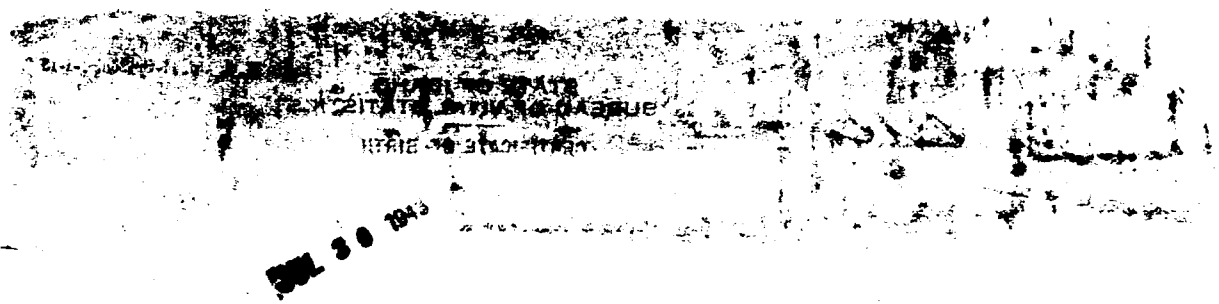
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

For [redacted] m-2-15-12

PLACE O[redacted] TISTICS

County of Idah[redacted] TH

City of Grangeville

No. 519-219-025-499 St.

Registration District No. 103

File No. 32951

Primary Registration District No. 2181

Registered No. 61

Hospital

FULL NAME OF CHILD Not named -

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
7		Yes	Sept 19 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Lynza Earp	FULL MAIDEN NAME	Nellie Mires
RESIDENCE	Grangeville	RESIDENCE	Grangeville
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Idaho	BIRTHPLACE	Wash.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G S Stockton

(Physician or ~~midwife~~)

Given names added from a supplemental report

19

Registrar

Address Grangeville Idaho

Filed Sept 23 1915 G S Stockton

Registrar

S-Y CO. 20174

.ESERVED FOR BINDING

FADING INK—THIS IS A PERMANENT R

238-210-PPS-133

[redacted]

Form 2-15-12

PLACE OF BIRTH

County of Idaho

City of Grangeville Registration District No. 103 File No. 32952

No. ..... St. Primary Registration District No. 2181 Registered No. 60

Hospital .....

FULL NAME OF CHILD Schwarz, Hazel Verle

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	Sept 10 1915

FATHER		MOTHER	
FULL NAME	Albert J. Schwarz	FULL MAIDEN NAME	Ruth Allen
RESIDENCE	Grangeville	RESIDENCE	Grangeville
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	41 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Texas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7:50 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. S. Stricklin

(Physician or ~~midwife~~)

Address Grangeville Ida

Given names added from a supplemental report

..... 19.....

..... Registrar

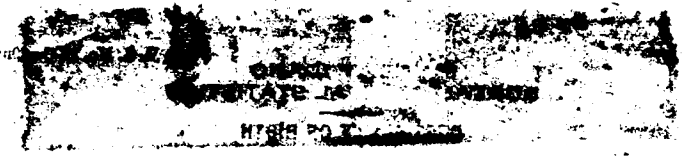
Filed Sept 23 1915 G. S. Stricklin Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



FEB 14 1968

381-205
025-238

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

ICS

32953

County of Idaho

City of Orangeville

Registration District No. 103 File No.

No. St.

Primary Registration District No. 2181 Registered No. 39

Hospital

FULL NAME OF CHILD Norma Deloris Chase

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
F			Yes	Sept 5 (Month) (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Oscar C Chase	FULL MAIDEN NAME	Myrtle M Schmadtka
RESIDENCE	Orangeville	RESIDENCE	Orangeville
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G D Stricklan

(Physician or ~~midwife~~)

Address Orangeville Idaho

Given names added from a supplemental report

..... 19.....

Filed Sept 23 1913 G D Stricklan

Registrar

..... Registrar

9-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DECEASED

323-115-039-715

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
U OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32954

County of Power

City of American Falls,

Registration District No. 25

File No.

No. St.

Primary Registration District No. 2072

Registered No.

Hospital

FULL NAME OF CHILD Herbert William Tschritter

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Apr 15 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Martin Tschritter	FULL MAIDEN NAME	Regina Xanke
RESIDENCE	American Falls,	RESIDENCE	American Falls,
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Russia	BIRTHPLACE	Russia
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8 AM on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Richard F. Noen

Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Address American Falls, Idaho

Filed Apr 16 1915

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

DUP OF 1915 -30723

893-124-039-539

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Power

City of Rockland

No. Valley St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32957

Registration District No. 45 File No.

Primary Registration District No. 217 Registered No.

FULL NAME OF CHILD Paul Francis Hillhouse,

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy		Yes	6-24-1915

FATHER		MOTHER	
FULL NAME	Frank Benedict Hillhouse	FULL MAIDEN NAME	Anna Martine Eliasen
RESIDENCE	Rockland Idaho	RESIDENCE	Rockland Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Centerville Utah,	BIRTHPLACE	Perry Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth Two Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 3:30 P.M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Getta C. Grayot
Midwife
(Physician or midwife)

Given names added from a supplemental report.

Sept 30 1915

Address Neeley Idaho

R. F. Noth
Registrar

Filed July 1 1915

R. F. Noth
Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

231-209-039-766

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Power

City of America Falls

No. ..... St.

Registration District No. 21

File No. 32958

Primary Registration District No. 2172

Registered No. .....

Hospital Bethany Deaconess

FULL NAME OF CHILD Grace Pauline Blackmer

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	Yes	Sept 9 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Oloman Horace Blackmer	FULL MAIDEN NAME	Katheryn Powelson
RESIDENCE	America Falls, Ida	RESIDENCE	America Falls Ida
COLOR	white	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Washington State	BIRTHPLACE	Iowa.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth Fourth

Number of children of this mother now living, including present birth Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6 P M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) McCormick Mrs

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Aberdeen Ida

Filed Sept 10 '15 R F Roth M.D.

Registrar

Registrar

8-Y CD. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

1948

JAN 22 1948

231-211-039-313

Form V. S. No. 11-C—25m-1-1-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32959

County of Power

City of Horse Island

Registration District No. 26 File No.

No. St.

Primary Registration District No. 2872 Registered No.

Hospital

FULL NAME OF CHILD Elizabeth Stanger

Sex of Child female	Twin Triplet or other? — and Number in order of birth — (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth Sept 11 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Hyrum Thompson Stanger	FULL MAIDEN NAME	Elizabeth Calvert
RESIDENCE	Horse Island, Ida	RESIDENCE	Horse Island Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth Eleventh Number of children of this mother now living, including present birth Eight

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

(Physician or midwife)

Given names added from a supplemental report.

19

Address Aberdeen Ida

Filed Apr 20 1915 R.F. North Ida

Registrar Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

383-212-039-544

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Power

City of American Falls

Registration District No. 25 File No. 32460

No. ..... St.

Primary Registration District No. 2072 Registered No. .....

Hospital .....

FULL NAME OF CHILD Nedra Tyler

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	yes	Sept 12 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Max Tyler	FULL MAIDEN NAME	Fern Eddington
RESIDENCE	American Falls Ida	RESIDENCE	American Falls Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth First

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1 P M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible] M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Aberdeen Ida

Filed Sept 15 1915 R.F. Roth M.D.

Registrar

Registrar

S-Y CO. 24689

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

367-024-039-299

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32961

County of Power

City of American Falls

Registration District No. 25 **File No.**

No. ..... *St.*

Primary Registration District No. 2072 **Registered No.**

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	Date of Birth Aug 24 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	George Cox	FULL MAIDEN NAME	Eliza Varla Birch
RESIDENCE	American Falls,	RESIDENCE	American Falls,
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	England	BIRTHPLACE	Utah
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3 AM on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Richard F. Nock

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address American Falls, Idaho

Filed Aug 31 1915 R. F. Nock Mr.

..... *Registrar* *Registrar*

8-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

HTR OCT 2 1973

415-211-039-285

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ewer

City of American Falls

No. ..... St.

Hospital .....

Registration District No. 25

Primary Registration District No. 2072

File No. 32962

Registered No. .....

FULL NAME OF CHILD Nina Alberta Manke

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	June 11 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Henry C. Manke	FULL MAIDEN NAME	Nina Sherman
RESIDENCE	American Falls,	RESIDENCE	American Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2:45 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Richard F. Nott

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address American Falls, Idaho

Filed June 15 1915

R. F. Nott M.D.
Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH
1942

PLACE OF BIR

619-117-039-795

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 32963

County of Power

City of American Falls,

No. ..... *St.*

Hospital .....

Registration District No. 25 **File No.** .....

Primary Registration District No. 2072 **Registered No.** .....

FULL NAME OF CHILD Cleveland Earl Farnum

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	May (Month) 17 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Cleveland H. Farnum	FULL MAIDEN NAME	Ella Pierson
RESIDENCE	American Falls,	RESIDENCE	American Falls,
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Utah
OCCUPATION	Hardware clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8:30 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) ~~Thos~~ Richard F Noth

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

..... *Registrar*

Address American Falls, Idaho

Filed May 19 1915 R F Noth M.D. *Registrar*

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 2 9 1969

765-103-039-847

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Power

City of American Falls, *Registration District No.* 25 **File No.** 32964

No. ..... *St.* *Primary Registration District No.* 2072 **Registered No.** .....

Hospital .....

FULL NAME OF CHILD Victor Charles Goertzen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male			Yes	May 3 (Month) (Day) 1915 (Year)

FATHER	MOTHER
FULL NAME Julius Goertzen	**FULL MAIDEN NAME** Carmen Hughes
RESIDENCE American Falls,	**RESIDENCE** American Falls,
COLOR White **AGE AT LAST BIRTHDAY** 24 (Years)	**COLOR** White **AGE AT LAST BIRTHDAY** 19 (Years)
BIRTHPLACE Minnesota	**BIRTHPLACE** Indiana
OCCUPATION Butcher and farmer	**OCCUPATION** Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Richard F. Horn M.D.

Physician
(Physician or midwife)

Address American Falls, Idaho

Given names added from a supplemental report.

..... 19.....

Filed May 4 19 15 R. F. Horn M.D.

..... Registrar

S-Y CO. 24655 Registrar

5/14/41 L. B.

466-130-039-799

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Power

City of American Falls,

No. ..... *St.*

Hospital .....

Registration District No. 25 **File No.** 32965

Primary Registration District No. 2072 **Registered No.** .....

FULL NAME OF CHILD James Allen Downs

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Apr. 30 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Thomas W. Downs	FULL MAIDEN NAME	Vella Price
RESIDENCE	American Falls,	RESIDENCE	American Falls,
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	Teamster	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1 A.M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Richard F. Nom

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address American Falls, Idaho

Filed May 1 1915 R. F. Nath Mid
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

2/25/41
2/25/41 L. B.

DECEASED

244-210-039-219

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Power

City of American Falls,

Registration District No. 25 **File No.** 32966

No. ..... *St.*

Primary Registration District No. 2072 **Registered No.** .....

Hospital .....

FULL NAME OF CHILD Elizabeth Genevieve Budge

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Apr 10 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	James William Budge	FULL MAIDEN NAME	Nellie Barlow
RESIDENCE	Lava Hot Springs, Idaho	RESIDENCE	Lava Hot Springs, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	California
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at ..... M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Richard F. Nott

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address American Falls, Idaho

Filed Apr 11 1915 [signature]

..... Registrar

S-Y CO. 24655

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 2 1957

OCT 10 1944

253-123-039-362

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Power

City of American Falls

No. ..... *St.*

Hospital Bethany

Registration District No. 25 **File No.** 32974

Primary Registration District No. 2072 **Registered No.** .....

FULL NAME OF CHILD Donald Louis Beckley

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	June 23 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Louis Beckley	FULL MAIDEN NAME	Lilliar Cobb
RESIDENCE	American Falls, Idaho	RESIDENCE	American Falls, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Was hington
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 P.M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Richard P. North

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address American Falls, Idaho

Filed June 24 1915 R. P. North

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DuPO01915-30128

386-125-039-714

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Power

City of American Falls,

No. ..... *St.*

Hospital .....

Registration District No. 25 File No. 32975

Primary Registration District No. 2072 Registered No. .....

FULL NAME OF CHILD Harold Glen Thompson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	June 25 1915

FATHER	MOTHER
FULL NAME: James Peter Thompson	FULL MAIDEN NAME: Emma Paulson
RESIDENCE: American Falls, Idaho	RESIDENCE: American Falls, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 47 (Years)	AGE AT LAST BIRTHDAY: 40 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Utah
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 2

Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3:35 A.M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Richard F. Wood

Physician (Physician or midwife)

Address American Falls, Idaho

Given names added from a supplemental report.

July 2 1915.

Filed June 26 1915.

R. F. Wood Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 26 1943

212-124-039-296

Form V. S. No. 11-[illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32977

County of Power

City of American Falls,

No. _____ *St.*

Hospital _____

Registration District No. 25

Primary Registration District No. 2072

File No. _____

Registered No. _____

FULL NAME OF CHILD Raymond Alvord Baker

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	May 24 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Charles H. Baker	FULL MAIDEN NAME	Ruby Broten
RESIDENCE	American Falls, Idaho	RESIDENCE	American Falls, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Washington
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. F. North

Physician (Physician or midwife)

Given names added from a supplemental report.

July 2 1915

Address American Falls, Idaho

Filed May 25 1915 R. F. North

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 20 1959

JAN 9 1958

JAN 13 1958

DUP OF 1915-30726

165-107-007-862

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
AT
CERTIFICATE OF BIRTH

32979

County of Blaine

City of Arco

Registration District No. 59

File No. 86

No. ..... St.

Primary Registration District No. 2139

Registered No. .....

Hospital .....

FULL NAME OF CHILD Louis Morgan Jones

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	9 7 1915

FATHER		MOTHER	
FULL NAME	Edmond Jones	FULL MAIDEN NAME	Hilda Hobson
RESIDENCE	Arco, Idaho	RESIDENCE	Arco, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Malad City, Idaho	BIRTHPLACE	Germany
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 12 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E W Fox

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Arco, Idaho

Filed 9/10 1915

E W Fox
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

449-109-007-463

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32980

County of Blaine

City of Arco

Registration District No. 59 File No. 87

No. ____ St.

Primary Registration District No. 439 Registered No. ____

Hospital ____

FULL NAME OF CHILD Murray

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	9 9 1915

FATHER		MOTHER	
FULL NAME	Charles Bailey Murray	FULL MAIDEN NAME	Vera McLean
RESIDENCE	Arco, Idaho	RESIDENCE	Arco, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Cache Co Utah	BIRTHPLACE	Mapleton, Utah
OCCUPATION	Teamster	OCCUPATION	House wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) on the date above stated., at 4 30 9. M.

*When there was no attending physician or midwife, then the father, householder, etc, should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E W Fox

(Physician or midwife) M. D.

Address Arco, Idaho

Given names added from a supplemental report.

..... 19.....

Filed 9-12 19 15 E W Fox

S-Y-CO 38071 Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MURRAY

DUP OF 1915-388692

713-114-007-515

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Blaine

City of Arco

No. ..... *St.*

Hospital .....

Registration District No. 59 **File No.** 32981

Primary Registration District No. 2139 **Registered No.** .....

FULL NAME OF CHILD Paul William Gates

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	9 14 1915

FATHER		MOTHER	
FULL NAME	Frank G. Gates	FULL MAIDEN NAME	Henrietta Vanderhien
RESIDENCE	Arco, Idaho	RESIDENCE	Arco, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Davidson, Neb	BIRTHPLACE	Neb
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4.15 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. W. Fox

M. D. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Arco, Idaho

Filed 9-14 1915 E. W. Fox Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

213-115-007-249

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

County of Blaine

City of Arco

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32982

Registration District No. 59 File No. 89

Primary Registration District No. 2139 Registered No. .....

FULL NAME OF CHILD George Glen Balding

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	9 15 1915

FATHER	MOTHER
FULL NAME: William Balding	FULL MAIDEN NAME: Mable Smith
RESIDENCE: Arco, Idaho	RESIDENCE: Arco, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 29 (Years)	AGE AT LAST BIRTHDAY: 31 (Years)
BIRTHPLACE: Nebrasha	BIRTHPLACE: Missouri
OCCUPATION: Mechanic	OCCUPATION: Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 2 P. M. on the date above stated.

(Signature) [signature]

M. D. (Physician or midwife)

Address Arco, Idaho

Filed 9/15/1915

[signature] Registrar

*When there was no attending physician or midwife, then the father, householder, etc, should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

215-120-007-698

Form V. S. No. 11-C—25m-9-8-15

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Blaine

City of Moore

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 39 File No. 40 32983

Primary Registration District No. 2139 Registered No. .....

FULL NAME OF CHILD Ulysses Burkette Savaria

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	9 20 1915

FATHER	MOTHER
FULL NAME Laurance D. Savaria	FULL MAIDEN NAME Emma M. Fry
RESIDENCE Moore, Idaho	RESIDENCE Moore, Idaho
COLOR White	AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE Wisconsin	COLOR White
OCCUPATION Farmer	AGE AT LAST BIRTHDAY 30 (Years)
	BIRTHPLACE Kansas
	OCCUPATION Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 4 a M. on the date above stated.

(Signature) .....

M. D. (Physician or midwife)

Address Moore Idaho

Filed 9-20 1915 .....

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

c.c. 4/25/41. w.h.

897-125-007-793

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Blaine

City of Howe

No. ..... St.

Hospital .....

Registration District No. 57 File No. 91

Primary Registration District No. 2137 Registered No. 32984

FULL NAME OF CHILD MARCUS HENRY Higgins

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate	Date of Birth (Month) (Day) (Year)
Male		Yes	9 25 1915

FATHER		MOTHER	
FULL NAME	Markus L. Higgins	FULL MAIDEN NAME	Winona S. Gilmore
RESIDENCE	Howe, Idaho	RESIDENCE	Howe, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Mississippi	BIRTHPLACE	Penn.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 2 15 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E W Fox

M. P.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Arco, Idaho

Filed 9-25 1915 E W Fox

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of New Mexico } ss. SEP 12 1942 Certificate No. 32984

County of Dona Ana } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Marcus Henry Higgins (Name on Original Certificate) who was born (Was Born or Died) on Sept. 25, 1915 (Date of Event)

in Howe, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible record (Bible Record, Insurance Policy, Etc.) prepared on Sept. 25, 1915 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Marcus Henry Higgins

Subscribed and sworn to before me this 1st day of September, 1942.

[signature]

Notary Public, residing at Las Cruces N.M.

My commission expires 2/6/45

(Seal)

Signed [signature] Minnie L. Higgins

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Mesquite, N.M.

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Carrington } ss.

County of Fatima }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th day of September 1942

[signature]

Notary Public, residing at [illegible]

My commission expires July 23, 1942

(Seal)

Signed H. L. Gilmore

(Signature of Any Credible Person Other Than Previous Year)

Duena Nash

(Street Address, City, State)

SEP 15 1942

993-215
026-866

PLACE OF BIRTH [redacted]

V. S. No. H-C—15m-6-20-11

County of Jeff[redacted]

City of Howe

Registration District No. 59

File No. 92

No. ....., ... St.

Primary Registration District No. 2139

Registered No. 32985

Hospital .....

FULL NAME OF CHILD Hazel Ellen Richards

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
Girl		yes	Sept (Month) 15 (Day) 1915 (Year)

	FATHER		MOTHER
FULL NAME	John H Richards	FULL MAIDEN NAME	Howe, Idaho
RESIDENCE	Howe	RESIDENCE	Ellen France Plott
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Challis, Idaho	BIRTHPLACE	Wainsville North Carolina
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 40 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. I. C. Packard

Midwife (Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed 9-30 1915

Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

AUG 2 1963

142-130-007-345

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Raine

City of Martin

No. ..... St.

Hospital .....

STATE OF IDA[redacted] S. No. 1-C—25m-9-8-15

BUREAU OF VITAL ST[redacted]

CERTIFICATE OF BIRTH

Registration District No. 59 File No. B 32986

Primary Registration District No. 2137 Registered No. .....

FULL NAME OF CHILD Justison

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	7 30 1915

FATHER

FULL NAME Lyman A. Justison

RESIDENCE Martin, Idaho

COLOR White AGE AT LAST BIRTHDAY 37 (Years)

BIRTHPLACE Utah

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Irena Judd

RESIDENCE Martin, Idaho

COLOR White AGE AT LAST BIRTHDAY 37 (Years)

BIRTHPLACE Mt Pleasant, Utah

OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 10 P. M. on the date above stated.

(Signature) E W Fox M.D.

(Physician or midwife)

Address Arco, Idaho

Filed 9-3 1915 E W Fox Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

Form A

HO

STATISTICS

239-112-007-593

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Blaine

City of Era Flat — Arco

Registration District No. 59 File No. 94

No. ..... St.

Primary Registration District No. 2/39 Registered No. 32987

Hospital .....

FULL NAME OF CHILD William Clark Stine

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Aug. (Month) 12 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Renaldo Rodney Stine	FULL MAIDEN NAME	Lula Ann Nichols
RESIDENCE	Era Flat postoffice Martin	RESIDENCE	Era Flat postoffice Martin
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Bellevue Idaho	BIRTHPLACE	Bellevue Idaho
OCCUPATION	Farmer	OCCUPATION	Farmers Wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 9 a.M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Miram Nichols.
mother of Lula Nichols
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Martin Idahor

Filed 9-30 1915 [signature]

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 10 1941

191-228-010-719

C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

Registration District No. 73

File No. 32988

No. ..... St.

Primary Registration District No. 2150

Registered No. 247

Hospital .....

FULL NAME OF CHILD Wanda Arave

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female	1	Yes	July 28 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Frank Arave	FULL MAIDEN NAME	Edith Garner
RESIDENCE	Ida. Falls	RESIDENCE	Idaho Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Ida.	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1 A. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. S. Fuller MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Idaho Falls

Filed Sept 9 1915 W. Kinnaird

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

E OF IDAHO
VITAL STATISTI
TE OF BIRTH

JAN 22 1975

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS FEB 3 3 45 PM '75

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 32988

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Arave (female) (Name on Original Certificate) who was born (Was Born or Died) on July 28, 1915 (Date of Event)
in Bonneville, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Wanda Arave

Subscribed and sworn to before me this ..... day of
....., 19..

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed Mrs. Edith Arave
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of
....., 19..

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155 CL 1/22/75

Certif of Baptism and Confirmation from the LDS Church gives name as Wanda Arave-daughter of Joseph Frank Arave and Edith Gainer. born July 28, 1915 at Idaho Falls, ID. Baptized Aug. 2, 1924. viewed by V. S.

MAR 2 0 1975

Graded School Final Record gives name as Wanda Arave born July 28, 1915. Entered 3rd grade on Jan. 12, 1925. for the L924-1925 and L925-1926. viewed by V. S.

314-214863

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

Registration District No. 73 File No. 32989

Primary Registration District No. 2150 Registered No. 248

FULL NAME OF CHILD Rose Leone Ladd

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of Birth
Female	3 (To be answered only in event of plural births)	YE	Aug 15 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ralph L Ladd	FULL MAIDEN NAME	Leone Holcumb
RESIDENCE	Idaho Falls RD No 1	RESIDENCE	Idaho Falls Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Ia	BIRTHPLACE	Ia
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) 6 at P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. S. Fuller M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Idaho Falls, Idaho

Filed Sept 9 1915 W. Kinnaird

Registrar Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

APR 5 1951

DECEASED

915-104-010-259

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

Registration District No. 73 File No. 32990

No. ..... St.

Primary Registration District No. 2150 Registered No. 249

Hospital .....

FULL NAME OF CHILD Edward Leroy Randall

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male	1	Yes	Aug (Month) 4 (Day) 191[illegible] (Year)

FATHER		MOTHER	
FULL NAME	Leroy Randall	FULL MAIDEN NAME	Nora Peck
RESIDENCE	Idaho Falls Ida.	RESIDENCE	Ida. Falls Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Idaho.	BIRTHPLACE	Iowa.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4 P.M. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. S. Fuller M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Idaho Falls Idaho

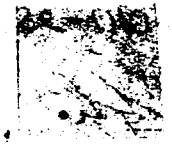
Filed Sept 9 1915 W. Stimaird
Registrar

Registrar

MARGIN RESERVED FOR BINDING

PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



JAN 29 1971

962-228-010-533

Form V. S. No. 11-C—25m-1-1-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32991

County of Bonneville

City of Idaho Falls

Registration District No. 73 File No.

No. St.

Primary Registration District No. 2150 Registered No. 250

Hospital

FULL NAME OF CHILD Kathryn Fern Roberts

Sex of Child Female	Twin Triplet or other? and Number in order of birth 5 (To be answered only in event of plural births)	Legitimate? Yes.	Date of Birth Aug. 28 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Douglas Roberts	FULL MAIDEN NAME	Linnie Ellis
RESIDENCE	Idaho Falls Ida.	RESIDENCE	Idaho Falls Ida.
COLOR	Black	COLOR	Black
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Tenn.	BIRTHPLACE	Colo.
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. S. Fuller MD
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Idaho Falls, Idaho.

Filed Sept 9 1915 W. Kinnaird
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS FEB 20 4 30 PM '72

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 32991

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Roberts (Female) (Name on Original Certificate) who was born (Was Born or Died) on Aug. 28, 1915 (Date of Event)
in Idaho Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Kathryn Fern Roberts

Subscribed and sworn to before me this ..... day of
....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington }
County of Pierce } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18th day of
February, 19 72

.....
Notary Public, residing at Tacoma, Washington
My commission expires January 4, 1973
(Seal)

Signed [signature]
(Signature of Any Credible Person)

1036 So. State, Tacoma, Wash. 98405
(Street Address, City, State)

FORM DH 60-155

CL 1/19/72 nm

Notification of Birth Registration from Michigan Dept of Health, Lansing gives name as Shirley Ann Shepard. No 582-798158. date of birth March 9. 1945. Place of birth Detroit, Michigan. Namoe of father: Robert Weaver Shepard andmother's name: Kathryn Fern Roberts. Viewed by V. S.

JUL 21 1972

Certificate of Baptism from LDS Church gives name as Kathryn Fern Roberts. Was Baptized March 27, 1926. from Michigan. Viewed by V.S.

266-110-010-366

Form V. S. No. 11-C—25m-1-1-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32992

County of Bonneville

City of Idaho Falls.

Registration District No. 73 File No.

No. St.

Primary Registration District No. 2150 Registered No. 251

Hospital

FULL NAME OF CHILD Leslie Joseph Bowser.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		3	Yes	Sept 10 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	LeRoy Arthur L. A. Bowser.	Christine Lucille Coffin.
RESIDENCE	Idaho Falls - Ida.	Idaho Falls. Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	33	20
BIRTHPLACE	Ill.	Neb.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8 P M on the date above stated.
(Born alive or stillborn)

(Signature) A. C. Fuller MD

(Physician or midwife)

Address Idaho Falls Idaho

Filed Oct 1 1915 W. Hammond
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

5-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued Dec. 5, 1940. E.W.

469-112-010-967

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

Registration District No. 73

File No. 32993

No. _____ St.

Primary Registration District No. 2150

Registered No. 252

Hospital _____

FULL NAME OF CHILD Andrew ~~[illegible]~~ Roxbury Morrison

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male	1	Yes	Sept. 12 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Andrew B. Morrison	FULL MAIDEN NAME	Ethel Roxbury
RESIDENCE	Ida. Falls.	RESIDENCE	Ida. Falls. Ida.
COLOR	W. AGE AT LAST BIRTHDAY 33 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE	Liverpool England	BIRTHPLACE	London England
OCCUPATION	Salesman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. S. Fuller MD

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address Idaho Falls, Idaho

Filed Oct 1 1915 N. Kinnaird Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued Octob r 24, 1940. E.W.

613-206-010-793

Form V. S. No. 11-C—25m-1-1-19

PLACE OF BIRTH Amended 2/15/77

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32994

County of Bonneville

City of Idaho Falls

Registration District No. 73 File No.

No. St.

Primary Registration District No. 2130 Registered No. 253

Hospital

FULL NAME OF CHILD Wilyan Esther Walters

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		2	yes	July 6 1915

FATHER		MOTHER	
FULL NAME	Frank Walters	FULL MAIDEN NAME	Sarah Gillmore
RESIDENCE	Idaho Falls	RESIDENCE	I. F.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Ida
OCCUPATION	Auto Salesman	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated. 5 P M

(Signature) S. S. Fuller M.D.

(Physician or midwife)

Address Idaho Falls, Idaho

Filed Sept 9, 19 15 W. Kinnaird Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED

11 00 AM '77

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss. Certificate No. 32994

County of ..... Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Walters (female) (Name on Original Certificate) who was born (Was Born or Died) on July 5, 1915 (Date of Event)

in Idaho Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by BAPTISMAL CERTIFICATE (Bible Record, Insurance Policy, Etc.) prepared on 5-27-1938 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	(BILLIE) Wilyan ~~Ester~~ Walters ESTHER
birthdate	July 5, 1915	July 6, 1915

Subscribed and sworn to before me this 26th day of January 19 77

Anne R. Jensen

Notary Public, residing at Omaha, Nebraska

My commission expires .....

(Seal)

GENERAL NOTARY - State of Nebraska
ANNE R. JENSEN
My Comm. Exp. Aug. 24, 1980

Signed Wilyan Esther Walters McMahon

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Nebraska } ss.

County of Douglas

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26 day of January, 19 77

Anne R. Jensen

Notary Public, residing at .....

My commission expires .....

(Seal)

GENERAL NOTARY - State of Nebraska
ANNE R. JENSEN
My Comm. Exp. Aug. 24, 1980

Signed Patrick J. McMahon

(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

CL 1721/77 Rush!

Baptismal record from the Holy Rosary Church of Idaho Falls, Idaho. name given as Wilyan Esther Walters born July 6, 1915 . Baptized July 28, 1915 and father's name as FrancisWalters and mother's name as Sara Gilmore. viewed by VS dated May 27, 1938.

FEB 15 1977

Insurance policy from Inter-Ocean Casualty Com gives nameas Wilyan Walters born July 6, 1915. dated April 28, 1936. viewed by V. S.

Insurance policy from the Prudential Ins. Co of American gives nameas Wilyan Esther Walters. dated May 14,1934. #98675897. viewed by V. S.

613-112-010-613

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

32995

County of Bonneville

City of Idaho Falls

Registration District No. 13 File No.

No. St.

Primary Registration District No. 2150 Registered No. 254

Hospital

FULL NAME OF CHILD James Fackler

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male	1	Yes.	Sept. 12 1915 (Month) (Day) (Year)

	FATHER		MOTHER
FULL NAME	James Fackler.	FULL MAIDEN NAME	Kathern Watson.
RESIDENCE	Ida. Falls - Ida.	RESIDENCE	Idaho Falls - Ida. -
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Kansas -	BIRTHPLACE	S. Dak. -
OCCUPATION		OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. S. Fuller M.D.

Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Idaho Falls Idaho

Filed Oct. 1 1915 W. Kinnaird
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 14 1976

JAN 26 1984

962-227-010-695

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

Registration District No. 13 File No. 32996

No. _____ St.

Primary Registration District No. 2150 Registered No. 255

Hospital _____

FULL NAME OF CHILD Blanche Alta Robson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female	2	yes.	July 27 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Clarence Robson	FULL MAIDEN NAME	Evah Field
RESIDENCE	Ida. Falls, Ida.	RESIDENCE	Idah. Falls-Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Idah	BIRTHPLACE	Ida.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. S. Fuller

P. Lyman (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Idaho Falls Idaho

Filed Sept 9 1915 W. Kinnaird Registrar

_____ Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 24 1972

MARGIN RESERVED FOR BINDING

WHICH PLEASE WRITE WITH UNFADING INK—THIS IS A PERMANENT RECORD

[illegible] more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted] 1-1-18

CERTIFICATE OF BIRTH

County of Bonneville

City of Ucon

793-123-010-799 Registration District No. 73 File No. 32997

No. ..... St.

Primary Registration District No. 2150 Registered No. 256

Hospital .....

FULL NAME OF CHILD Elmer Sidney Pitman

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	June 23 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John T. Pitman	FULL MAIDEN NAME	Frances A. Price
RESIDENCE	Bonneville Co	RESIDENCE	Bonneville Co.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Montana	BIRTHPLACE	Utah
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 4" Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4 45 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that [illegible] other evidence of life after birth.

(Signature) G. C. Paxton

(Physician or midwife)

[illegible] added from a [illegible]

Address Rigby

[illegible] 27 1915 C. [illegible] Registrar

S-Y CO. 24655

453-220-010-796

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Ucon

No. ..... *St.*

Hospital .....

Registration District No. 73 **File No.** 32998

Primary Registration District No. 2150 **Registered No.** 257

FULL NAME OF CHILD Bernice Metcalf

Sex of Child 7	**Twin Triplet or other?** — **and** **Number in order of birth** — (To be answered only in event of plural births)	**Legitimate?** Yes	**Date of Birth** Sept 20 1915 (Month) (Day) (Year)

FATHER		**MOTHER**	
FULL NAME	Geo. Metcalf	**FULL MAIDEN NAME**	Mabel Groom
RESIDENCE	Ucon	**RESIDENCE**	Ucon
COLOR	W **AGE AT LAST BIRTHDAY** 25 (Years)	**COLOR**	W **AGE AT LAST BIRTHDAY** 25 (Years)
BIRTHPLACE	Idaho	**BIRTHPLACE**	Utah
OCCUPATION	Farmer	**OCCUPATION**	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 6 30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray H Fisher

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Rigby

Filed Sept 27 1915 [signature]

Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

296-130-010-168

Form V. S. No. 11-C—25m-1-1-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

Registration District No. 13

File No. 32999

No. _____ St.

Primary Registration District No. 2150

Registered No. 258

Hospital _____

FULL NAME OF CHILD _____

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male	1	yes	July 30 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ben Brown	FULL MAIDEN NAME	Lizzie John
RESIDENCE	Idaho Falls, Ida	RESIDENCE	Idaho Falls Ida
COLOR	W. AGE AT LAST BIRTHDAY 30 (Years)	COLOR	W AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Iowa
OCCUPATION		OCCUPATION	

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3 P. M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. S. Fuller MD

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address Idaho Falls Idaho

Filed Sept 9 1915 W. S. Kinnaird Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

155-203-000-691

Form V. S. No. 11-C—20m-8-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Ucon

No. ..... *St.*

Hospital .....

Registration District No. 73

Primary Registration District No. 210-8

File No. 33000

Registered No. 259

FULL NAME OF CHILD Vera Celia Jensen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Oct. 3, 1915

FATHER		MOTHER	
FULL NAME	Thomas Jensen	FULL MAIDEN NAME	Eva Frankum
RESIDENCE	Ucon	RESIDENCE	Ucon
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) John O. Mellon

Physician

(Physician or midwife)

Address Idaho Falls, Idaho

Filed Oct 4 1915

Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 33000

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Jensen (Name on Original Certificate) who wasborn (Was Born or Died) on October 3, 1915 (Date of Event)
in Ucon, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Certificate of Blessing (Bible Record, Insurance Policy, Etc.) prepared on December 5, 1915 (Give Date), are:
Certificate of Baptism March 27, 1930
Viewed by Vital Statistics

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	missing	Vera Celia Jensen

Subscribed and sworn to before me this 26 day of June, 1956

Notary Public, residing at Boise, Idaho
My commission expires 3-25-1957
(Seal)

Signed ..... (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

255 E 5 South Salt Lake City Utah (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26 day of June, 1956

Notary Public, residing at Boise Idaho
My commission expires 3-25-1957
(Seal)

Signed Elsie Redford (Signature of Any Credible Person)

255 E. 5 South Salt Lake City Utah (Street Address, City, State)

FORM DPH 55.155

JUN 23 1956

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
DEPARTMENT OF VITAL STATISTICS

CERTIFICATE OF BIRTH

3300

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls — Registration District No. 73 — File No.

No. ____ St. — Primary Registration District No. 210 — Registered No. 260

Hospital

FULL NAME OF CHILD James Milton Underhill

Sex of Child: Male — Twin, triplet or other? ____ and Number in order of birth ____ (To be answered only in event of plural births) — Legitimate? Yes — Date of Birth: Sept. 26 (Month) (Day) 1925 (Year)

FATHER	MOTHER
FULL NAME: E. Richard Underhill	FULL MAIDEN NAME: Clara Zengel
RESIDENCE: Idaho Falls	RESIDENCE: Idaho Falls
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 36 (Years)	AGE AT LAST BIRTHDAY: 20 (Years)
BIRTHPLACE: Nebraska	BIRTHPLACE: Illinois
OCCUPATION: Teacher	OCCUPATION: Housewife

Number of child of this mother, including present birth: 2

Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John O. Mellor MD

Physician

(Physician or midwife)

Address Idaho Falls, Ida.

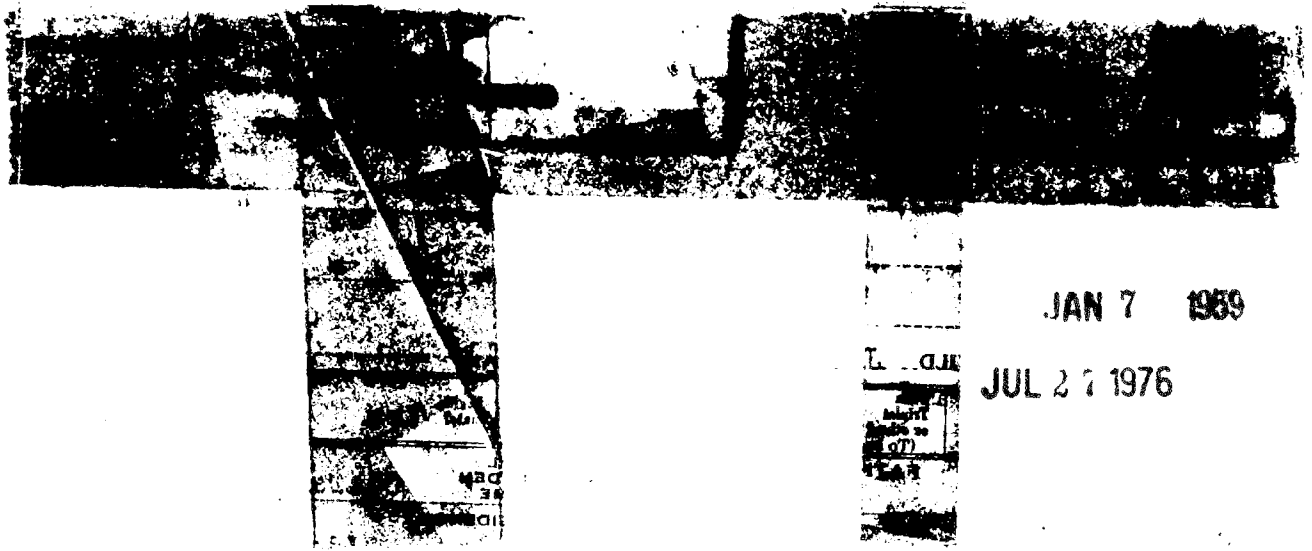
Given names added from a supplemental report

....., 19.....

Registrar

Registrar

S-Y CO. 20174



JAN 7 1959

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869-225-010-355

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33002

County of Bonneville

City of Iona

No. ..... *St.*

Hospital .....

Registration District No. 73 **File No.** .....

Primary Registration District No. 2150 **Registered No.** 261

FULL NAME OF CHILD .....

Sex of Child	Twin ~~Triplet~~ or other?	and Number in order of birth	Legitimate?	Date of Birth
Female		2	Yes	Sept. (Month) 25 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	William Horrocks	FULL MAIDEN NAME	Aurilla Lee
RESIDENCE	Iona	RESIDENCE	Iona
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5:20 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John O. Mellor M.D.

(Physician or midwife)

Address Idaho Falls, Ida

Filed Oct 4 1915 [signature] Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF
BUREAU OF VITA

[illegible]

869-125-010-355

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Iona

No. ..... St.

Hospital .....

Registration District No. 73

File No. 33003

Primary Registration District No. 21 J-0

Registered No. 262

FULL NAME OF CHILD Willard Ellsworth Horrocks

Sex of Child	Twin ~~Triplet~~ or other? and Number in order of birth	Legitimate?	Date of Birth
Male	1 (To be answered only in event of plural births)	Yes	Sept 25 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	William Horrocks	FULL MAIDEN NAME	Aurilla Lee
RESIDENCE	Iona	RESIDENCE	Iona
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 A.m. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John O. Mellor MD
(Physician or midwife)

Address Idaho Falls, Ida.

Filed Oct 4 1915 [signature]
Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted] 1947

719-129-010-962

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33004

County of Bonneville

City of Idaho Falls

Registration District No. 73

File No.

No. St.

Primary Registration District No. 2100

Registered No. 263

Hospital Fullers

FULL NAME OF CHILD Ross William Parks

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Sept 29 1911 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Earnest W. Parks	FULL MAIDEN NAME	Louise Ross
RESIDENCE	Idaho Falls Ida	RESIDENCE	Idaho Falls Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Colorado	BIRTHPLACE	Big Piney, Wyoming
OCCUPATION	Druggist	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 a. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm Kennard

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Address Idaho Falls Idaho

Filed Oct 1 1911 Wm Kennard Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

5/14/41 L. B.

JUL 23 1942

551-122-010-753

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls Ida.

No. _____ St.

Hospital _____

Registration District No. 73

Primary Registration District No. 2152

File No. 33005

Registered No. 264

FULL NAME OF CHILD —

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Sept 22 1915

FATHER		MOTHER	
FULL NAME	P. M. Evans.	FULL MAIDEN NAME	Lilly Peterson
RESIDENCE	Idaho Falls Ida.	RESIDENCE	Idaho Falls Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Memphis Tenn.	BIRTHPLACE	Richfield Utah.
OCCUPATION	Carpenter.	OCCUPATION	Housework.

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive Sept 22-15 at 9 P. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. R. Soderquist M.D.
Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Idaho Falls Ida.

_____ 19__

Filed Sept 30 1915 C. Hummond
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

844-203-010-813

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33006

County of Bonneville

City of Idaho Falls, Ida

Registration District No. 73 File No.

No. St.

Primary Registration District No. 2150 Registered No. 265

Hospital

FULL NAME OF CHILD Mina Marie Hudson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	✓		✓	Yes	Oct - 3 - 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Arthur L. Hudson	FULL MAIDEN NAME	Fern Hatfield
RESIDENCE	Idaho Falls, Idaho	RESIDENCE	Idaho Falls, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Illinois
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive - October 3 - 1915 at 4 30 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Address Idaho Falls, Idaho

Filed Oct 9 1915 [signature]
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

City of Idaho Falls, Ida

No. _____ St.

Hospital _____

Registration District No. 73

Primary Registration District No. 215-0

File No. 33007

Registered No. 266

FULL NAME OF CHILD Julia Murray Snyder

Sex of Child Female	Twin Triplet or other? ✓ and Number in order of birth ✓ (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth Oct. 7 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	William S. Snyder	FULL MAIDEN NAME	Jesse Wedge
RESIDENCE	Idaho Falls, Ida	RESIDENCE	Idaho Falls, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Missouri
OCCUPATION	Printer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive - Oct - 7 - 1915 at 7 15 A.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Idaho Falls, Idaho

Filed Oct 9 1915 [signature]

Registrar

Registrar

S-Y CO. 24655

[illegible]

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

518-07-2043

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED

AUG 14 1974

Bureau of Vital Statistics

State of ..... } ss.
County of .....

Certificate No. 33007

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Snyder (female) (Name on Original Certificate) who was born (Was Born or Died) on Oct. 7, 1915 (Date of Event)

in Idaho Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Julia Murray Snyder

Subscribed and sworn to before me this 7 day of August, 1974

[illegible]

Notary Public, residing at [illegible]

My commission expires [illegible]

(Seal)

Signed [illegible]

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

[illegible]

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of .....

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

.....

(Street Address, City, State)

FORM DH 60-155

CL 7/11/74

Letter from The First Presbyterian Church of Idaho Falls gives name as Julia Murray Snyder. daughter of William S. & Jessie W. Snyder. Was Baptized April 14, 1929 born Oct. 7, 1915. signed by Roger E. Grussing. viewed by V. S.

AUG 22 1974

Family Bible record ~~fx~~ gives name as Julia Murray Snyder born Oct. 7, 1915 at Idaho Falls, Idaho. viewed by V. S.

294-205-010-533

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33008

County of Bonneville

City of Idaho Falls Ida.

Registration District No. 73 File No.

No. St.

Primary Registration District No. 2150 Registered No. 267

Hospital

FULL NAME OF CHILD Katherine Helen Simpkins

Sex of Child Female | Twin Triplet or other? ✓ and Number in order of birth ✓ (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Oct - 5 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Neil Simpkins.	FULL MAIDEN NAME	Della Ellis
RESIDENCE	Idaho Falls, Ida.	RESIDENCE	Idaho Falls, Ida.
COLOR	White. AGE AT LAST BIRTHDAY 42 (Years)	COLOR	White. AGE AT LAST BIRTHDAY 36 (Years)
BIRTHPLACE	Scotland.	BIRTHPLACE	Idaho.
OCCUPATION	Sheriff	OCCUPATION	Housewife.

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive - Oct-5-1915 at 10 15 a. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Address Idaho Falls, Idaho.

Registrar

Filed Oct 9 1915 [signature] Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 3 1974

9 3 74

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS NOV 30 4 14 AM '74

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss. Certificate No. 33008

County of ..... Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Simpkins (Name on Original Certificate) who was born (Was Born or Died) on Oct. 5. 1915 (Date of Event)

in Idaho Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Omitted	Katherine Helen Simpkins

Subscribed and sworn to before me this 26 day of November, 1974

[illegible]

Notary Public, residing at [illegible]

My commission expires 7-3-79

(Seal)

Signed Norman Koser

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1728 Annett Boise Idaho 83705

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.

County of .....

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of

....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

.....

(Street Address, City, State)

DEC 2 1974

Own childs birth certificate Georgia Kay Koser born Feb. 22, 1939 at Boise Idaho State file # 283173 gives mothers name as Katherine Helen Simpkins.
Viewed by Vs

Social Security Card # 519-38-9924 Form OA-702.1 Rev. (4-56) gives name as Katherine Helen Koser.
Viewed by VS

613 - 101-070 - 243

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33009

County of Bonneville

City of Idaho Falls.

Registration District No. 73 File No.

No. St.

Primary Registration District No. 2110 Registered No. 268

Hospital

FULL NAME OF CHILD Ernest Jay Waters

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	✓	✓	Yes	Oct - 1 1915

FATHER		MOTHER	
FULL NAME	Jay Waters.	FULL MAIDEN NAME	Pearl Butler
RESIDENCE	Idaho Falls, Ida	RESIDENCE	Idaho Falls. Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	21
COLOR	White.	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Utah.	BIRTHPLACE	Idaho.
OCCUPATION	Rancher	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive - October - 1 - 1915 at 10 30 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return: A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]
Physician
(Physician or midwife)

Address Idaho Falls. Idaho.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Oct 9 1915 [illegible]
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 15 1973

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Calif. } ss.
County of Ventura }

Certificate No. 33009

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Waters (Male) (Name on Original Certificate) who was born (Was Born or Died) on Oct. 1, 1915 (Date of Event) in Idaho Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by see attached memo (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed Waters	Ernest Jay Waters

Subscribed and sworn to before me this 24th day of Aug., 19 73

Notary Public, residing at Camarillo, Calif.

My commission expires

(Seal)

OFFICIAL SEAL
IDA C. KYLE
NOTARY PUBLIC - CALIFORNIA
VENTURA COUNTY
My Commission Expires Oct. 29, 1975

Signed Eleanor R. Waters
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

[illegible] Camarillo Calif 93010
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Tuolumne }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30th day of August, 19 73

Notary Public, residing at

My commission expires

(Seal)

MARIE L. CHURCHILL
NOTARY PUBLIC - CALIFORNIA
TUOLUMNE COUNTY
My Commission Expires April 17, 1977

Signed Hazel B Waters
(Signature of Any Credible Person)

P.O. Box 715 Jamestown Calif
(Street Address, City, State)

FORM DH 60-155 CL 8/15/73

Certificate of Baptism annd Confirmation from LDS Church gives name as Ernest Jay Waters son of Jay Waters and Pearl Butler. Born Oct. 1, 1915. Was Baptized Dec. 21, 1930. Viewed by V. S.

SEP 17 1973

War Department, Washington, D.C. XXXX Indentification card #0 847650. gives name as Ernest J. Waters born Oct. 1, 1915. Dated April 17, 1943. Viewed by V. S.

313-221-016-795

Form V. S. No. 11-C—25m-1-1-18

CE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33610

County of Cassia

City of Burley

Registration District No. _____ File No. _____

No. _____ St.

Primary Registration District No. _____ Registered No. 381

Hospital _____

FULL NAME OF CHILD Lattimer

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			yes	Sept 21 1915

FATHER		MOTHER	
FULL NAME	R. O. Lattimer	FULL MAIDEN NAME	Gertrude Peersen
RESIDENCE	Burley, Ida.	RESIDENCE	Burley, Ida.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Kansas	COLOR	White
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	21
		BIRTHPLACE	Sweden
		OCCUPATION	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 2 a. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson

Burley M. D.

(Physician or midwife)

Address Burley, Ida

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed Sept. 22nd 1915 Dr. J. C. Patterson

Registrar

S-Y CO. 24689

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

OF BIRTH

FULL NAME OF CHILD

365-111-016-335

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Cassia

City of Burley

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33011

Registration District No. 117 File No. _____

Primary Registration District No. 2196 Registered No. 395

FULL NAME OF CHILD Oal LeRoy Comish

Sex of Child: Male	Twin Triplet or other? Other and Number in order of birth: 2nd (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth: Sept (Month) 11 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	LeRoy Comish	FULL MAIDEN NAME	Gracie May Clegg
RESIDENCE	Bayburn Idaho	RESIDENCE	Burley Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Logan Utah	BIRTHPLACE	Utah
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth: Two Number of children of this mother now living, including present birth: Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. G. E. Cramer

Physician (Physician or midwife)

Address Burley Idaho

Filed Sept. 13th 1915 Dr. J. C. Patterson Registrar

Given names added from a supplemental report.

_____ 19__

_____ Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
APR 4 2 12 PM '79

State of Utah
County of Salt Lake City } ss.

Certificate No. 33011
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Comish (male) (Name on Original Certificate) who was born (Was Born, Died, etc.) on Sept 11, 1915 (Date of Event)

in Burley, Idaho (Cassia) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	Unnamed	Oal LeRoy Comish

Subscribed and sworn to before me this 31st day of March, 1979
Notary Public, [illegible]
Residing at Salt Lake City Utah
My commission expires October 13, 1981
(Seal)

Oal LeRoy Comish
Signature of Applicant
154 Windsor Street, Salt Lake City Utah
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah
County of Salt Lake City } ss.

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 31st day of March, 1979
Notary Public, [illegible]
Residing at Salt Lake City Utah
My commission expires October 13, 1981
(Seal)

[illegible]
Supporting Signature
1903 [illegible]
Street Address, City, State

CL 3/29/79

Certificate of birth issued by Historical Department of L.D.S. Church gives name as Val LeRoy Comish born Sept 11, 1915 in Burley, Idaho. Father is LeRoy C. Comish & mother is Grace M. Clegg. Recorded in 1915, Page 116, Line 508.

Record of Blessing gives name as Val LeRoy Comish born 9-11-1915 in Burley. Blessed Oct 1915.

Viewed by V.S.

MAY 10 1979

557-201-016-571

Form V. S. No. 11-C—25m-1-1-19

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 117 File No. 33012

Primary Registration District No. 2196 Registered No. 394

FULL NAME OF CHILD Ethel Melba England

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	Single	1st	Yes	Sept 1st 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Carlos S. England	Mary Ethel Egan
RESIDENCE	Burley Idaho	Burley Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	26	17
BIRTHPLACE	Collinston Utah	Basin Ida
OCCUPATION	Factory hand	Housewife

Number of child of this mother, including present birth One

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 1-30 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. E. E. Graves

Physician (Physician or midwife)

Address Burley Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Sept. 6 1915 Dr. J. C. Patterson Registrar

B-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

X-15-41,

JUN 13 1960
MAR 2 1973

456-207
016-815

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Form V. S. No. 1-C—20m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33013

Registration District No. 117 File No. .....

Primary Registration District No. 2196 Registered No. 393

FULL NAME OF CHILD GEORGIA ROSE DEWEY

Sex of Child: Female | Twin, Triplet or other? Single and Number in order of birth: 3rd (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth: Sept 7 (Month) (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	George W Dewey	FULL MAIDEN NAME	Ruby J Hansen
RESIDENCE	Burley Idaho	RESIDENCE	Burley.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Denver Colo	BIRTHPLACE	Utah Utah
OCCUPATION	Real Estate Agent	OCCUPATION	Housework

Number of child of this mother, including present birth 3rd Number of children of this mother now living, including present birth 3rd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 10 M on the date above stated.
(Born alive or stillborn)

(Signature) Dr S E Spencer
Physician
(Physician or midwife)

Address .....

Filed Sept 10 1915 Dr. J. E. Patterson
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Ada } ss.

Certificate No. 33013

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed (Name on Original Certificate) who born (Was Born or Died) on Sept. 7, 1915 (Date of Event)
in Burley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Mother (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Omitted	Georgia Rose Dewey

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

386-104-016-816

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. R. F. D. No. 2 St.

Hospital

Registration District No. 117 File No. 33014

Primary Registration District No. 2196 Registered No. 392

FULL NAME OF CHILD Not named

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male	5	Yes	Sept 4 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Joseph James Thomas	FULL MAIDEN NAME	Ethel Louise Hawkins
RESIDENCE	View	RESIDENCE	View
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Samaria Idaho	BIRTHPLACE	Payson, Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) alive

Mrs. Thos. Robinson
(Physician or midwife)

Given names added from a supplemental report.

19

Address Burley Idaho

Filed Sept. 10 1915 Dr. J. C. Patterson
Registrar

Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

235-116-016-919

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital Residence

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 117 File No. 33015

Primary Registration District No. 2196 Registered No. 391

FULL NAME OF CHILD Earnest Sterling

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	1	Yes	Aug 16 1915

FATHER		MOTHER	
FULL NAME	William Fredrick Sterling	FULL MAIDEN NAME	Charlotte Park
RESIDENCE	Burley	RESIDENCE	Burley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	17
BIRTHPLACE	Hamberg Germany	BIRTHPLACE	Keesberg Ill
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth One Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 6 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Minter
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

..... Registrar

Address .....

Filed Sept. 14 1915 Dr. J. C. Patterson
Registrar

S-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

231-204-016-469

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH Amended 7/8/77

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33016

County of Cassia

City of Burley

Registration District No. 117 File No.

No. St.

Primary Registration District No. 2196 Registered No. 390

Hospital Residence

FULL NAME OF CHILD Vera Jane Blamires

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	3	Yes	Sept 4, 1915

FATHER		MOTHER	
FULL NAME	Lawrence Blamires	FULL MAIDEN NAME	Willa Morgan
RESIDENCE	Burley	RESIDENCE	Burley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Kaysville Utah	BIRTHPLACE	Taylor Utah
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 6 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Minty
Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Address

Registrar

Filed Sept. 14 1915 Dr. J. C. Patterson
Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V.S. No. [illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH , Amended 7/8/77

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
JUL 7 10 44 AM '77

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 33016

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Vera Blamires (Name on Original Certificate) who was born (Was Born or Died) on Sept 3, 1915 (Date of Event)

in Burley, Idaho (Cassia) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
birthdate	Sept 3, 1915	Sept 4, 1915
child's middle name	omitted	Jane
mother's name	Arilla Margan	Crilla Morgan

Subscribed and sworn to before me this 6th day of July, 1977

Notary Public, residing at Am. Falls, Ida.

My commission ~~expires~~ is for life

(Seal)

Signed Vera J. Blamires
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

CL 6/7/77 ret'd $3 M.O. Rush!

School transcript from Jerome High school gives name as Vera Blamires bron Sept 4, 1914. dated May 4, 1933. viewed by VS -

JUL 8 1977

Birth certif rom St. Valentine's Hospital, Wendell, Idaho gives child's name as Vick Eileen Crane. gives father s name as Gilbert Foster Crane and mother s name as Vera Jane Blamires born Sept 4, 1915. viewed by V. S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

[illegible]

Form V. S. No. 11-C—[illegible]

County of Cassia

City of Burley

No. 666-229-016-143 St.

Hospital Residence

CERTIFICATE OF BIRTH

33017

Registration District No. 117

File No.

Primary Registration District No. 2196

Registered No. 389

FULL NAME OF CHILD Leona Wood

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female			1	Yes	Aug 29 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Charles Newton Wood	FULL MAIDEN NAME	Francis Jolly
RESIDENCE	Burley	RESIDENCE	Burley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Iowa City Iowa	BIRTHPLACE	~~House Wife~~ Mt Carmel Utah
OCCUPATION	Carpenter	OCCUPATION	House Wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 6 a.m. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Minter

Physician

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar

Filed Sept 14th 1915. Dr. J. L. Patterson

Registrar

S-Y CO. 24655

APR 9 1973

719-218-016-399

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital Residence

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33018

Registration District No. 117 File No. .....

Primary Registration District No. 2196 Registered No. 388

FULL NAME OF CHILD Audrey Ethel Park

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	2	Yes	Aug 18 1915

FATHER		MOTHER	
FULL NAME	Stephen Douglas Park	FULL MAIDEN NAME	Ida Crider
RESIDENCE	Burley	RESIDENCE	Burley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Centerville Utah	BIRTHPLACE	Good Hill Oregon
OCCUPATION	Editor	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 11 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Murley
Phy Sica
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed Sept 14 1915 Dr. J. C. Patterson
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

6-27-41

413-12-076-343

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ....., ... St.

Hospital .....

Registration District No. 117 File No. 33019

Primary Registration District No. 2196 Registered No. 387

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy			yes	Sep 29, 1915

FATHER		MOTHER	
FULL NAME	Bernt Mathon	FULL MAIDEN NAME	Senda Senderson
RESIDENCE	Burley	RESIDENCE	Burley
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Norway	BIRTHPLACE	Norway
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

..... Registrar

(Signature) Joseph Fremstad.

(Physician or Midwife)

Address .....

Filed Sept 30th 1915 Dr. J. C Patterson

Registrar

B-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Cassia

City of

No. , St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 117 File No. 33020

Primary Registration District No. 2196 Registered No. 386

FULL NAME OF CHILD

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl			yes	Sep 26 1915

	FATHER	MOTHER
FULL NAME	Tom B Lee	FULL MAIDEN NAME Irene Teasdale
RESIDENCE	Burley	RESIDENCE Burley
COLOR	W	COLOR W
AGE AT LAST BIRTHDAY	42 (Years)	24 (Years)
BIRTHPLACE	North Carolina	Hailey Ida
OCCUPATION	attorney	Home Wife

Number of child of this mother, including present birth

Number of children, of this mother, now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

I hereby certify that I attended the birth of this child, who was Alive Sep 26, at 2 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Joseph Fremstad

(Physician or Midwife)

Address

Given names added from a supplemental report

, 19

Registrar

Filed Oct. 30th 1915 Dr. J. C. Patterson

Registrar

S-Y CO., 16670

Dep of 1915 - DE55-192

165-222-016-693

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Cassia

City of Burley, Idaho

No. ..... St.

Hospital .....

Form V. S. No. 11.C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 117 File No. 33021

Primary Registration District No. 2196 Registered No. 385

FULL NAME OF CHILD Clodagh Larue Jones

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl			yes	Sep. 22, 1926

FATHER		MOTHER	
FULL NAME	Charles E Jones	FULL MAIDEN NAME	Bessie P Williams
RESIDENCE	Burley	RESIDENCE	Burley
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Joe Mo.	BIRTHPLACE	Ponca Nebraska
OCCUPATION	Carpenter.	OCCUPATION	Home wife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5:P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) Joseph Fremstad

(Physician or Midwife)

Address Burley Idaho

Filed Sept. 30th 1926 Dr. J. C. Patterson Registrar

S-1 CO., 16670

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 33021

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Jones (girl child) (Name on Original Certificate) who was born (Was Born or Died) on Sept. 22, 1915 (Date of Event)
in Burley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Clodagh Larue Jones

Subscribed and sworn to before me this 7th day of September, 1966

Notary Public, residing at Denver, Colo.

My commission expires March 1 1967.

(Seal)

Signed Robert L Mitton
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

3550 E. Warren Ave Denver, Colorado
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155 CL 9-6-66. one copy pd. rec. #19000.

L.D.S. Church Cert. of Baptism and Confirmation, June 8, 1930 (cert. No. A37914) gives full name as Clodagh Larue Jones, born September 22, 1915 at Burley, Idaho viewed by V.S.

SEP 9 1966

Social Security Card, dated 11/28/36, #521-07-6038 gives full name as Clodagh Larue Jones - viewed by V.S.

Denver Public Schools, North High School, Diploma dated June 9, 1933 gives full name as Clodagh Larue Jones - viewed by V.S.

365-125-016-962

Form V. S. No. 11-C—25m-1-1-18

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 117 File No. 33022

Primary Registration District No. 2196 Registered No. 384

FULL NAME OF CHILD Ross Howard Long

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			yes.	9-25-15 1915

FATHER

FULL NAME A. W. Long

RESIDENCE Burley, Ida.

COLOR white AGE AT LAST BIRTHDAY 31 (Years)

BIRTHPLACE Kansas

OCCUPATION Carpenter

MOTHER

FULL MAIDEN NAME Ida Rose

RESIDENCE Burley, Ida.

COLOR white AGE AT LAST BIRTHDAY 32 (Years)

BIRTHPLACE Ill.

OCCUPATION

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8.20 a. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M. D.

(Physician or midwife)

Address Burley, Ida

Filed Sept. 30 1915 Dr. J. C. Patterson Registrar

Given names added from a supplemental report.

..... 19.....

..... Registrar

8-Y CO. 24655

APR 18 1969

DEC 11 1946

418-205-016-215

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. _____ St.

Hospital _____

Registration District No. 117 File No. 33023

Primary Registration District No. 2196 Registered No. 383

FULL NAME OF CHILD Anna Mary Dayley

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.			yes	Sept 5th 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	C. W. Dayley	Carrie Sanford
RESIDENCE	Burley, Ida.	Burley, Ida.
COLOR	White	white
AGE AT LAST BIRTHDAY (Years)	48	42
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2.20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M. D. (Physician or midwife)

Address Burley, Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Sept 30th 1915 Dr. J. C. Patterson Registrar

S-Y CO. 24685

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

553-119-016-318

Form V. S. No. 11-C—25m-1-1-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33024

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 117

File No. .....

Primary Registration District No. 2196

Registered No. 382

FULL NAME OF CHILD WARREN EDWARD Nelson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M.		Yes	Sept. 19th 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ed Nelson	FULL MAIDEN NAME	Emma Taylor
RESIDENCE	Burley, Ida.	RESIDENCE	Burley, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Idaho.	BIRTHPLACE	Idaho.
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2.10 a. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson
M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Burley, Ida.

Filed Sept. 30 1915 Dr. J. C. Patterson
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Cassia

Certificate No. 33024
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Warren Edward Nelson (Name on original certificate) who Born (Was born or died) on Sept. 19, 1915 (Date of event)
in Burley, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible record (Bible record, insurance policy, etc.) prepared on Sept. 1915 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Nelson	Warren Edward Nelson

Subscribed and sworn to before me this 29
day of [illegible], 1941.

Notary Public, residing at [illegible]
My commission expires [illegible], 1944
[SEAL]

Signed Edward Nelson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

314 N. Elba Ave., Burley, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
[SEAL]

Signed
(Signature of any credible person other than the previous affiant.)

(Street Address, City, State)

Received for filing on By
(Registrar's signature)

212-215-016-363

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital ..... Martha

Registration District No. 117 File No. 33025

Primary Registration District No. 2196 Registered No. 380

FULL NAME OF CHILD ~~Martha~~ Josephine Baker

Sex of Child: Fem.

Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth

Legitimate? Yes

Date of Birth: Sept. 15 (Month) (Day) 1915 (Year)

FATHER

FULL NAME: C. C. Baker

RESIDENCE: Burley, Ida.

COLOR: White AGE AT LAST BIRTHDAY: 33 (Years)

BIRTHPLACE: Kansas

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Josephine Cole

RESIDENCE: Burley, Ida.

COLOR: White AGE AT LAST BIRTHDAY: 35 (Years)

BIRTHPLACE: Colo.

OCCUPATION:

Number of child of this mother, including present birth: 4

Number of children of this mother now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M. D. (Physician or midwife)

Address Burley, Ida.

Given names added from a supplemental report. ..... 19.....

Filed Sept. 30 1915 Dr. J. C. Patterson Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

291-112-016-458

Form V. S. No. 11-C—25m-1-1-13

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 117 File No. 33026

Primary Registration District No. 2196 Registered No. 379

FULL NAME OF CHILD George Trafford Bray

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			Yes.	9-12-15. 191...

FATHER		MOTHER	
FULL NAME	George W. Bray	FULL MAIDEN NAME	Minnie Meyer
RESIDENCE	Burley, Ida.	RESIDENCE	Burley, Ida.
COLOR	White	COLOR	
AGE AT LAST BIRTHDAY	19 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M.D.

(Physician or midwife)

Address Burley, Ida.

Given names added from a supplemental report.

..... 19.....

Filed Sept 15 1915 Dr. J. C. Patterson

Registrar

..... Registrar

S-Y CO. 24655

5/22/41 L. B.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

[redacted] BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Parma Rt. 3, 3

818-205-04-915 Registration District No. File No. 33027

No. , St.

Primary Registration District No. 2005 Registered No. 145

Hospital

FULL NAME OF CHILD Hahn

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Sept. 5, 1915

FATHER	MOTHER
FULL NAME Lester E. Hahn (Hahn)	FULL MAIDEN NAME Hallie Lauer
RESIDENCE Parma Rt 3,	RESIDENCE Parma Rt 3
COLOR White AGE AT LAST BIRTHDAY 41 (Years)	COLOR White AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE Neb.	BIRTHPLACE Neb.
OCCUPATION Farmer	OCCUPATION H. W.

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 3 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. L. Farver

Physician

(Physician or Midwife)

Address Caldwell Idaho

Given names added from a supplemental report

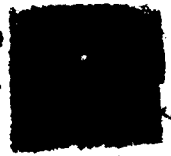
....., 19.....

Filed 9-13- 1915 John S. Meyer

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

39[illegible]-109-[illegible]4-219

[illegible] OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

Registration District No. 3

File No. 33028

No. ..... St.

Primary Registration District No. 2005

Registered No. 146

Hospital No.

FULL NAME OF CHILD Alton Brooks

Sex of Child Male	Twin Triplet or other? — and Number in order of birth — (To be answered only in event of plural births)	Legitimate? yes.	Date of Birth Sep 9 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Thos. E. Cross.	FULL MAIDEN NAME	Lillian M Bailey
RESIDENCE	~~Caldwell~~ Parma. R.R.	RESIDENCE	~~Caldwell~~ Parma R.R.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Iowa	BIRTHPLACE	Colo.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 12 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. F. M. Cole

BM.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Caldwell Ida.

Filed 9-13- 1915 John S. Meyer Registrar

..... Registrar

S-Y CO. 20174

K

DECEASED

551-211-014-619

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH 33029

County of Canyon

City of Caldwell

No. 522 Chicago St.

Hospital no

Registration District No. 3 File No.

Primary Registration District No. 2005 Registered No. 147

FULL NAME OF CHILD

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	Sept. 11 — 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Charles C. Evans	Eva F. Warner
RESIDENCE	Caldwell Idaho.	Caldwell Idaho.
COLOR	White —	White —
AGE AT LAST BIRTHDAY (Years)	38	28
BIRTHPLACE	Kansas.	Missouri.
OCCUPATION	Farming —	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive — (Born alive or stillborn) at 11.20 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John L. Meyer M.D.

(Physician or Midwife)

Address Caldwell — Idaho —

Given names added from a supplemental report

....., 19.....

Registrar

Filed 9 — 11 — 1915 John L. Meyer

Registrar

S-Y CO., 16670

331-212-014-551

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Parma Rural *Registration District No.* 3 **File No.** 33030

*No.*_____, _____ *St.* *Primary Registration District No.* 2005 **Registered No.** 148

Hospital no

FULL NAME OF CHILD Mary Elizabeth Clark.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Fema.		Yes.	Sept. 12 — 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Lester L. Clark.	Sarah E. Evans —
RESIDENCE	Parma, Rural.	Parma, Rural —
COLOR	White —	White —
AGE AT LAST BIRTHDAY (Years)	27	30
BIRTHPLACE	Iowa.	Ills.
OCCUPATION	Farmer	Housewife —

Number of child of this mother, including present birth 4 Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive — (Born alive or stillborn) at 2.25 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John L. Meyers M.D.

(Physician or Midwife)

Address Caldwell, Idaho.

Given names added from a supplemental report

_____, 19____

_____ *Registrar*

Filed Sept 13 — 1915 John L. Meyers *Registrar*

S-Y CO., 16670

DEC 31 1941

393-112-014-449

Form V.S. No. 11-J—20m-8-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Canyon.

City of Caldwell.

No. ..... St.

Hospital No.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 3303 f

Primary Registration District No. 1005 Registered No. 149

FULL NAME OF CHILD JAME[illegible] LLOYD LILLY

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—		—	yes.	Sept 12 — 1915

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Fred L. Lilly.	FULL MAIDEN NAME	Amelia Udick.
RESIDENCE	Caldwell.	RESIDENCE	Caldwell.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	West Virginia	BIRTHPLACE	Penn.
OCCUPATION	Mgr. Mill & Elevator	OCCUPATION	Housewife.

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3 45 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. F. M. Cole MM.

(Physician or midwife)

Address Caldwell Ida

Given names added from a supplemental report

..... 19.....

Filed 9-13- 1915 John S. Meyer

Registrar

..... Registrar

S-Y CO. 20174

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Canyon }

Certificate No. 33031

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH) for Unnamed Lilly (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Sept. 12, 1915 (DATE OF EVENT) in Caldwell, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by bible record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on September 12, 1915 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed Lilly	James Lloyd Lilly

Subscribed and sworn to before me this 8th day of January, 1942.

Kathryn D. Hartkopf
Notary Public, residing at Caldwell, Idaho

My commission expires June 18, 1943
(SEAL)

Signed Amelia Udick Lilly Mother
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

1123 Cleveland Blvd. Caldwell, Ida.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Canyon }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge; that I was the attending physician at said birth.

Subscribed and sworn to before me this day of January, 19 42.

Kathryn D. Hartkopf
Notary Public, residing at Caldwell, Ida.

My commission expires June 18, 1943
(SEAL)

Signed
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Caldwell Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

958-212-014-655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Canyon

City of Middleton

No ....., ... St.

Hospital .....

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

33032

Registration District No 3 File No. .....

Primary Registration District No. 2005 Registered No. 150

FULL NAME OF CHILD Aileen Reynolds Reynolds

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Sept 12 1915

FATHER		MOTHER	
FULL NAME	Levy (Levy) Reynolds	FULL MAIDEN NAME	Mary Elizabeth Never
RESIDENCE	Middleton	RESIDENCE	Middleton
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	H.W.

Number of child of this mother, including present birth 6 Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 5 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. S. Farrer

Physician (Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed 9-13-1915 John S. Meyer Registrar

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

DEC 4 1974

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED BUREAU OF VITAL STATISTICS JUN 11 10 42 AM '75

State of ..... } ss. Certificate No. 33032

County of ..... Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Reynolds (female) (Name on Original Certificate) who was born (Was Born or Died) on Sept. 12, 1915 (Date of Event)

in Middleton, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Aileen Reynolds

Subscribed and sworn to before me this 24th day of March, 1975

Cheryl McDonald

Notary Public, residing at Mercer Island, Wa.

My commission expires August 18, 1977

(Seal)

Signed [signature]

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.

County of King

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th day of March, 1975

Cheryl McDonald

Notary Public, residing at Mercer Island, Wa.

My commission expires August 18, 1977

(Seal)

Signed Inez R Lease

(Signature of Any Credible Person)

2211 82nd Ave SE Mercer Island Wa

(Street Address, City, State)

FORM DH 60-155 CL 12/3/74

Transcript from Yakima Senior High school gives name as Aileen Reynolds born Sept. 12, 1915.date of Graduation June 9, 1933. viewed by V. S.

JUL 1 1975

Census record for 1920 gives name as Aileen Reynolds daughter of Levi and Mary E. Reynolds. age 43/12. viewed by V. S.

347-115-014-345

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

Hospital Canyon

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 33033

Primary Registration District No. 2005 Registered No. 151

FULL NAME OF CHILD Johnston Lundy Cupp

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
M	S.	1	Yes	Sept 15 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Samuel Cupp	FULL MAIDEN NAME	Anna M. Lundy
RESIDENCE	Homedale Idaho	RESIDENCE	Homedale Id.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Malheur Co. Oregon	BIRTHPLACE	Easton Pa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6:25 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Gue M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Caldwell Idaho

Filed 9-17-1915 Job S. Mayer
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

285-217-014-585

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33034

County of Canyon.

City of Caldwell.

No. ..... St.

Hospital No.

Registration District No. 3

Primary Registration District No. 1005

File No. .....

Registered No. 152

FULL NAME OF CHILD RUTH EMILINE SHEWEY

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	yes.	Sept 17 1913

FATHER		MOTHER	
FULL NAME	David N. Shewey.	FULL MAIDEN NAME	Mary I Vinson
RESIDENCE	Caldwell.	RESIDENCE	Caldwell.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Iowa.	BIRTHPLACE	Neb.
OCCUPATION		OCCUPATION	Housewife.

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4 P. M. on the date above stated.

(Signature) Dr. F. M. Cole

(Physician or midwife) M.D.

Address Caldwell Ida.

Filed 9-25- 1913 John L. Imyes Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Canyon } ss.

Certificate No. 33034

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Ruth Emiline Shewey (Name on Original Certificate) who was Born (Was Born or Died) on Sept 17, 1915 (Date of Event)
in Caldwell (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on Date unknown (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed	Ruth Emiline Shewey

Subscribed and sworn to before me this
day of March, 19
C. M. Dail
Notary Public, residing at Salem Oregon
My commission expires NOTARY PUBLIC FOR OREGON
(Seal) My commission expires March 12, 1944

Signed Mary J. Shewey
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
850 No. 17th Salem Ore
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Canyon } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22nd
day of April, 1942
L. W. Jarmo
Notary Public, residing at Caldwell
My commission expires 3/29/45.
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

APR 28 1942

493-218-014-553

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 33035

County of Canyon.

City of Caldwell.

Amended 6/10/77

No. ..... St.

Hospital No.

Registration District No. 3

File No. .....

Primary Registration District No. 2005

Registered No. 153

FULL NAME OF CHILD DORIS NITA MILLER

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	yes.	Sep-18-1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	J. F. Miller.	FULL MAIDEN NAME	Elsie Nelson.
RESIDENCE	Caldwell R.R.	RESIDENCE	Caldwell R.R.
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Iowa.	BIRTHPLACE	Neb.
OCCUPATION	Rancher.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 9 10 A. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. F. M. Cole BM.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Caldwell Ida

Filed 9-25-1915

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of .....
County of ..... } ss. JUN 10 9 11 AM '77

Certificate No. 33035

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Miller (Name on Original Certificate) who was born (Was Born or Died) on Sept. 18, 1915 (Date of Event)
in Caldwell, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
childs name	omitted	Doris Nita Miller

Subscribed and sworn to before me this 7th day of June, 19 77

Notary Public, residing at Boise

My commission expires 4-10-78

(Seal)

Signed Harold K. Simmons
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of .....
County of ..... } ss.

[This Affidavit MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of
....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

Own childs birth certificate on file with Bureau of Vital Statistics gives maiden name of mother as Doris Nita Miller. Child born May 30, 1948 to Harold Barrow and Doris Nita Miller. Certificate # 48-5478

JUN 10 1977

Viewed by V.S.

High School Diploma issued by Caldwell High School 5/27/32 gives name as Doris N. Miller. viewed by V.S.

862-118-014-814

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Canyon

City of Middleton

No ....., ... St.

Hospital .....

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH 33086

Registration District No 3 File No .....

Primary Registration District No 2005 Registered No. 154

FULL NAME OF CHILD Harvey W. Hoskins Hoskins

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				Yes	Sept 18 1914

FATHER		MOTHER	
FULL NAME	Gilbert Hoskins	FULL MAIDEN NAME	Arlene Hadley
RESIDENCE	Middleton	RESIDENCE	Middleton
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	H.W.

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 12 30 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) I. L. Farmer

Physician

(Physician or Midwife)

Address Caldwell Idaho

Given names added from a supplemental report

....., 19.....

Filed 9-24- 1916 John L. Meyer

Registrar

SYMS - YORK CO., PTRS. & BORS. 17826

Registrar

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 33036

County of Ada } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Hoskins (Name on Original Certificate) who born (Was Born or Died) on Sept. 18, 1915 (Date of Event)

in Middleton, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts are shown by Mother (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Omitted	Harvey W. Hoskins

Subscribed and sworn to before me this 2d

day of Oct., 1942

W. B. Joy

Notary Public, residing at Boise, Ida.

My commission expires 7/14/45

(Seal)

Signed Arlene M. Hoskins

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Pleasant Plain, Iowa

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.

County of }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this

day of , 19

Notary Public, residing at

My commission expires

(Seal)

Signed

(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

OCT 2 1942

655-119-014-763

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of near Caldwell

Registration District No. 3

File No. 33037

No. ..... St.

Primary Registration District No. 2005

Registered No. 155

Hospital .....

FULL NAME OF CHILD Weeks JOHN HUBERT WEEKS

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
M.	S.	4	Yes	Sept 19 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

	FATHER		MOTHER
FULL NAME	Frank Weeks	FULL MAIDEN NAME	Fannie Potter
RESIDENCE	near Caldwell	RESIDENCE	near Caldwell
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	43 (Years)
BIRTHPLACE	Carthage Mo	BIRTHPLACE	Carthage Mo
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 A. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Gore

M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Caldwell Idaho

Filed 10-2-1915 John P. Meyer
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

C 21 1944

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 33037
County of Canyon } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for (Name on Original Certificate) who born (Was Born or Died) on Sept. 19 1915 (Date of Event)
in Caldwell Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by known fact (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	none given	John Hubert Weeks

Subscribed and sworn to before me this 14
day of Sept., 19 44

H. A. Paterson
Notary Public, residing at Caldwell Ida
My commission expires July 26 1946
(Seal)

Signed Frank Weeks
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
The father of John Hubert Weeks
R#4 Caldwell, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

OCT 31 1944

OCT 25 1944

319-219-014-819

Form V. S. No. 11-C-[illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Canyon

City of near Caldwell

Registration District No. [illegible]

No. ..... St.

Primary Registration District No. [illegible] Registered No. 156

Hospital .....

FULL NAME OF CHILD Carr, Dorothy Belle

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Fx	S.	1	yes	Sept 19 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Harry W Carr	FULL MAIDEN NAME	Ella Harling
RESIDENCE	near Caldwell	RESIDENCE	near Caldwell
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	19 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Lee Co. Iowa	BIRTHPLACE	Albukirke N. Mex
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alm at 4 P. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J W Gill M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Caldwell Id.

Filed 9-20- 1915 John S. Meyer
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

JUN 2 4 195[illegible]

294-221-014-395

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Canyon

City of Caldwell

No. ....., ... St.

Hospital .....

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

33039

Registration District No. 3 File No. .....

Primary Registration District No. 2005 Registered No. 154

FULL NAME OF CHILD LOTUS JANICE Simpson

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Sept 21 1915

FATHER		MOTHER	
FULL NAME	Frank W. Simpson	FULL MAIDEN NAME	Caddie Lindrum
RESIDENCE	Caldwell —	RESIDENCE	Caldwell —
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	44
BIRTHPLACE	Ills.	BIRTHPLACE	Mich
OCCUPATION	Farmer	OCCUPATION	H.W.

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1 30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. D. Farrer

Physician (Physician or Midwife)

Given names added from a supplemental report

....., 19....

Address Caldwell Idaho

Filed 9-24- 1915 John S. Meyer Registrar

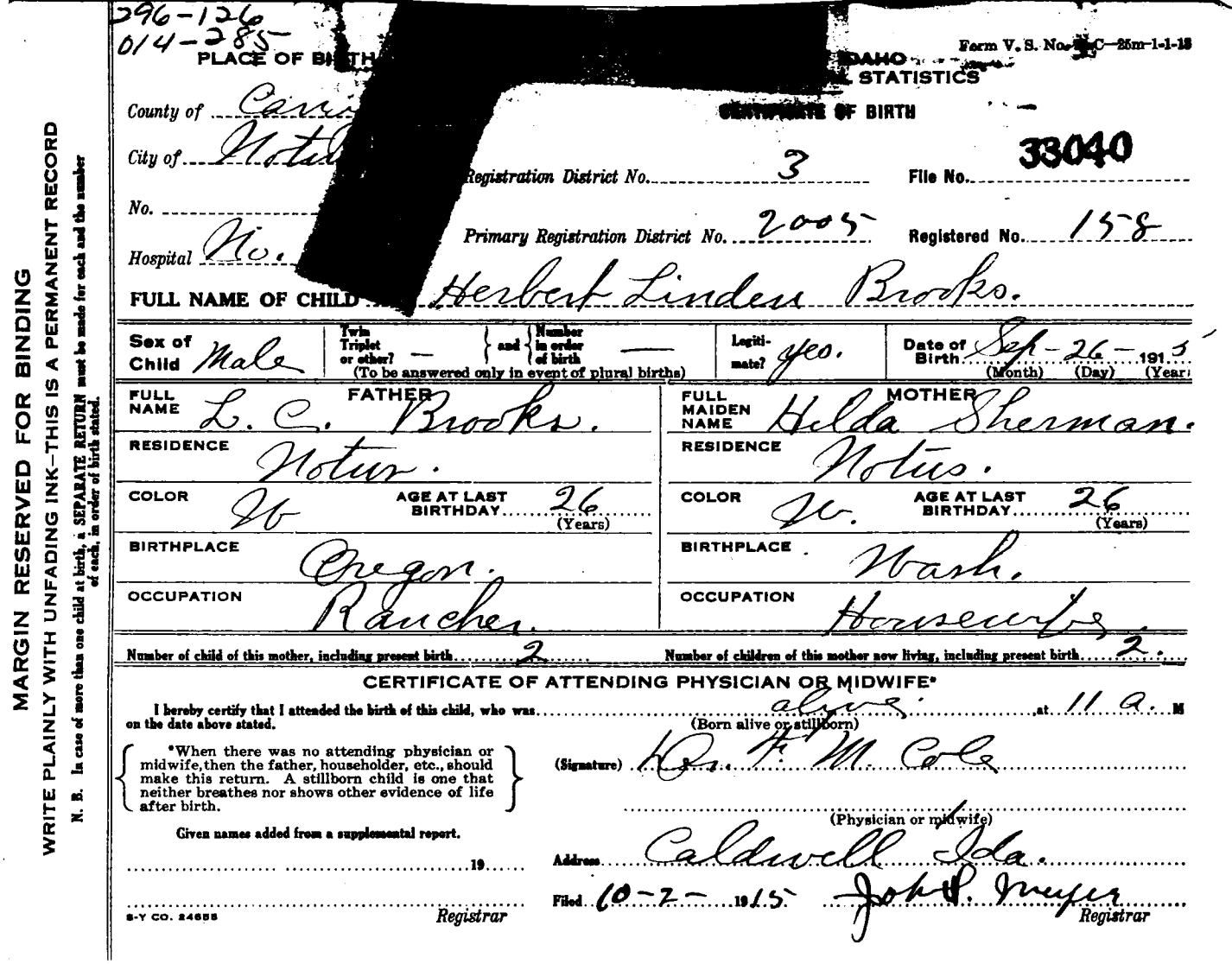
Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

JAN 24 1942

STATE OF IDAHO

FEB 24 1958



296-126
014-285

PLACE OF BI[redacted]TH [redacted] IDAHO
[redacted] STATISTICS

Form V. S. No. [redacted]C—25m-1-1-15

County of Cani[redacted]

CERTIFICATE OF BIRTH

City of Notu[redacted]

Registration District No. 3 File No. 33040

No.

Primary Registration District No. 2005 Registered No. 158

Hospital No.

FULL NAME OF CHILD [redacted] Herbert Linden Brooks.

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	yes.	Sep - 26 - 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	L. C. Brooks.	FULL MAIDEN NAME	Hilda Sherman.
RESIDENCE	Notus.	RESIDENCE	Notus.
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Oregon.	BIRTHPLACE	Wash.
OCCUPATION	Rancher.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 11 a. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. F. M. Cole
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Caldwell Ida.

Filed 10-2- 1915 John P. Meyer
Registrar

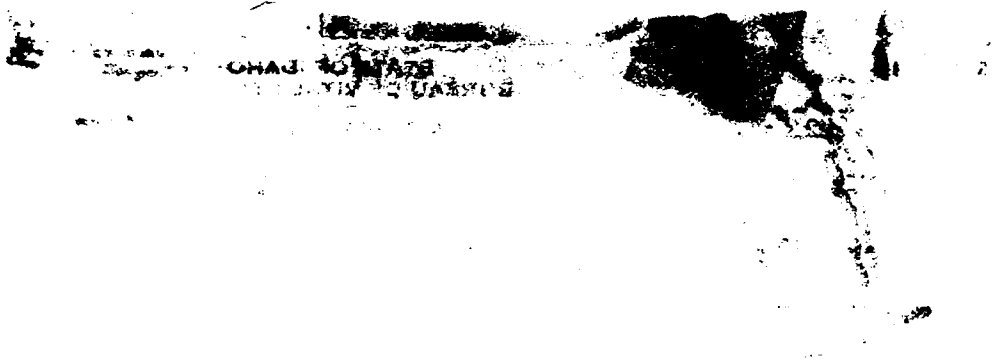
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



449 - 127
014 - 133

PLACE OF B[redacted]

11-C—15m-6-20-11

County of Canyon

City of Caldwell

No. ____, ____ St.

Hospital ____

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 33041

Primary Registration District No. 1005 Registered No. 159

FULL NAME OF CHILD Wilbur Durham

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	other	5	yes	Sept 27 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Henry C Durham	Lula Allen
RESIDENCE	Caldwell Ida.	[illegible], Caldwell Ida
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	43.	32.
BIRTHPLACE	Ill.	Mo.
OCCUPATION	Laborer	Housekeeper

Number of child of this mother, including present birth Five

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive on above date at 3 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Henry

Physician
(Physician or Midwife)

Address Caldwell Ida.

Given names added from a supplemental report

....., 19.....

Registrar

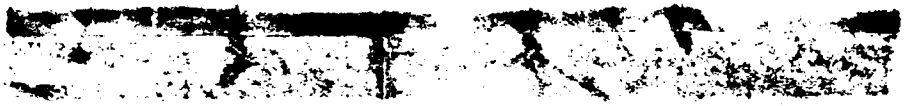
Filed 10-4- 1915 John Meyer
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho
County of Canyon } ss.

Certificate No. 33011

Date Filed Oct 8 HENRY

The undersigned does solemnly swear that certain facts on the certificate of ~~WILBUR DURHAM~~ (Birth or Death)
for WILBUR DURHAM (Name on Original Certificate) who was born (Was Born or Died) on September 27 1915 (Date of Event)
in Caldwell Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on at time of birth (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	none given	Wilbur Durham
mother's name	Lula Allen	= LULA ALLEN DURHAM

Subscribed and sworn to before me this 23rd day of October, 1943

Signed Lulie Allen Durham
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Caldwell, Idaho

My commission expires 2/4/45
(Seal)

1023 Elgin Caldwell, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Canyon } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23rd day of October, 1943

Signed Henry E Durham
(Signature of Any Credible Person Other Than Previous Year)
Father

Notary Public, residing at Caldwell, Idaho

My commission expires 2/4/45
(Seal)

1023 Elgin Caldwell Idaho
(Street Address, City, State)

OCT 26 1943

966-129-014-512

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of near Caldwell — Registration District No. 3 — File No. 33042

No. ____ St. — Primary Registration District No. 2005 — Registered No. 160

Hospital ____

FULL NAME OF CHILD Daryl L. Rowen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male (8.)	Single	2nd	yes	Sept 29 1913

FATHER		MOTHER	
FULL NAME	S. Merl Rowen	FULL MAIDEN NAME	Augusta Vasold
RESIDENCE	near Caldwell Ida	RESIDENCE	near Caldwell
COLOR	white	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Greenburg Kansas	BIRTHPLACE	Freeland Mich
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 — Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Gue M.D.
(Physician or midwife)

Address Caldwell Idaho

Given names added from a supplemental report.

....19....

Filed 10-7-1913 John S. Mayes
Registrar

....
Registrar

8-Y CO. 24695

AUG 30 1945

319-202-014-296

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

Hospital No.

Registration District No. 3

File No. 33043

Primary Registration District No. 2005

Registered No. 161

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	yes.	Oct-2-1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

	FATHER		MOTHER
FULL NAME	Ole Larson	FULL MAIDEN NAME	Lilith Brown
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Iowa.	BIRTHPLACE	~~Calif~~ Iowa.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10 30 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. C. M. Kaley. BM.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Caldwell Ida.

Filed 10-4-1915 John S. Meyer

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

685-103-014-293

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Canyon.

City of Caldwell

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33044

Registration District No. 3 File No. .....

Primary Registration District No. 2005 Registered No. 162

FULL NAME OF CHILD JOE HITE WHEELER

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	yes.	Oct 3 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	C. A. Wheeler.	FULL MAIDEN NAME	Lulu Killher
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Penn.	BIRTHPLACE	Ind.
OCCUPATION	Civil Engineers	OCCUPATION	Housewife.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 11 30 P. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. F. M. Cole

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Caldwell Ida.

Filed 10-4-1915 John S. Meyer

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 21 1966
FEB 27 1967
JAN 25 1968

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

9 18 73

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED BUREAU OF VITAL STATISTICS SEP 24 12 51 PM '73

State of ..... } ss.
County of ..... }

Certificate No. 33044

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Wheeler (Name on Original Certificate) who was born (Was Born or Died) on Oct. 3 1915 (Date of Event)

in Caldwell (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Omitted	Joe Hite Wheeler

Subscribed and sworn to before me this ..... day of ....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th day of September, 1973

Florence Gartright

Notary Public, residing at Boise

My commission expires 6-20-74
(Seal)

Signed Florence E. Wheeler
(Signature of Any Credible Person)

1401 Johnson Ave 83705
(Street Address, City, State)
Boise

FORM DH 60-155

Cradle Roll Certificate issued by the Christian Sunday School of the Christian Church at Caldwell gives name as Joe Hite Wheeler child of Mr. & Mrs. C. A. Wheeler born October 3, 1915 at Caldwell, Idaho.
Mrs. J. L. Black, Supt. of Cradle Roll and H. J. Reynolds, Pastor.
Viewed by V.S.

SEP 27 1973

Army discharge record gives name as Joe Hite Wheeler born October 3, 1915 in Caldwell, Idaho. Separated November 25, 1952
Date of Entry Feb. 1, 1951.
Viewed by V.S.

132-203-014-817

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33045

County of Canyon.

City of Notus.

No. ..... St.

Hospital No.

Registration District No. 3 File No. .....

Primary Registration District No. 2005 Registered No. 163

FULL NAME OF CHILD Helen Albertson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	yes.	Oct - 3 - 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Geo. Albertson	FULL MAIDEN NAME	Helena Mary Hagenson
RESIDENCE	Notus	RESIDENCE	Notus.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	44 (Years)
BIRTHPLACE	Wis.	BIRTHPLACE	Iowa.
OCCUPATION	Rancher	OCCUPATION	Housewife.

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 12 30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. F. M. Cole

..... PM
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Caldwell Ida

Filed 10-4-1915 John S. Meyer
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

APR 18-1969

6/28/77

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of .....

Certificate No. 33045

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Albertson (Name on Original Certificate) who was born (Was Born or Died) on October 3, 1915 (Date of Event)

in Notus, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
~~Unnamed Albertson~~		
Name	Unnamed Albertson	Helen Albertson

Subscribed and sworn to before me this 28 day of June, 1977

Margaret Davis

Notary Public, residing at Boise

My commission expires Lifetime

(Seal)

Signed Wilbur F. Mansfield

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

x Wilbur F. Mansfield Weiser Ida

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of .....

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

.....

(Street Address, City, State)

FORM DH 60-155

Marriage License issued by State of Washington 1 December 1960 gives name of Bride as Helen Albertson. viewed by V.S.

Social Security #519-16-9681 issued 10/58 gives name as Helen Mansfield. Viewed by V.S.

143-105-014-258

Form V. S. No. 11-C—26m-1-1-18

PLACE OF BIRTH

County of Canyon

City of Caldwell

No. Chicago St.

Hospital Canyon

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33046

Registration District No. 3 File No.

Primary Registration District No. 1005 Registered No. 164

FULL NAME OF CHILD Adley Frederick Homer

Sex of Child M. | Twin Triplet or other? S. | and | Number in order of birth 5 (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Oct 5 (Month) (Day) 1915 (Year)

FATHER	MOTHER
FULL NAME Leigh E. Adley	FULL MAIDEN NAME Ebie H Beyer
RESIDENCE Caldwell Id	RESIDENCE Caldwell Id.
COLOR W.	AGE AT LAST BIRTHDAY 32 (Years)
COLOR W.	AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE Dickey Co. N. Dak	BIRTHPLACE Ill
OCCUPATION Horseman —	OCCUPATION Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 100 M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Gus M.D.
(Physician or midwife)

Address Caldwell Idaho

Given names added from a supplemental report.

..... 19.....

Filed 10-6- 1915 John S. Meyers
Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 14 1942

385-106-014-296

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Canyon

City of Middleton

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33047

Registration District No. 3 File No. .....

Primary Registration District No. 2005 Registered No. 165

FULL NAME OF CHILD Lynch

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
M	S	4	yes	Oct 6 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Geo H Lynch	FULL MAIDEN NAME	May Brown
RESIDENCE	Middleton Id	RESIDENCE	Middleton Id
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Boise Co. Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10:55 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J W Gue M.D.

(Physician or midwife)

Address Caldwell Idaho

Given names added from a supplemental report.

..... 19....

Filed 10-6- 1915 John S. Meyer
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dup of 1915 · 216559

168-211-014-133

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33048

County of Canyon

City of ~~Caldwell~~ Caldwell R.D. Eagle.

Registration District No. 3 File No.

No. St.

Primary Registration District No. 2005 Registered No. 166

Hospital No.

FULL NAME OF CHILD Lois Johnson

Sex of Child Female	Twin Triplet or other? — and Number in order of birth — (To be answered only in event of plural births)	Legitimate? yes.	Date of Birth Oct-11-1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Richard Johnson.	FULL MAIDEN NAME	Ida Allen
RESIDENCE	~~Caldwell~~ Eagle R.3.	RESIDENCE	~~Caldwell~~ Eagle
COLOR	W AGE AT LAST BIRTHDAY 23 (Years)	COLOR	W AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Idaho.
OCCUPATION	Rancher	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 2 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. C. M. Kaley. RN.
(Physician or midwife)

Given names added from a supplemental report.

19

Address Caldwell Ida

Filed 10-12-1915 John J. Meyer
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Canyon }

Certificate No. 33048

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for Lois Johnson (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Oct. 11, 1915 (DATE OF EVENT)
in Caldwell (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	omitted	Lois Johnson

Subscribed and sworn to before me this .....
day of ....., 19 .....

Signed .....
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Notary Public, residing at .....

My commission expires .....
(SEAL)

.....
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Gem }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd
day of March, 19 42

Signed C. M. Kaley M. D.
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

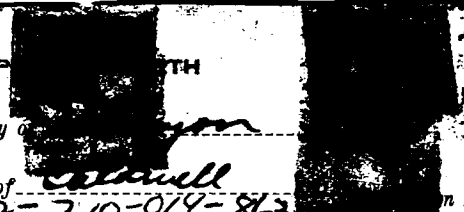
Notary Public, residing at Emmett, Ida.

My commission expires March 14, 1945
(SEAL)

Caldwell, Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

MAR 10 194



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

P[redacted]TH

[redacted] OF IDA[redacted]

[redacted] Vital Stat[redacted]

[redacted]TE OF [redacted]

County [redacted]

City of Caldwell

462-210-014-863

[redacted]n District No. 3 File No. 33049

No. 624; Denver St.

Primary Registration District No. 2005 Registered No. 167

Hospital no

FULL NAME OF CHILD Gladys Gwendolyne Mobberley

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Oct. 10 1915

FATHER		MOTHER	
FULL NAME	Percy Mobberley	FULL MAIDEN NAME	Emily A. Hollis
RESIDENCE	Boise, Idaho	RESIDENCE	Boise, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	England	BIRTHPLACE	England
OCCUPATION	Butter Maker	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John S. Meyer, M.D.

(Physician or Midwife)

Given names added from a supplemental report

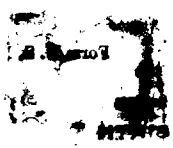
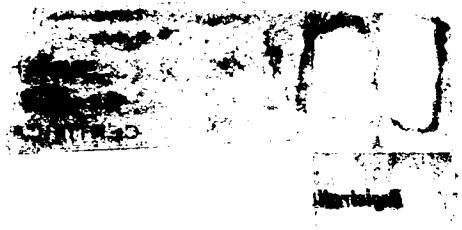
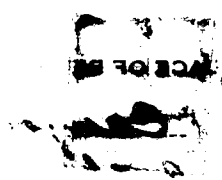
..... 19.....

Address Caldwell, Idaho

Filed 10-10- 1915 John S. Meyer

Registrar

S-Y CO., 16670

JAN 12 1966

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JAN 12 1966

DEC 16 1971

695-105-014-235

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

Registration District No. 3

File No. 33050

No. ..... St.

Primary Registration District No. 2005

Registered No. 168

Hospital .....

FULL NAME OF CHILD Donald Jack Winegar

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—		1	yes.	Oct. 5 — 15

FATHER		MOTHER	
FULL NAME	J. W. Winegar	FULL MAIDEN NAME	Margaret Steele
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Iowa	BIRTHPLACE	Mo.
OCCUPATION	Minister	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was above (Born alive or stillborn) at 8 25 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. F. M. Cole M.D.

(Physician or midwife)

Address Caldwell Ida.

Given names added from a supplemental report.

..... 19.....

Filed 10-12- 1915 John S. Meyer

..... Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 25 1942

154-207-014-414

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33051

County of Canyon.

City of Parma R.D. Registration District No. 3 File No.

No. St.

Primary Registration District No. 2004 Registered No. 169

Hospital No.

FULL NAME OF CHILD Freda Anderson.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	yes	Oct. 7 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	B. G. Anderson.	Gladys Mann
RESIDENCE	Parma	Parma
COLOR	W	W.
AGE AT LAST BIRTHDAY (Years)	31	23
BIRTHPLACE	Minn.	Minn.
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2 45 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) K. D. H. M. Cole M.D.

(Physician or midwife)

Address Caldwell Ida

Filed 10-12- 1915 John Meyer Registrar

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y CO. 24655

995-225-014-319

PLACE OF BIRTH

County of Canyon

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

City of Caldwell Rural Registration District No. 3 File No. 33052

No. ....., ... St.

Primary Registration District No. 2005 Registered No. 170

Hospital no

FULL NAME OF CHILD Margaret Esther

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes.	Sept. 25, 1915

FATHER		MOTHER	
FULL NAME	Conway H. Rinard.	FULL MAIDEN NAME	Erma L. Carter -
RESIDENCE	Caldwell - R. 2 -	RESIDENCE	Caldwell. Rur. #2
COLOR	White - AGE AT LAST BIRTHDAY 38 (Years)	COLOR	White. AGE AT LAST BIRTHDAY 35 (Years)
BIRTHPLACE	Iowa -	BIRTHPLACE	Iowa.
OCCUPATION	Farming	OCCUPATION	Housewife -

Number of child of this mother, including present birth 6 Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive - (Born alive or stillborn), at 5.30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Conway H Rinard
Father (Husband)
(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Caldwell Idaho. Rur. 2

Filed 10-12- 1915 John S. Meyer
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

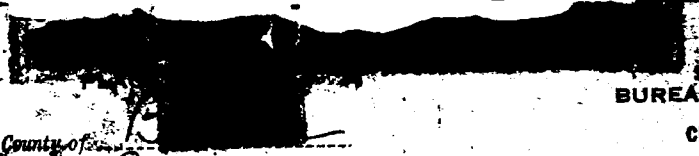
JAN 1 3 1943

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]



Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of [redacted]

City of Bellevue

No. 961-108-007-255 St.

Registration District No. 21

File No. 33053

Primary Registration District No. 2022

Registered No. 68

Hospital

FULL NAME OF CHILD ~~[illegible]~~ Ralph Gilbert Roads

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of Birth
Boy	2 (To be answered only in event of plural births)	yes	Sept (Month) 8 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Fred ~~[illegible]~~ Roads	FULL MAIDEN NAME	Eva Kennedy
RESIDENCE	Bellevue	RESIDENCE	Bellevue
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Colorado
OCCUPATION	Miner	OCCUPATION	House wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 1 9 M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. J. Allen MD

Bellevue Idaho
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address

Filed Sept 10 19 15 Robert H. Wright
Registrar

S-Y CO. 24695

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH.

State of [illegible} ss.
County of [illegible}

NOV 19 1943

Certificate No. 33053

Date Filed [illegible]

The undersigned does solemnly swear that certain facts on the certificate of [illegible] (Birth or Death)
for [illegible] (Name on Original Certificate) who [illegible] (Was Born or Died) on [illegible] (Date of Event)
in [illegible] (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by [illegible] (Bible Record, Insurance Policy, Etc.) prepared on [illegible] (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Ralph Gilbert Roads
Fathers Name	Fred Rhoads	Fred Roads

Subscribed and sworn to before me this [illegible]
day of [illegible], 19[illegible]

Notary Public, residing at [illegible]

My commission expires [illegible]
(Seal)

Signed Mrs L. E. Bartlett. [illegible]
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

[illegible]
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of [illegible} ss.
County of [illegible}

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this [illegible]
day of [illegible], 19[illegible]
Notary Public, residing at [illegible]

My commission expires [illegible]
(Seal)

Signed Mrs. Anna Glover
(Signature of Any Credible Person Other Than Previous Year)

[illegible]
(Street Address, City, State)

NOV 19 1943

266-109-007-300

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 33054

County of Blaine

City of Bellevue P.O

Registration District No. 21 File No.

No. St.

Primary Registration District No. 2044 Registered No. 69

Hospital

FULL NAME OF CHILD Not Named

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy	—	2	Yes	Sept 9 1915

(To be answered only in event of plural birth)

FATHER	MOTHER
FULL NAME J. R. Bowlden	FULL MAIDEN NAME Ethel Taylor
RESIDENCE Cahoon ranch Bellevue P.O.	RESIDENCE Cahoon ranch. Bellevue P.O.
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 22 (Years)	AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE Utah	BIRTHPLACE Utah
OCCUPATION Farmer	OCCUPATION Home wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1:20 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. J. Allen M.D.

Bellevue

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address

Filed Sept 10 19 15 Robert H. Wright

S-Y CO. 24655 Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

451-123-007-391

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33055

County of Blaine

City of Hailey

No. ..... St.

Hospital .....

Registration District No. 21 File No. .....

Primary Registration District No. 2077 Registered No. 70

FULL NAME OF CHILD No Name Robert Merl

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Aug 23 1915

FATHER		MOTHER	
FULL NAME	Robert Keeley	FULL MAIDEN NAME	Hattie Crawford
RESIDENCE	Hailey Idaho	RESIDENCE	Hailey Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	rancher	OCCUPATION	housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 10 50 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John J. Raaf M.D.

(Physician or midwife)

Address Hailey Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Sept 10 1915 Robert H. Wright Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

219-170-007-685

Form V. S. No. 11-C—25m-1-1-18

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Blaine

City of Bellevue

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33056

Registration District No. 21 File No. .....

Primary Registration District No. 2077 Registered No. 71

FULL NAME OF CHILD ~~Infant Wrencher~~ Albert Wrencher Barce

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy	~	3	Yes	Sept 10 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Geo W. Barce	Edna I. Wrencher
RESIDENCE	Lenkie Idaho	Lenkie Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	37	29
BIRTHPLACE	Conn. (Richfield)	Idaho (Bellevue)
OCCUPATION	Farmer	Home wife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 8 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. J. Allen MD

Bellevue Idaho (Physician or midwife)

Address .....

Given names added from a supplemental report. ..... 19....

Filed Sept 15 15 Robert H. Wright Registrar

..... Registrar

S-Y CO. 24685

JUL 7 1967

Certified copy issued 2-5-1941. dp

396-212-007-419

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Blaine

City of Bellevue P.O.

Registration District No. 21

File No. 33057

No. ..... St.

Primary Registration District No. 2077

Registered No. 72

Hospital .....

FULL NAME OF CHILD Lona May Crone

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Sept 12 1915

FATHER

FULL NAME: Thomas O. Crone

RESIDENCE: Bellevue Ida

COLOR: White

AGE AT LAST BIRTHDAY: 37 (Years)

BIRTHPLACE: Oregon

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Carrie May Martin

RESIDENCE: Bellevue Ida

COLOR: White

AGE AT LAST BIRTHDAY: 25 (Years)

BIRTHPLACE: Stanton Ida

OCCUPATION: Housewife

Number of child of this mother, including present birth: 1

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9:50 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Robert H. Wright M.D.

(Physician or midwife)

Address Hailey Ida

Filed Sept 15 19 15 Robert H Wright

Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 17 1973

295-127-007-281

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Blaine

City of Bellevue

No. ..... St.

Hospital .....

Registration District No. 21 File No. 33058

Primary Registration District No. 2074 Registered No. 73

FULL NAME OF CHILD Not Named

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy	c	4	Yes	Aug 27 1914

FATHER	MOTHER
FULL NAME Thos Buchanan	FULL MAIDEN NAME Maggie Shook
RESIDENCE Coon Ranch - Bellevue P.O.	RESIDENCE Coon Ranch, Bellevue P.O.
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 52 (Years)	AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE Missouri	BIRTHPLACE Idaho
OCCUPATION Farmer	OCCUPATION House wife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1 20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. J. Allen MD

Bellevue Idah. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed Sept 30 19 15 Robert L. Wright Registrar

S-Y CO. 24695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

356-230-007-381

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Blaine

City of Hailey

No. ..... St.

Hospital .....

Registration District No. 21 File No. 33059

Primary Registration District No. 2022 Registered No. 74

FULL NAME OF CHILD Della E. Lewis

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Sept 30 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Henry R. Lewis	Lois Chaney
RESIDENCE	Hailey Ida	Hailey Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	32	20
BIRTHPLACE	North Carolina	Idaho
OCCUPATION	Probation Officer	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5:20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Robert H. Wright M.D.

(Physician or midwife)

Address Hailey Ida

Filed Sept 30 1915 Robert H Wright
Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

SEP 29 1966

95-4-230-207-613

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Blaine

City of Hailey

No. ..... St.

Registration District No. 21 File No. 33060

Primary Registration District No. 2077 Registered No. 75

Hospital

FULL NAME OF CHILD Dorice Helen Rember

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Sept 30 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	George A. Rember	Alice Lane Watson
RESIDENCE	Hailey Ida	Hailey Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	26	21
BIRTHPLACE	Hailey Ida	Idaho
OCCUPATION	Mining Engineer	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11:15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Robert H. Wright M. D.

(Physician or midwife)

Address Hailey Ida

Given names added from a supplemental report

..... 19.....

Filed Oct 1 19 15 Robert H. Wright

..... Registrar

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 1 1974

895-211
044-615

PLACE OF BI[redacted]

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF ~~VITAL~~ STATISTICS

CERTIFICATE OF BIRTH

County of Washi[redacted]

City of Cambridge

No. ..... St.

Hospital .....

Registration District No. 88

File No. 33061

Primary Registration District No. 2164

Registered No. .....

FULL NAME OF CHILD ALENA HINSHAW

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Oct (Month) 11 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Milt Hinshaw	FULL MAIDEN NAME	Eugenia Favre
RESIDENCE	Cambridge Idaho	RESIDENCE	Cambridge Ida.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	House wife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C E Schmuntz

MD

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Cambridge Idaho

Filed Oct 11 1915 C E Schmuntz

Registrar

Registrar

S-Y CO. 20174

N RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

3-7-67

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of .....

Certificate No. 33061

Date Filed .....

RECEIVED MAR 7 1967 Bureau

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Finshaw (Name on Original Certificate) who was born (Was Born or Died) on Oct. 11, 1915 (Date of Event)

in Cambridge (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child;s first name	Unnamed	Alena Hinshaw

Subscribed and sworn to before me this 7 day of March, 1967

Hazel R. Heerlbert

Notary Public, residing at Eagle, Idaho

My commission expires Sept. 28, 1968

(Seal)

X Signed Lora Barbour

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

2016 Blaine St Caldwell Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of .....

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

.....

(Street Address, City, State)

FORM DH 60-155

Own childs birth certificate gives name of mother as Alena Hinshaw. Child born March 13, 1946, Certificate # 418345. On file - Idaho.
Viewed by V. S

MAR 7 1967

Red Cross Blood Donation Record gives name as Alene Ross. Originally donated March 15, 1960.
Viewed by V. S.

253-111-040-367

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33062

County of Washington

City of Cambridge

No. ..... St.

Hospital .....

Registration District No. 88 File No. .....

Primary Registration District No. 2164 Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Aug 11 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Tomet Breaux	FULL MAIDEN NAME	Phebe Cox
RESIDENCE	Cambridge Idaho	RESIDENCE	Cambridge Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive 4 45 at 8 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C E Schmitz
M.D.
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Cambridge Idaho

Filed Aug 11 1915 C E Schmitz Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

364-227-044-285

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Washington

City of Cambridge

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 55 File No. 32063

Primary Registration District No. 2164 Registered No. .....

FULL NAME OF CHILD Mae Ruth Combs

Sex of Child Female | Twin, Triplet or other? | and | Number in order of birth | (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Sept 27 (Month) (Day) 1915 (Year)

FATHER	MOTHER
FULL NAME Leslie Combs	FULL MAIDEN NAME Lettie Shermann
RESIDENCE Cambridge Idaho	RESIDENCE Cambridge Idaho
COLOR W	AGE AT LAST BIRTHDAY 30 (Years)
COLOR W	AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Mo	BIRTHPLACE Kansas
OCCUPATION Rancher	OCCUPATION House wife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C E Edmunds MD

(Physician or midwife)

Address Cambridge Idaho

Given names added from a supplemental report

..... 19.....

Filed Oct 1 1915 C E Edmunds Registrar

..... Registrar

8-Y CO. 20174

AUG 23 1951

133-112-044-231

PLACE OF BIRTH

County of Washington

City of Cambridge

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 85 File No. 33064

Primary Registration District No. 2164 Registered No. .....

FULL NAME OF CHILD. BERT BARCLAY ALLISON

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	June 12 1915

FATHER	MOTHER
FULL NAME Joe Allison	FULL MAIDEN NAME Nellie Stanton
RESIDENCE Salubria Idaho	RESIDENCE Salubria Idaho
COLOR W	AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE Idaho	COLOR W AGE AT LAST BIRTHDAY 28 (Years)
OCCUPATION Rancher	BIRTHPLACE Washington
	OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O E Schmuck M D

(Physician or midwife)

Address Cambridge Idaho

Given names added from a supplemental report

..... 19.....

Filed June 15 1915 O E Schmuck Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH-BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Washington)
)ss
County of Stevens)

Certificate No. 33064

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate

of birth for [illegible] River who was born
(birth or death) (Name on original certificate) (was born or died)

on June 12th 1915 in [illegible] are erroneous or were ommitted;
(Date of event) (Place of event)

and that, to the best of his knowledge, the true facts of the case as shown

by [illegible] prepared on ..... are:
(Bible record, insurance plcy.etc.) (Give date)

FACTS TO BE CORRECTED (Name, birthdate,etc.)	FROM (As on original)	TO (The correct facts)
Name	no name given	Bert Barcley Allison

Subscribed and sworn to before me this 17th day of November 1941

Thomas J. Oakleaf
Notary Public
Residing at Colville, Wash.

Signed Mrs. Nellie Allison
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Colville, Washington.
(Street address, City, State)

My commission expires October 8th 1942

(SEAL)

SUPPORTING AFFIDAVIT OF A SECOND PERSON
(Both affidavits must be completed)

State of Washington)
)ss
County of St. Vin's)

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17th day of November 1941

Thomas J. Oakleaf
Notary Public
Residing at Colville

Signed Mrs. Gregory Wollenburg
(Signature of any credible person other than the previous affiant.)

Colville, Washington
(Street address, City, State)

My commission expires 10/9/42 October 8th 1942
(SEAL)

415-227-044-655

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Washington

City of Cambridge

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 88 File No. 33065

Primary Registration District No. 2164 Registered No. .....

FULL NAME OF CHILD Maude Ellen Davis

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	June 27 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	A A Davis	FULL MAIDEN NAME	Getrude Weeks
RESIDENCE	Cambridge Idaho	RESIDENCE	Cambridge Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Washington	BIRTHPLACE	Kansas
OCCUPATION	Rancher	OCCUPATION	House wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12 45 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C E Schmitz

MD (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Cambridge Idaho

Filed June 28 1915 C E Schmitz Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 1 9 1970

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED SEP 24 1970 Bureau of Vital Statistics

State of ..... } ss. Certificate No. 33065

County of ..... } Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Davis (Name on Original Certificate) who was born (Was Born or Died) on June 27, 1915 (Date of Event)

in Cambridge, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	OMitted	Maude Ellen Davis

Subscribed and sworn to before me this 16 day of September, 1970

[signature]

Notary Public, residing at Corvallis, Oregon

My commission expires 8-18-73

(Seal)

Signed Maude Ellen Davis

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.

County of Benton }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

.....

(Street Address, City, State)

FORM DH 60-155 CL 6/29/70 nm

Certificate of Marriage issued by State of Washington Feb. 27, 1932 gives name as Maude Ellen Davis married to Clarence M. Smith.
Viewed by V.S.

OCT 29 1970

Certificate of Baptism issued by First Baptist Church upon profession of her faith in the Lord Jesus Christ, Maude Ellen Davis Smith, Baptized Sept. 10, 1950 at Corvallis, Oregon, Rodney C. Gould, Pastor.
Viewed by V.S.

385-126-044-719

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33066

County of Washington

City of Cambridge

No. ..... St.

Hospital .....

Registration District No. F 8 File No. .....

Primary Registration District No. 2164 Registered No. .....

FULL NAME OF CHILD Raymond Simeon Lynn

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		yes	July (Month) 26 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Geo W Lynn	FULL MAIDEN NAME	Bora L Gaines
RESIDENCE	Cambridge R Fd 1	RESIDENCE	Cambridge R Fd 1
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Tenn
OCCUPATION	Farmer	OCCUPATION	HW

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 11 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Simeon Hopper

M W
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Cambridge Ida

Filed Aug 1 1915 C E Schultz Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Name of

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon)
County of Douglas) ss.

Certificate No. 33066
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Lynn (Name on Original Certificate) who born (Was Born or Died) on July 26, 1915 (Date of Event)
in Cambridge, Idaho (Place of Event) are erroneous or were omitted: and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed Lynn	Raymond Simeon Lynn

Subscribed and sworn to before me this 10 day of November 1945

Notary Public, residing at Sutherlin, Ore

My commission expires January 29, 1948 (Seal)

Signed Zana E. Connally (Name of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Sutherlin, Oregon (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington)
County of Clallam) ss.

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21st. day of November 1945

Notary Public, residing at Port Angeles, Wash.

My commission expires May 5th. 1947 (Seal)

Signed Anna Bearden (Signature of Any Credible Person)

610 South D. St. Port Angeles, (Street Address, City, State)

Washington.

DEC 1 1945

795-128-029-914

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Latah

City of Deary

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33067

Registration District No. 2147 File No. 2

Primary Registration District No. 67 Registered No. 18

FULL NAME OF CHILD Martin Lewis Pierce

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M.	✓		✓	Yes	Apr. 28 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Thomas Pierce	FULL MAIDEN NAME	Barbara Ramey
RESIDENCE	Deary	RESIDENCE	Deary
COLOR	W. AGE AT LAST BIRTHDAY 52 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE	Minn.	BIRTHPLACE	Tenn.
OCCUPATION	farmer	OCCUPATION	H.W.

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 12 M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. J. L. a Bolle

neighbor
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Deary

Filed 9/4 1915 R. C. Faust
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

632-210-029-9[illegible]

Form V. S. No. 11-C—25m-1-1-18

PLACE [illegible]RTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Avon

Registration District No. 2147 File No. 33068

No. _____ St.

Primary Registration District No. 67 Registered No. 19

Hospital _____

FULL NAME OF CHILD Maryon Geneveve Olson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
1.	1		1	yes	Sept. 10 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Jonas Olson	FULL MAIDEN NAME	Anna Rydbom
RESIDENCE	Avon	RESIDENCE	Avon
COLOR	W. AGE AT LAST BIRTHDAY 45 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 35 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Sweden
OCCUPATION	farmer	OCCUPATION	H.W.

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 7 A. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jonas Olson
Father
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

P. C. Faust
Registrar

Address Avon

Filed 9/24 1915 P. C. Faust
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 20 1976

154-222-029-147

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33069

County of Latah

City of Avon R#1

Registration District No. 2147 File No. 2

No. ..... St.

Primary Registration District No. 67 Registered No. 20

Hospital .....

FULL NAME OF CHILD Alice Marion Anderson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F	✓		✓	Yes	Sept 22 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Clarence A. Anderson	FULL MAIDEN NAME	Tilda Augusto
RESIDENCE	Avon R#1	RESIDENCE	Avon R#1
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Ida.	BIRTHPLACE	Idaho
OCCUPATION	farmer	OCCUPATION	H.W.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 9 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Margret Greenberg
midwife
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Troy R#2

Filed Oct 10 1915 R C Faust
Registrar

Registrar

6-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 5 1970

815-127-029-367

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Latah

City of Helmer

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33070

Registration District No. 2147 File No. 2

Primary Registration District No. 67 Registered No. 21

FULL NAME OF CHILD Howard Winfield Hanson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M.	✓		✓	Yes	Sept. 27 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John Hanson	FULL MAIDEN NAME	Lydia Cox
RESIDENCE	Helmer	RESIDENCE	Helmer
COLOR	W. AGE AT LAST BIRTHDAY 32 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 16 (Years)
BIRTHPLACE	Denmark	BIRTHPLACE	Minn
OCCUPATION	Laborer	OCCUPATION	H.W.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 11 A. M on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. C. Faust

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Deary

..... 19....

Filed 9/30 1915 P. C. Faust Registrar

..... Registrar

S-Y CO. 84655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 1 2 1974

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
APR 31 12 43 PM '74

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss. Certificate No. 33070

County of ..... Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Hanson (Male) (Name on Original Certificate) who was born (Was Born or Died) on Sept. 27, 1915 (Date of Event)

in Helmer, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child'sname	Unnamed	Howard Winfield Hanson

Subscribed and sworn to before me this 19 day of April, 1974

[illegible]

Notary Public, residing at [illegible]

My commission expires 12/15/77

(Seal)

Signed [illegible]

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.

County of .....

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22ND day of April, 1974

[illegible]

Notary Public, residing at Council Idaho

My commission expires 6-22-76

(Seal)

Signed Nora B. Lawrence

(Signature of Any Credible Person)

COUNCIL IDAHO 83612

(Street Address, City, State)

FORM DH 60-155 CL 4/12/74

Birth Notificztion of Registration from Washington gives child's name as Claudia Anne Hanson born Sept. 1, 1938 (file No. 595) born in Centralia, Washington father's name given as Howard Winfield Hanson and the mother's name as Eva Irene Elder. viewed by V. S.

JUN 19 1974

Social Security Card (534-10-4597) gives name as Howard Winfield Haons, dated 12-29-36. viewed by V. S.

719-209-016-753

[redacted]

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Cassia

City of Elba

No. — St.

Hospital —

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 119 File No. 33071

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Evaline Parish

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	Yes	Sept 9 1913

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Alonzo Franklin Parish	FULL MAIDEN NAME	Ida Louisa Pettingill
RESIDENCE	Elba Idaho	RESIDENCE	Elba Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8.30 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. D. Sales M.D.
(Physician or midwife)

Address Malta Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Sept 28 1913 C. D. Sales Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 7 1976

857-110-016-128

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Cassia

City of Malta

No. —— St.

Hospital ——

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33072

Registration District No. 119 File No.

Primary Registration District No. Registered No.

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	yes	Sept 10 191 5

FATHER		MOTHER	
FULL NAME	John William Hepworth	FULL MAIDEN NAME	Alice Ashcroft
RESIDENCE	Malta Idaho	RESIDENCE	Malta Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Idaho	BIRTHPLACE	England
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10:25 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. J. Slater M.D.

(Physician or midwife)

Address Malta Idaho

Given names added from a supplemental report.

....., 19.....

Registrar

Filed Sept 12, 19 15 C. J. Slater

Registrar

6-Y CO. 24655

813-222-016-152

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Cassia

City of Malta

No. — St.

Hospital —

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 119 File No. 33073

Primary Registration District No. Registered No.

FULL NAME OF CHILD LILLIAN JUANITA HALL

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
girl	—	—	yes	Sept 22 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	William Booth Hall	FULL MAIDEN NAME	Ethel Jessee
RESIDENCE	Sublett Idaho	RESIDENCE	Sublett Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Kentucky	BIRTHPLACE	Kentucky
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. I. Sater M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address Malta Idaho

Filed Sept 30 1915 C. I. Sater

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon, } ss.
County of Columbia }

Certificate No. 33073

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Hall (Name on Original Certificate) who was born (Was Born or Died) on September 22, 1915, (Date of Event)
in Sublett, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by school records (Bible Record, Insurance Policy, Etc.) prepared on Sept. 1922 enrollment (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Lillian Juanita Hall

Subscribed and sworn to before me this 14th. day of April, 19 43

Notary Public, residing at Rainier, Oregon.

My commission expires July 11, 1944.
(Seal)

Signed Ethel M. Hall Johnson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.) mother

Rainier, Oregon.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon, } ss.
County of Columbia. }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14th. day of April, 19 43

Notary Public, residing at Rainier, Oregon.

My commission expires July 11, 1944.
(Seal)

Signed James Jessee
(Signature of Any Credible Person Other Than Previous Year) Grandfather

Rainier, Oregon.
(Street Address, City, State)

APR 2 1 1943

366-125-014-65 4

PLACE OF BIRTH

County of Canyon

City of Fruitland

No. ..... St.

Hospital .....

[redacted]

Form V. S. No. 11-C—25m-1-1-18

...ATISTICS

...ITH 33074

Registration District No. 61 File No. 2

Primary Registration District No. 2130 Registered No. 21

FULL NAME OF CHILD Beckford Fedderson Coon

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	—		—	Yes	Sep. 25 1916

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Chas. J. Coon	Hansina M. Fedderson
RESIDENCE	Fruitland, Ida	Fruitland, Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	37	31
BIRTHPLACE	Aurora Nebraska	Marquette, Neb.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 9 a. M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Crispin Wright

Fruitland, Ida

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed Oct 10 1916 Crispin Wright

..... Registrar

8-Y CO. 24655

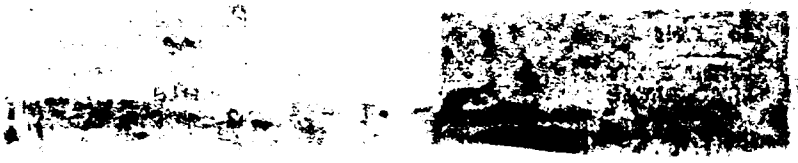
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued Dec. 16, 1940. E.W



281-128
014-281

PLACE [redacted] OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

~~City of~~ Near Fruitland

Registration District No. 51

File No. 233075

No. ....., ... St.

Primary Registration District No. 2130

Registered No. 20

Hospital .....

FULL NAME OF CHILD ~~Ezekiel~~ Shank, Clifford Lloyd

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth
Male	✓		✓	yes	Sept. 28, 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Herschel G. Shank	FULL MAIDEN NAME	Mabel L. Shamberger
RESIDENCE	Near Fruitland, Ida	RESIDENCE	Near Fruitland, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Kansas
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2nd

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) William J. Weese, M.D.

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Ontario Oregon

Filed Oct 19 1915 Cuopin Wright

Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Certified Copy issued October 25, 1940. E.W.

814-3 [illegible]

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33076

County of Canyon

City of Fruitland

No. ..... St.

Hospital .....

Registration District No. 51 File No. 2

Primary Registration District No. 2130 Registered No. 19

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	one	2	yes	Sept 28 191.. (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Olives B Howard	FULL MAIDEN NAME	Ada M Higley
RESIDENCE	Fruitland	RESIDENCE	Fruitland
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Neughton Co Mo	BIRTHPLACE	Idaho Falls [illegible]
OCCUPATION	Barber	OCCUPATION	[illegible]

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 0 15 A.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible] M. D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed Oct 10 1915 Crispin Wright Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

689-105-018-133

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Clearwater

City of Oro Fino

No. ....., ... St.

Hospital .....

[redacted] IDAHO

[redacted] Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

Registration District No. 90 File No. 33077

Primary Registration District No. 5168 Registered No. 54

FULL NAME OF CHILD Everett A. White

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth
Male	X		X	Yes	9/5/15 (Month) (Day) 191 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Harry L. White	FULL MAIDEN NAME	Olive Alternater
RESIDENCE	Oro Fino	RESIDENCE	Oro Fino
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	California	BIRTHPLACE	Iowa
OCCUPATION	Electrician	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Eric J. Horswill

Physician (Physician or Midwife)

Given names added from a supplemental report

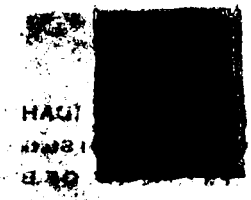
....., 19.....

Address Oro Fino Ida

Filed Sep 30 1915 J. M. Hardy Registrar

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326



FEB 10 1959

297-208-018-964

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Clearwater

City of Ahsahka

No. ....., ... St.

Hospital .....

Registration District No. 90 File No. 33078

Primary Registration District No. 2168 Registered No. 55

FULL NAME OF CHILD Lillian Josephine Kight

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth
girl	X		X	Yes	9/8/15 (Month) (Day) 191 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Albert Kight	FULL MAIDEN NAME	Zittella W. Roufe
RESIDENCE	near Ahsahka	RESIDENCE	near Ahsahka
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	59 (Years)	AGE AT LAST BIRTHDAY	46 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Ohio.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4:28 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Eile W Horswell
(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Orofino Ida

Filed Sept 30 1915 J. M. Fairley
Registrar

SYMS - YORK CO., PTRS. & SDRS. 17826

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Washington } ss.
County of Asotin

Certificate No. 33078

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Kight (female) (Name on Original Certificate) who was born (Was Born or Died) on Sept. 8, 1915 (Date of Event)
in Ahsahka, Idaho (clearwater) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Insurance affidavit (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed-	Lillian Josephine Kight

Subscribed and sworn to before me this 1st day of April, 1977

Notary Public, residing at Asotin

My commission expires June 1, 1979

(Seal)

Signed Hazel B. Rogers - Sister
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Asotin, Wa 99402
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Asotin

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st day of April, 1977

Notary Public, residing at Asotin

My commission expires June 1, 1979

(Seal)

Signed Nancy Rogers
(Signature of Any Credible Person)

Asotin, Wa
(Street Address, City, State)

FORM DH 60-155

CL 1/26/77 nm

APR 2 3 1977

Letter from L. L. Quigley, Assistant Secretary of Kansas City Life Ins. Co. Kansas City, Missouri . Gives name as Lillian J. Gatherer. born Sept 8, 1915 in Idaho. policy was issued June 1, 1963. viewed by V. S.

Certif of own child's birth certif on file in Washington gives mother's name as Lillian Josephine Kight. childlborn May 8, 1953 in Clarkston, Wash. father's name given as Samuel John Gatherer. file No. 18902. viewed by V. S.

753-112-018-285

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Clearwater

City of Ono Fine

No. ....., ... St.

Hospital .....

Registration District No. 90 File No. 33079

Primary Registration District No. 2168 Registered No. 36

FULL NAME OF CHILD Erwin Otis Peckham

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth
Boy	X		X	Yes	9/12/15 191 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Frederick Erwin Peckham	FULL MAIDEN NAME	M. Vivian Shewo
RESIDENCE	Fraser Ida	RESIDENCE	Fraser Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Penn.	BIRTHPLACE	Penn.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3:25 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earle M Horswell

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Ono Fine Ida

Filed Apr 30 1915 J. M. Tardy

Registrar

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

391-213-018-515

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33080

County of Clearwater

City of Orofino

No. ..... St.

Hospital .....

Registration District No. 90 File No. .....

Primary Registration District No. 2168 Registered No. 57

FULL NAME OF CHILD Dorothea ~~Elizabeth~~ Faith Craig

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Apr 13 1915

FATHER		MOTHER	
FULL NAME	Stephen M. Craig	FULL MAIDEN NAME	Vivian VanHise
RESIDENCE	Orofino, Ida	RESIDENCE	Orofino, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Kans	BIRTHPLACE	Neb
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 2.45 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Fairley
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Orofino, Ida

Filed Apr 14 1915 J. M. Fairley
Registrar

S-Y-CO 36071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 1 4 1967

819-116-018-795

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33081

County of Owyhee

City of Grem

Registration District No. 90 File No.

No. St.

Primary Registration District No. 2168 Registered No. 58

Hospital

FULL NAME OF CHILD Mildred Hazel

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Sept 16 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Edward J. Hazel	Jessie Barnett
RESIDENCE	Grem, Ida	Grem, Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	38	33
BIRTHPLACE	Neb.	Mo.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was born alive at 6 A. M. on the date above stated.
(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

(Physician or midwife)

Address

Given names added from a supplemental report.

19

Registrar

Filed Sept 30 1915 J. M. Darby
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

455-102-042-243

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF [redacted]STICS
CERTIFI[redacted]

Form V. S. No. 11-C—25m-1-1-18

County of Twin Falls

City of Filer

No. ..... St.

Hospital .....

Registration District No. 38

Primary Registration District No. 2086

File No. 33083

Registered No. .....

FULL NAME OF CHILD Not Named

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy		Yes.	9 2 1915

FATHER		MOTHER	
FULL NAME	John DeVall	FULL MAIDEN NAME	Stella Bucker
RESIDENCE	Filer Ida	RESIDENCE	Filer Ida
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Ill	BIRTHPLACE	Ill
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 3:30 P M on the date above stated.
(Born alive or [redacted])

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr A A Newberry
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 9/2 1915

A A Newberry
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

713-127-042-719

PLACE OF BIRTH

County of Twin Falls

City of Filer

No. ..... St.

Hospital Nad

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

Registration District No. 38

File No. 33084

Primary Registration District No. 2086

Registered No. .....

FULL NAME OF CHILD XXXXXXX XXXXXXXXXX CLAYTON ALFRED PATTERSON

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy			Yes	Sept 27 1915

FATHER

FULL NAME J H Patterson

RESIDENCE Filer Ida

COLOR W AGE AT LAST BIRTHDAY 26 (Years)

BIRTHPLACE Nebr.

OCCUPATION Labr

MOTHER

FULL MAIDEN NAME Alice Gardner

RESIDENCE Filer Ida

COLOR W AGE AT LAST BIRTHDAY 21 (Years)

BIRTHPLACE Nebr.

OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or stillborn) at 9-45 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr A A Newberry

(Physician or midwife)

Address .....

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 9/27 19 15 A A Newberry Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 25 1941

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMENDED AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Twin Falls

Certificate No. 33084
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of _____ (Birth or death)
for _____ (Name on original certificate) who _____ (Was born or died) on _____ (Date of event)
in _____ (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by _____ (Bible record, insurance policy, etc.) prepared on _____ (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Patterson	Clayton Alfred Patterson

Subscribed and sworn to before me this 20th
day of September, 1941

Notary Public, residing at Twin Falls Idaho
My commission expires Jan 20, 1945
[SEAL]

Signed x Mrs. Alice Patterson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Twin Falls Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____
day of _____, 19____

Notary Public, residing at _____
My commission expires _____
[SEAL]

Signed _____
(Signature of any credible person other than the previous affiant.)

_____
(Street Address, City, State)

Received for filing on _____ By _____
(Registrar's signature)

132-116-042-442

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Filer

Registration District No. 38

File No. 33085

No. ..... St.

Primary Registration District No. 2086

Registered No. .....

Hospital .....

FULL NAME OF CHILD Donald Paul Albin

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Sept 16 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Frank Elmer Albin	FULL MAIDEN NAME	Clara Muhleman
RESIDENCE	Filer Ida.	RESIDENCE	Filer Ida.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Illinois
OCCUPATION	Commission Man	OCCUPATION	Housewife

Number of child of this mother, including present birth Second

Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11:10 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank A Dwight, M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Filer Ida.

Filed 10/10 1915 A. A. Newberry

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

P.M.

JAN 31 1942

OCT 16 1975

849-216-042-756

Form V. S. No. 11-C—25m-1-1-13

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls.

City of Filer

No. ——— St.

Hospital ———

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33086

Registration District No. 38 File No.

Primary Registration District No. 2086 Registered No.

FULL NAME OF CHILD Ingalin Gustava Hurst

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes.	Aug. 16 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	William Richard Hurst	FULL MAIDEN NAME	Sigrid Benedina Georgiana Dahlquist.
RESIDENCE	Filer, Ida.	RESIDENCE	Filer, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Sweden,
OCCUPATION	Rancher.	OCCUPATION	Housewife.

Number of child of this mother, including present birth Seventh Number of children of this mother now living, including present birth Seven

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 12 Noon on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank A Dwight, M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address Filer, Idaho

19

Filed 10/10 1915 A. A. Newberry

Registrar

Registrar

S-Y CO. 24655

241 - 106 - 042 - 547

Form V. S. No. 11-C—25m-1-1-13

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls

City of Filer

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 38 File No. 33087

Primary Registration District No. 2086 Registered No. .....

FULL NAME OF CHILD Lorine Howard Small

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Sept 6 1915

	FATHER	MOTHER
FULL NAME	Jesse Franklin Small	FULL MAIDEN NAME Bella Nugent
RESIDENCE	Filer, Ida.	RESIDENCE Filer, Ida.
COLOR	W	COLOR W
AGE AT LAST BIRTHDAY	28 (Years)	29 (Years)
BIRTHPLACE	Kansas	Missouri
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth Third

Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4:10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Frank A Dwight M.D.

(Physician or midwife)

Address Filer, Idaho

Filed 10/10 19 15 A A Newberry Registrar

S-Y CO. 24655

238-217-042-258

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Twin Falls

City of Filer

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33088

Registration District No. 38

File No. .....

Primary Registration District No. 2086

Registered No. .....

FULL NAME OF CHILD Alvena Irene Schlund

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Sept. 17 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Jake Schlund	FULL MAIDEN NAME	Effie Snyder
RESIDENCE	Filer, Ida.	RESIDENCE	Filer, Ida
COLOR	W— AGE AT LAST BIRTHDAY 29 (Years)	COLOR	W— AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE	Russia	BIRTHPLACE	Kansas.
OCCUPATION	Barber.	OCCUPATION	Housewife.

Number of child of this mother, including present birth Fourth

Number of children of this mother now living, including present birth Four.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11:25 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank A. Dwight M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Filer, Ida.

Filed 10/10 1915 A A Newberry

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 6 1955

719-117-042-389

Form V. S. No. 11-C—25m-1-1-18

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls

City of Twin

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 38 File No. 33089

Primary Registration District No. 2086 Registered No. .....

FULL NAME OF CHILD MERLE CHRISTIANSEN PARROTT

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes.	Sept. 17 1915

FATHER		MOTHER	
FULL NAME	Orville Edwin Parrott	FULL MAIDEN NAME	Anna Christenson
RESIDENCE	Burgu, Ida.	RESIDENCE	Burgu, Ida.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth ... Second ... Number of children of this mother now living, including present birth ... Two.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11:10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank A. Dwight, M.D.

(Physician or midwife)

Address Filer, Ida.

Given names added from a supplemental report.

..... 19.....

Filed 10/10 19 15 A A Newberry

..... Registrar

..... Registrar

8-Y CO. 24655

SEP 17 1944

SEP 20 1944

238-206-001-851

PLACE OF BIRTH

STATE OF IDAH[redacted]

BUREAU OF VITAL ST[redacted]

V. S. No. 11—25m-1-1-13

CERTIFICATE OF B[redacted]

County of Ada

City of Meridian

Registration District No. 11

File No. 33030

No. R.D.I St.

Primary Registration District No. 2003.

Registered No.

Hospital 3½ Mi-North near Blue Valley School House

FULL NAME OF CHILD BERTHA LOUISE Schmelzer

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	✓	—	Yes	Oct 6th 1916

FATHER	MOTHER
FULL NAME Charles Henry Schmelzer	FULL MAIDEN NAME Cora Elizabeth Heater
RESIDENCE 3½ Mi North.	RESIDENCE Same
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 41 (Years)	AGE AT LAST BIRTHDAY 41 (Years)
BIRTHPLACE Iowa	BIRTHPLACE Nebraska.
OCCUPATION Farmer.	OCCUPATION Housewife

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3.50 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Sutton M.D.

(Physician or midwife)

Address Meridian

Given names added from a supplemental report.

.....19.....

Filed Oct 7 1916 C. L. Sutton Registrar

.....Registrar

8-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

MAR 17 1953

318-206-001-269

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Ada

City of Meridian

No. R.D. 1 St.

Hospital 2 mi N. 1 mi West

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11—25m-1-1-18

Registration District No. 11

Primary Registration District No. 2003

File No. 33091

Registered No.

FULL NAME OF CHILD Olive Ruth Taylor

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Female	Twin	Two	Yes	Oct. 6th 1916 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	George John Taylor	FULL MAIDEN NAME	Nettie Ethel Boring
RESIDENCE	2 mi N. 1 mi West	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Missouri
OCCUPATION	Fruit Grower	OCCUPATION	House wife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5.30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Dutton M.D.
(Physician or midwife)

Address Meridian

Filed 10-7- 1916 C. L. Dutton
Registrar

Given names added from a supplemental report.

.....19.....

.....
Registrar

S-Y CO. 24656

MAR 17 1969 MAY 29 1967

318-206-001-265

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11—25m-1-1-18

PLACE OF BIRTH

County of Ada

City of Meridian

No. R.2 O. I St.

Hospital 1 Mi. W. 2 Mi. N.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 11 File No. 33092

Primary Registration District No. 2003 Registered No. [redacted]

FULL NAME OF CHILD Roxie Louise Taylor

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	Twin	one	Yes	Oct 6 1916

FATHER		MOTHER	
FULL NAME	George John Taylor	FULL MAIDEN NAME	Nettie Ethel Boring
RESIDENCE	1 Mi West - 2 Mi North	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	(Years)
BIRTHPLACE	Utah	BIRTHPLACE	Missouri
OCCUPATION	Fruit Grower	OCCUPATION	House Wife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive [redacted] P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. L. Dutton M.D.

(Physician or midwife)

Address Meridian

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed Oct 7 1916 L. L. Dutton
Registrar

S-Y CO. 24636

MAY 29 1941

719-201-001-951

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Ada

City of Meridian

No. R#I St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 33093

Primary Registration District No. 2003 Registered No.

FULL NAME OF CHILD Ellen Prudence Parker

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	1	1	yes	Oct 1 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Elton E. Parker	FULL MAIDEN NAME	Prudence Zeal
RESIDENCE	Meridian R#I	RESIDENCE	Meridian R#I
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	~~Mo~~ Iowa	BIRTHPLACE	Mo.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9.45 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. F. Neal

Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Meridian

19

Filed 10/5 1915 C. L. Sutton

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

3/31/41 L. B.

818-129-001-816

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Ada

City of Meridian

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33094

Registration District No. 11 File No. .....

Primary Registration District No. 2003 Registered No. .....

FULL NAME OF CHILD Ralph Daniel Hayden

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	1		1	yes	Sept 29 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Walter F. Hayden	FULL MAIDEN NAME	Hildia M. Hawkinson
RESIDENCE	Meridian	RESIDENCE	Meridian
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Idaho
OCCUPATION	Bookkeeper	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10.15 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H F Mal

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Meridian

Filed 10/5 19.....

C. L. Dutton
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 2 9 1945

844-124-001-165

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Meridian

No. R# I St.

Registration District No. 11

File No. 33095

Primary Registration District No. 2003

Registered No.

Hospital

FULL NAME OF CHILD Glen ~~Lyle~~ LYLE Hudson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	1		6th	yes	Sept 24 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Wm J. Hudson	FULL MAIDEN NAME	Lorena J. Jones.
RESIDENCE	Meridian R# I	RESIDENCE	Meridian R# I
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Ill
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10.10 A. M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H F Neal

Physician

(Physician or midwife)

Given names added from a supplemental report.

19

Address Meridian

Filed 10/5th 1915 C. L. Dutton

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 14 1943

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 33095

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Glen Lyle Hudson		Glen Lyle Hudson

Subscribed and sworn to before me this 14th day of April, 1943

Notary Public, residing at Meridian Idaho

My commission expires My Commission Expires August 6, 1946
(Seal)

Signed Martha M. Cleek
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

813-121-001-219

Form V. S. No. 11-O-25 1-1-13

PLACE OF BIRTH

County of Ada

City of Meridian

No. R#I St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 33096

Primary Registration District No. 2003 Registered No.

FULL NAME OF CHILD Clarence Othelle Hatfield

Clarence Othelle HATFIELD

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	1		2nd	yes	Sept 21 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FULL NAME	FATHER	FULL MAIDEN NAME	MOTHER
AUGUSTUS HATFIELD	Augustus Hatfield	Berdie M. Bailey	
RESIDENCE	Meridian R#I	RESIDENCE	Meridian R#I
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Ohio	BIRTHPLACE	Mo
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11.50 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. F. Neal

Physician

(Physician or midwife)

Given names added from a supplemental report.

Address Meridian

19

Filed 10/5 1915 C. L. Dutton

Registrar

Registrar

S-Y CO. 24635

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

5/19/41 L. B.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho } ss.
County of Ada }

Certificate No. 33096
Date Filed 10/5/16

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for Clarance Othelle Hatefield (Name on original certificate) who was born (Was born or died) on Sept. 21, 1915 (Date of event)
in Meridian (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true
facts as shown by Mother (Bible record, insurance policy, etc.) prepared on ____ (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Clarance Othelle Hatefield	Clarence Othelle Hatfield
Name of father	August Hatefield	Augustus Hatfield

Subscribed and sworn to before me this 19th day of May, 1941

Myrna L. Brewer
Notary Public, residing at Boise
My commission expires April 1, 1945
[SEAL]

Signed Birdie Bailey Hatfield
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)
229 Elmore St Nampa Ida
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of Idaho } ss.
County of Ada }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19th day of May, 1941

Myrna L. Brewer
Notary Public residing at Boise
My commission expires April 1, 1945
[SEAL]

Signed Maurice A. Hatfield
(Signature of any credible person other than the previous affiant)
Banks, Idaho
(Street Address, City, State)

Received for filing on ____ by ____
(Registrar's signature)

OCT 1 2 1949

719-113-014-219

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Canyon

City of Nampa

No. R# II St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 33097

Primary Registration District No. 2003 Registered No.

FULL NAME OF CHILD Bernard Wade Gay

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	1		4th	yes	Aug 13 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Jas Gay	FULL MAIDEN NAME	Laura E. Bair
RESIDENCE	Nampa R# II	RESIDENCE	Nampa R# II
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Kan	BIRTHPLACE	Kan
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1.40 a. M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. F. Neal

Physician

(Physician or midwife)

Given names added from a supplemental report.

19

Address Meridian Ida

Filed 10/5 1915 C. L. Dutton

Registrar

Registrar

S-Y CO. 24655

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Texas }
County of El Paso } ss.

Certificate No. 33097

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Aug 13, 1915 (Birth or Death)
for Bernard Wade Gaye (Name on Original Certificate) who Born (Was Born or Died) on Aug 13, 1915 (Date of Event)
in Meridian, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by own knowledge - being his Mother (Bible Record, Insurance Policy, Etc.) prepared on Aug 13, 1915 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Surname	Gaye	Gay

Subscribed and sworn to before me this 29th
day of June, 1945
Marvin L. Shady
Notary Public, residing at El Paso County, Texas
My commission expires May 31, 1945
(Seal) MARVIN L. SHADY, Notary Public, El Paso County, Texas. My Commission Expires May 31, 1945.

Signed Laura E. Gay Hume
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Box 409, El Paso, Texas
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Texas }
County of El Paso } ss.

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29th
day of June, 1945
Marvin L. Shady
Notary Public, residing at El Paso County, Texas
My commission expires May 31, 1946
(Seal) MARVIN L. SHADY, Notary Public, El Paso County, Texas. My Commission Expires May 31, 1945.

Signed Mrs Edna May Gay Shady
(Signature of Any Credible Person Other Than Previous Years)
Box 409 El Paso Texas
(Street Address, City, State)

SEP 4 1969

699-225-029-959

Form V. S. No. 1

PLACE OF BIRTH

County of Latah

near City of Juliaetta

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. .....

File No. 1 33098

Primary Registration District No. 2148

Registered No. .....

FULL NAME OF CHILD Stella Lee Frizzell

Sex of Child: Fem.	Twin Triplet or other? — and Number in order of birth — (To be answered only in event of plural births)	Legitimate? yes	Date of Birth: Sept (Month) 25 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Chas A. Frizzell	FULL MAIDEN NAME	Freda M. Reinhardt
RESIDENCE	Juliaetta Ida R F D #1	RESIDENCE	Juliaetta R F D
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Kans	BIRTHPLACE	Germany
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 1 30 a. m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S A Roe

M D
(Physician or midwife)

* Given names added from a supplemental report.

..... 19....

Address Juliaetta, Ida

Filed Sept 25 1915 S A Roe

Registrar

Registrar

6-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

PLACE OF BIRTH
MAR 27 1963

OCT 6 1976

391-213-035-113

Form V. S. No. 11-C

PLACE OF BIRTH

County of Neg Perce

near

City of Agatha

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. .....

File No. 33099

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Mildred Marion Trask

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Fem	—		—	Yes	Sept 13 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Harold B Trask	FULL MAIDEN NAME	Florence E. Jacobs
RESIDENCE	near Agatha, Ida.	RESIDENCE	near Agatha Ida
COLOR	White. AGE AT LAST BIRTHDAY 36 (Years)	COLOR	White AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE	Mich.	BIRTHPLACE	Wash.
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10 30 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S A Roe

M D
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Juliaetta Ida

Filed Sept 14 1915 S A Roe
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted] 11-12-41

289-105-035-196

PLACE OF BIRTH

County of Ney Perce

City of Juliaetta

No. ____ St.

Hospital ____

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33101

Registration District No. ____ File No. ____

Primary Registration District No. ____ Registered No. ____

FULL NAME OF CHILD Clyde Preston Shrewsberry

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Male	Yes	1	Yes	Sept 5 (Month) (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	David P. Shrewsberry	FULL MAIDEN NAME	Bessie M. Grosecloss
RESIDENCE	Juliaetta Ida. R.F.D. #2	RESIDENCE	Juliaetta R.F.D.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	West Va	BIRTHPLACE	Virginia
OCCUPATION	Photographer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

..... Registrar

(Signature) S. A. Roe M. D.

(Physician or midwife)

Address Juliaetta Ida

Filed Sept 6, 1915 S. A. Roe Registrar

E-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... }ss.
County of ..... }

Certificate No. 33101

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Clyde Preston Shrewsbury	Clyde Preston Shrewsberry
father's name	David P Shrewsbury	David P. Shrewsberry

Subscribed and sworn to before me this 14
day of March, 1942

Notary Public, residing at Everett

My commission expires 2-7-43
(Seal)

Signed [signature]
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... }ss.
County of ..... }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19 .....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

AUG 2 9 1975

768 - 202-029-386

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Juliaetta

No. ..... St.

Registration District No. .....

File No. 1 33103

Primary Registration District No. 2148

Registered No. .....

Hospital .....

FULL NAME OF CHILD Gertrude Grusell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem	—	—	Yes	Aug 2 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Samuel Grusell	Lela B. Thompson
RESIDENCE	Juliaetta, Ida.	Juliaetta, Ida
COLOR	White.	White.
AGE AT LAST BIRTHDAY (Years)	48	38
BIRTHPLACE	Indiana.	Ind.
OCCUPATION	Farmer	Housewife.

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9. P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) A. A. Roe

M. D.

(Physician or midwife)

Address Juliaetta, Ida

Filed Aug. 13 1915

A. A. Roe Registrar

E-Y CO. 24698

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

JUN 26 1966

Amended 5-14-63 (Be sure the information is complete and accurate)

State File No. 33104
Local Reg. No.
Reg. Dist. No. 58

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH
a. COUNTY: Blaine
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Soldier
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Blaine
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Soldier
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Lillian
b. (Middle): Malisa
c. (Last): Leaper

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH: (Month) 9 - (Day) 5 - (Year) 1915

FATHER OF CHILD

7. FULL NAME
a. (First): Robert
b. (Middle):
c. (Last): Leaper

8. COLOR OR RACE: White

9. AGE (At time of this birth): 36 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): Scotland

11a. USUAL OCCUPATION: Merchant

11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Malisa
b. (Middle):
c. (Last): Ferguson

13. COLOR OR RACE: White

14. AGE (At time of this birth): 30 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Utah

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 3
b. How many OTHER children were born alive but are now dead? 1
c. How many children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: A. A. Higgs, M.D.

18b. ATTENDANT AT BIRTH: M. D. [X] MIDWIFE [ ] OTHER (Specify)

18c. ADDRESS: Soldier, Ida.

18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.: 9-6-1915

20. REGISTRAR'S SIGNATURE: D.P. Higgs

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

FOR MEDICAL AND HEALTH USE ONLY
(This section MUST be filled out)

22a. LENGTH OF PREG- | 22b. WEIGHT AT BIRTH | 23

...ondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physic or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this arti with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occ red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in s case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of bir Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by mu cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person char with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper cer cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, a upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 33104

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Lilian M. Leaper (Name on Original Certificate) who was born (Was born or Died) on September 5, 1915 (Date of Event)
in Soldier, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name of child	Lilian M. Leaper	Lillian Malisa Leaper

Subscribed and sworn to before me this ..... day of
....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of
....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

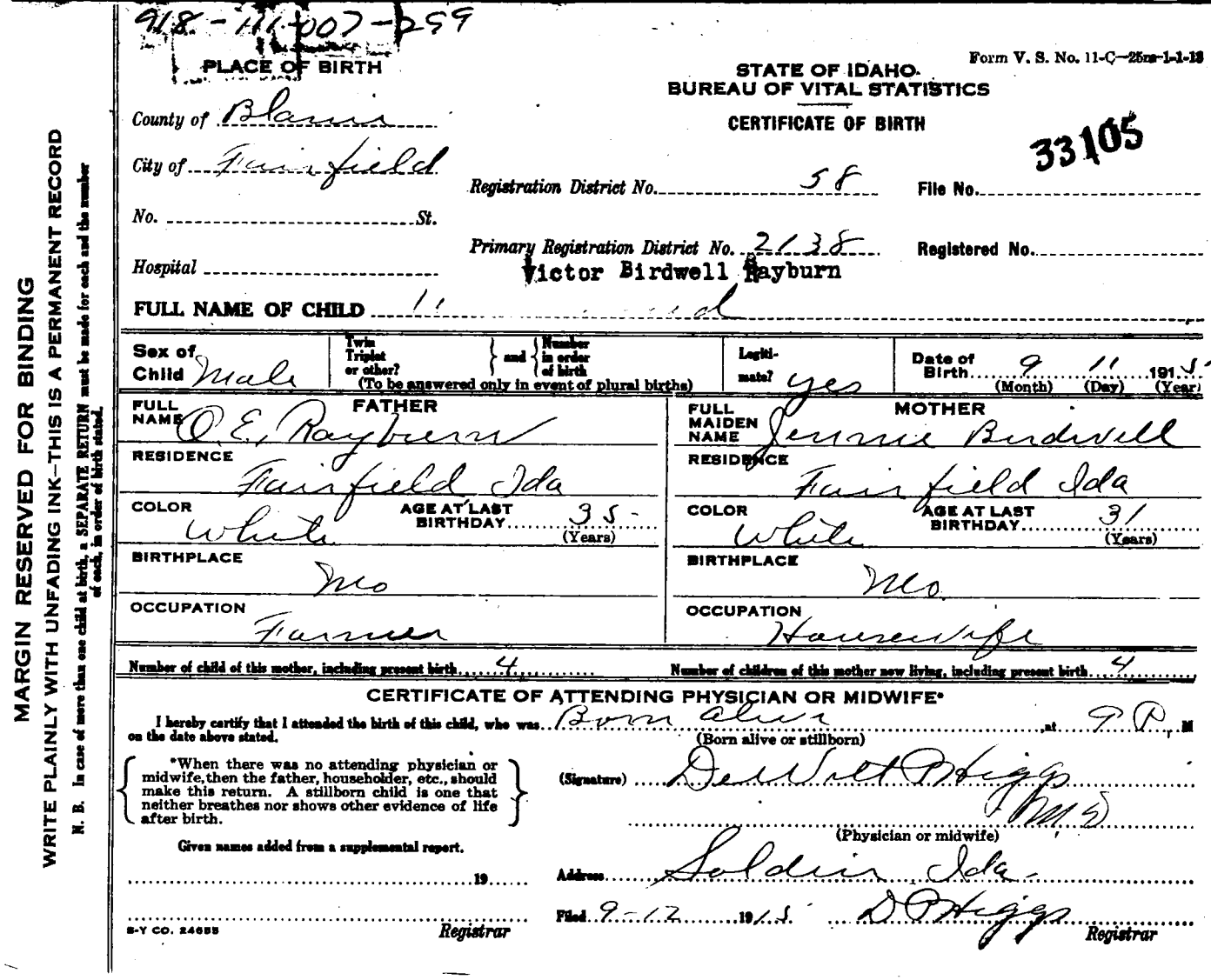
Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

Certificate of Baptism and Confirmation of Eldon Blair Manwill gives name of mother as Lillian Malisa Leaper. Child baptized November 5, 1944, by L. D. S. Church. Viewed by V. S.

Another child's birth certificate on file Idaho, File # 54-8121, gives name of mother as Lillian Malisa Leaper. Child born July 10, 1954. Viewed by V. S.



918-111-007-259

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33105

County of Blaine

City of Fairfield

No. ..... St.

Hospital .....

Registration District No. 58 File No. .....

Primary Registration District No. 2138 Registered No. .....

Victor Birdwell Rayburn

FULL NAME OF CHILD 11 ... d

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	9 (Month) 11 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	O. E. Rayburn	FULL MAIDEN NAME	Jennie Birdwell
RESIDENCE	Fairfield Ida	RESIDENCE	Fairfield Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Mo
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 9 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) DeWitt P Higgs
M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Soldier Ida

Filed 9-12 1915 D P Higgs
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

495-214-007-944

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Blaine

City of Soldier

No. ..... *St.*

Hospital .....

Registration District No. 58 **File No.** 33106

Primary Registration District No. 2138 **Registered No.** .....

FULL NAME OF CHILD Ina Majorie Mink

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	7 (Month) 14 (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	Roscoe Mink	FULL MAIDEN NAME	Ethel L. Reedy
RESIDENCE	Soldier, Ida	RESIDENCE	Soldier, Ida
COLOR	white	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Va.	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dee Vitt P. Higgs M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... *Registrar*

Address Soldier, Ida.

Filed 9 15 1915 D. P. Higgs *Registrar*

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

296-216-007-122

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 33107

County of Blaine

City of Fairfield

No. ..... St.

Hospital .....

Registration District No. 58 File No. .....

Primary Registration District No. 2138 Registered No. .....

FULL NAME OF CHILD Mary Elizabeth Brown

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	9 (Month) 16 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	L R Brown	FULL MAIDEN NAME	Ethel Asklof
RESIDENCE	Fairfield	RESIDENCE	Fairfield
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Iowa
OCCUPATION	Dentist	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 11 P. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) DeWitt O Higgs
M D
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Soldier Ida

Filed 9-17 1915 D O Higgs
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

665-117-007-497

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

AMENDED CERTIFICATE OF BIRTH

County of Blaine

City of Fairfield

No. ____ St.

June 17, 1946 Registration District No. 58 File No. 33108

Hospital ____ Primary Registration District No. 2138 Registered No. ____

FULL NAME OF CHILD Deon Owens
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				Yes	Sept. 17, 1915

What bactericidal solution was used in eyes? ____

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Henry R. Owens	FULL MAIDEN NAME	Sabra Dixon
RESIDENCE	Bliss, Idaho	RESIDENCE	Bliss, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Clerk	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at ____ A. P. ____ M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

____, 192____

____
Registrar.

(Signature) DeWitt B. Higgs, M.D.
(Physician or midwife)

Address Soldier, Ida.

Filed Sept. 18 1915 D. P. Higgs
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 33108
Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Gene Deon Owens	Deon Owens
Sex of Child	Male	Female

Subscribed and sworn to before me this 1st day of May, 1946

Notary Public, residing at Logan Ut.
My commission expires May 7 - 1946
(Seal)

Signed Sabra Dixon Owens
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah
County of Cache } ss.

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4 day of June, 1946

Notary Public, residing at Logan Utah
My commission expires .....
(Seal)

Signed Dick Owens
(Signature of Any Credible Person)

202 N 1st East
(Street Address, City, State)

Logan, Utah

124-230 [redacted]
PLACE
032-68[redacted]

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of [redacted]

City of Shoshone

No. ....., ... St.

Hospital .....

Registration District No. .....

File No. 33109

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Baby Alice Akutagawa

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth
F	other		1st	yes	Sept. 30, 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Fred Akutagawa	FULL MAIDEN NAME	Shizue Oyama
RESIDENCE	Shoshone	RESIDENCE	Shoshone
COLOR	W	COLOR	
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Cafeteria	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. F. Zeller M.D.

(Physician or Midwife)

Given name added from a supplemental report

..... 19.....

Address .....

Filed Oct 8th 1915 J. L. Fuller Registrar

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

D

[redacted]

165- [illegible] 819

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11—10m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lincoln

City of Shoshone — Registration District No. ..... File No. 33110

No. ....., ... St.

Primary Registration District No. ..... Registered No. .....

Hospital Home

FULL NAME OF CHILD Paul Harry Jones

Sex of Child	Twin, Triplet, or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	Twin	4	yes	Oct. 19, 1915

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Harry F. Jones	FULL MAIDEN NAME	Grace Harmison
RESIDENCE	Shoshone	RESIDENCE	Shoshone
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5 A. M. on the date above stated.

(Signature) Chas. F. Keller

M. D.

(Physician or Midwife)

Address .....

Filed Oct 8th 1915 J. L. Fuller Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

....., 19.....

Registrar

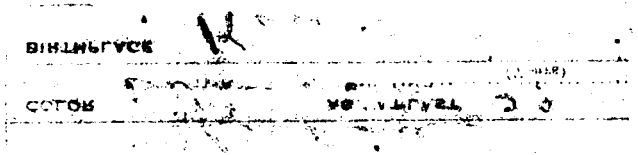
S-Y CO., 16668

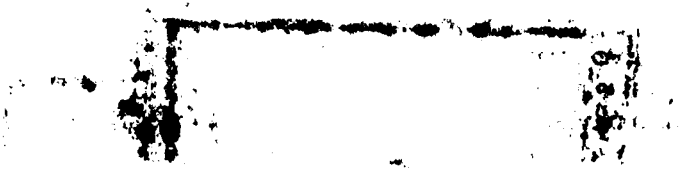
MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Certified Copy issued Dec. 31, 1940. E.W.
1/15/41 L. B.





999-116-032-215

PLACE OF BIRTH

County of Lincoln

City of Shoshone

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-20-11

33112

Registration District No. ..... File No. .....

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Walter Conrad Zeigler

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	Twin	7	yes	Aug. 16, 1913

FATHER		MOTHER	
FULL NAME	Wm. O. Zeigler	FULL MAIDEN NAME	Anna M. Savage
RESIDENCE	Shoshone	RESIDENCE	Shoshone
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Penn.	BIRTHPLACE	Washington
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 3" P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. F. Keller M.D.

(Physician or Midwife)

Given name added from a supplemental report

..... 19.....

Registrar

Address .....

Filed Oct 8" 1915 J. L. Stevens

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

814-209-032-466

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lincoln

City of Dietrich

Registration District No. _____ File No. 33113

No. _____, _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Celia E. Elizabeth Hamilton

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth
F.	other		5	yes	Aug. (Month) 9 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Walter Hamilton	FULL MAIDEN NAME	Mary Dooley
RESIDENCE	Dietrich	RESIDENCE	Dietrich
COLOR	W. AGE AT LAST BIRTHDAY 36 (Years)	COLOR	W AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE	Washington	BIRTHPLACE	Ill.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. F. Zeller

M. D.

(Physician or Midwife)

Given name added from a supplemental report

_____, 19____

Address _____

Filed Oct 8th 1915 J. L. Fuller Registrar

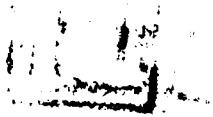
Registrar

S-Y CO., 16560

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



JAN 11 1952

254-220
031-353

PLACE OF [redacted]

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lew

City of Nezperce

No. ..... St.

Hospital .....

Registration District No. 47 File No. 33114

Primary Registration District No. 2124 Registered No. 41

FULL NAME OF CHILD Fern Frances Carrie Kuntson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F.		Yes	9-20-1915

FATHER		MOTHER	
FULL NAME	Hans Kuntson	FULL MAIDEN NAME	Schafer Cecelia
RESIDENCE	Nezperce	RESIDENCE	Nezperce
COLOR	W. AGE AT LAST BIRTHDAY 27 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE	Norway	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Hu

Number of child of this mother, including present birth 1st Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 9 30 a.m. on the date above stated.
(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. A. Jeffreys
(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19.....

Address Nezperce

Filed 10-9 1915 J. T. Jones
Registrar

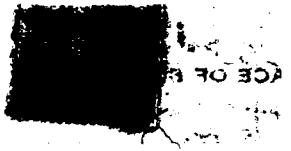
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



OCT 2 1 1942

168-223-031-414

Form V. S. No. 11-C—25m-1-1-19

PLACE OF BIRTH

County of Lewis

City of Nezperce

No. ..... *St.*

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33115

Registration District No. 47 **File No.** .....

Primary Registration District No. 2124 **Registered No.** 42

FULL NAME OF CHILD Vivian Mabel Johnson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes	9 23 1915

FATHER		MOTHER	
FULL NAME	Johnson, Clifford	FULL MAIDEN NAME	Damon, Mabel
RESIDENCE	Nezperce	RESIDENCE	Nezperce
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Iowa	BIRTHPLACE	Ill
OCCUPATION	Farmer	OCCUPATION	Hw

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 11 35 P. M. on the date above stated.
(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. A. Jeffreys

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19.....

Address Nezperce, Idaho

Filed 10-9 1915 J. F. Jones, Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Whitman College, Walla Walla, Washington Grade Transcript, entered college March 6, 1935, graduated from High School in 1933 at Nezperce, Idaho - gives full name of student as Vivian Mabel Johnson (Mrs. Johnston) born 9-23-15 at Nezperce, Idaho-parents name, Clifford Johnson - viewed by V.S.

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Own Child's Hospital Birth Cert Walla Walla General Hospital, Walla Walla, Washington, Aug. 16, 1911 gives full maiden name of mother as Vivian Mabel Johnson, born 9-23-1915 at Nezperce, Idaho - viewed by V.S.

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of [illegible] } ss.
County of [illegible] }

Certificate No. 33115

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Johnson (Name on Original Certificate) who was born (Was Born or Died) on Sept. 23, 1915 (Date of Event) in Nezperce, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Vivian Mabel Johnson

Subscribed and sworn to before me this [illegible] day of [illegible], 19..

Notary Public, residing at [illegible]

My commission expires [illegible]

(Seal)

Signed: [illegible]
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

[illegible] Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of [illegible] } ss.
County of [illegible] }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this [illegible] day of [illegible], 19..

Notary Public, residing at [illegible]

My commission expires [illegible]

(Seal)

Signed: [illegible]
(Signature of Any Credible Person)

Nezperce, Idaho
(Street Address, City, State)

FORM DH 60-155 CL 3-28-61. nm

MAY 3 1961

359-204-031-231

Form V, S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Lewis

City of Nezperce

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 47 File No. 33116

Primary Registration District No. 2124 Registered No. 43

FULL NAME OF CHILD Alice Ruth Ternahan

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes	9 4 1915

FATHER		MOTHER	
FULL NAME	Ternahan, Crawford	FULL MAIDEN NAME	Blakely, Josie
RESIDENCE	Nezperce	RESIDENCE	Nezperce
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	48	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Hw.

Number of child of this mother, including present birth 8th Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 2:50 P. M. on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. A. Jeffreys
(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19.....

Address Nezperce Idaho

Filed 10-9 1915 J. P. Jones
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy of Own Child's Birth Certificat (Washington Birth), #774, Sept. 1, 1938 gives mother's full name as Alice Ruth Ternahan - viewed by V.S. Notarized Photostat Copy of Marriage Page and Birth Page from the Crawford Ternahan Family Bible, appears old and unaltered, gives Alice Ruth Ternahan, born Sept. 4, 1915 in Nezperce, Ida., Lewis Co. - and Alice Ruth Ternahan married William A. Chapman - bible record viewed by V. S.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of .....

Certificate No. 33116
Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Ternahan (Name on Original Certificate) who born (Was Born or Died) on Sept. 4, 1915 (Date of Event) in Nezperce, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Alice Ruth Ternahan

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....
My commission expires My Commission Expires Feb. [illegible]
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

2144 S.E. 58th Ave, Portland 15, Ore.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of WASHINGTON } ss.
County of YAKIMA

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th day of OCTOBER, 1959

Stanford J. McLerran
Notary Public, residing at SELAH
My commission expires DEC. 11, 1962
(Seal)

Signed Doris W. Sorgenfrei (Sister)
(Signature of Any Credible Person)

R2 - Box 441 Selah, Wash
(Street Address, City, State)

FORM DPH 55.155 CL 9-2-59. one copy pd. receipt #14517

NOV 2 1960

799-226-031-242

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Lewis

City of Nezperce

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 47 File No. 33117

Primary Registration District No. 2124 Registered No. 40

FULL NAME OF CHILD Pauline Margreth Primus

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate	Date of Birth (Month) (Day) (Year)
F.		yes	9 26 1915

FATHER		MOTHER	
FULL NAME	Theodore J. Primus	FULL MAIDEN NAME	Gertrude Busch
RESIDENCE	Nezperce Idaho	RESIDENCE	Nezperce, Idaho.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Iowa	BIRTHPLACE	Wash.
OCCUPATION	Farmer	OCCUPATION	Hwk.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9:50 p.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Jones, M.D.

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19....

Address Nezperce, Idaho.

Filed 9-26 1915 J. F. Jones Registrar

Registrar

S-Y CO. 24688

APR 3 1942
JUL 2 1942

No -219-031-386

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Lewis

City of Nezperce

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 47 File No. 33118

Primary Registration District No. 2124 Registered No. 39

FULL NAME OF CHILD Fannie Evelyn Rice

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.			Yes	9 19 1915

FATHER		MOTHER	
FULL NAME	Arthur Rice	FULL MAIDEN NAME	Effie Thompson
RESIDENCE	Nezperce, Idaho	RESIDENCE	Nezperce
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	N. C.	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Work

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8:00 AM on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Jones, M. D.
(Physician or midwife)

Address Nezperce, Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 9-12 1915 J. Jones Registrar

8-Y CO. 24698

Dep of 1915-321231

85-20-031-852

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Lewis
NezPerce

City of

No. St.

Hospital

AMENDED CERTIFICATE OF BIRTH

JANUARY 27, 1948 47
Registration District No.

33119
File No.

Primary Registration District No. 2124

38
Registered No.

FULL NAME OF CHILD Pearl Nedra Herrick
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		third	Yes	Sept. 1 x1915

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Harry Herrick	FULL MAIDEN NAME	Hazel Hess
RESIDENCE	Nezperce, Idaho	RESIDENCE	Nezperce, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Iowa	BIRTHPLACE	Wash.
OCCUPATION	Clerk	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. Taylor, M.D.

(Physician or midwife)

Address Nezperce, Idaho

Give names added from a supplemental report.

....., 192....

Registrar.

Filed 9/3/15 192.. J.P. Jones

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of .....
County of ..... } ss.

Certificate No. 32 11 9

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Date of birth	Sept 2, 1915	Sept 1, 1915

Subscribed and sworn to before me this ..... day of
..... , 19 .....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed Mrs H. E. Derrick
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of .....
County of ..... } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of
..... , 19 .....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FEB 25 1949

651-210-031-243

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of Kamiah

Registration District No. 49 File No. 33120

No. St.

Primary Registration District No. 2128 Registered No.

Hospital

FULL NAME OF CHILD Mildred Idell Weaver

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F.		Yes	8 10 1915

FATHER		MOTHER	
FULL NAME	Albert Weaver	FULL MAIDEN NAME	Cora B. Bucklind
RESIDENCE	Kamiah	RESIDENCE	Kamiah Ida.
COLOR	W. AGE AT LAST BIRTHDAY 41 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE	Miss	BIRTHPLACE	W. Va
OCCUPATION	Carpenter	OCCUPATION	H. Wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 12:15 P.M. on the date above stated.

Report furnished by Albert Weaver

(Signature)

the father (Physician or midwife)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

19

Registrar

Address Kamiah Idaho

Filed 8/10 1915 W. F. McMahan Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

294-210-02[illegible]62

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Elmore

City of Glenns Ferry

No. ..... St.

Hospital Home

Registration District No. [illegible]

Primary Registration Distr[illegible]

File No. 33122

Registered No. .....

FULL NAME OF CHILD Jack Adell Simpson

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	One	First	Leg	Aug 10 1915

FATHER	MOTHER
FULL NAME Vena H Simpson	FULL MAIDEN NAME Lena Elora Robinson
RESIDENCE Glenns Ferry	RESIDENCE Glenns Ferry
COLOR White	AGE AT LAST BIRTHDAY 26 (Years)
COLOR White	AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Bryan Co Ill	BIRTHPLACE Mount Pleasant Utah
OCCUPATION R.R. Fireman	OCCUPATION Housewife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 1 a. M., on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Morrison M. D.
(Physician or midwife)

Address Glenns Ferry Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Sept. 10 1915

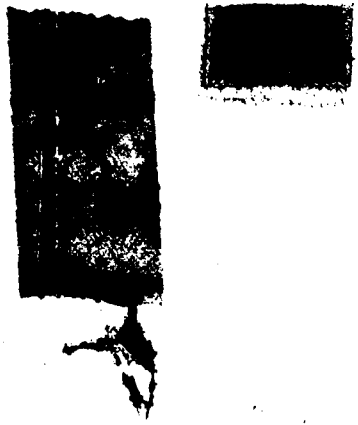
J. W. Davis
Registrar

E-Y CO. 24698

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



413-213-020-8[illegible]

Form V. S. No. 11-C—[illegible]-1-1-13

PLACE OF BIRTH

County of Elmore

City of Glenn's Ferry

No. _____ St.

Hospital Home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 35

File No. 33123

Primary Registration District No. 2021

Registered No. _____

FULL NAME OF CHILD Rosanna Lois Massey

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	Single	6	yes	Sept. 13th 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	William Massey	FULL MAIDEN NAME	Helen Kopper
RESIDENCE	Glenn's Ferry Idaho	RESIDENCE	Glenn's Ferry Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	America	BIRTHPLACE	America
OCCUPATION	Locomotive Engineer	OCCUPATION	Housewife

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive Sept. 13th 1915 at 7 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. Doors M. D.

Physician
(Physician or midwife)

Given names added from a supplemental report,

_____ 19__

Address Glenn's Ferry Idaho

Filed Sept. 20 1915 G. W. Doors M. D.
Registrar

Registrar

S-Y CO. 24592

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
JAN 30 8 42 AM '78

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 33123

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for not named Massey (female) (Name on Original Certificate) who was born (Was Born or Died) on September 13, 1915 (Date of Event)
in Glenns Ferry, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	not named	Rosanna Lois Massey

Subscribed and sworn to before me this 14th day of January, 1978

Notary Public, residing at Boise, Idaho

My commission expires October 22, 1981

(Seal)

Signed ..... (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Box 65 Glenns Ferry, Idaho 83623 (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14th day of ....., 19.....

Notary Public, residing at Boise, Idaho

My commission expires October 22, 1981

(Seal)

Signed Steven M. Finley (Signature of Any Credible Person)

311 Jean ST. Boise, Idaho (Street Address, City, State)

FORM DH 60-155

1/13/78

Rosanna Lois Card is the name given on the Registered Cosmetician License issued by the Department of Law Enforcement for the State of Idaho. License was issued April 6, 1940.
Viewed by V.S.

Marriage License issued by the Custer County recorder at Challis, Idaho gives name of bride as Rosanna LoisMasseymarried to Everett D. Card. Married July 27, 1935.
Viewed by V.S.

593-210-020-219

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Elmore

City of Glenns Ferry

No. ____ St.

Hospital Home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

CERTIFICATE OF BIRTH

Registration District No. 35 File No. 33124

Primary Registration District No. 2021 Registered No. ____

FULL NAME OF CHILD Margaret Ellen [illegible] Nicholson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	one	2nd	Leg.	Aug 10 1915

	FATHER	MOTHER
FULL NAME	James Nicholson	FULL MAIDEN NAME Ellen Barber
RESIDENCE	Glenns Ferry Ida	Glenns Ferry Ida
COLOR	White	White
AGE AT LAST BIRTHDAY	31 (Years)	17 (Years)
BIRTHPLACE	Kingman Kansas	Fulton Neb.
OCCUPATION	Barber	Housework

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Morrison M. D.

Glenns Ferry Ida (Physician or midwife)

Address Glenns Ferry Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Sept 10 1915 J. W. Davis Registrar

S-Y CO. 24655

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada

Certificate No. 33124

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for Margaret Ellen Nicholson (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Aug. 10, 1915 (DATE OF EVENT)
in Glenns Ferry, Ida (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Personal knowledge (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on 12/5/42 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
mother's name	Helen	Ellen Barber
name	Elisabeth Helen Nicholson	
		Margaret Ellen Nicholson

Subscribed and sworn to before me this 5th
day of December, 19 42

Margaret L. Brown

Notary Public, residing at Boise

My commission expires April 3, 1945
(SEAL)

Signed J. W. Barber
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

515 So. Hayes, Nampa
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(SEAL)

Signed
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on By
(REGISTRAR'S SIGNATURE)

DEC 5 1942

719 - 205-014-381

[redacted]

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Canyon

City of Nampa

No. Country St.

Hospital

STATE OF IDAHO
[illegible]EAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33125

Registration District No. 7 File No.

Primary Registration District No. 2006 Registered No.

FULL NAME OF CHILD Frankie Beryl Parkinson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		Yes	Sept. 5 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Guy N. Parkinson	FULL MAIDEN NAME	Cora May Thacker
RESIDENCE	Nampa	RESIDENCE	Nampa
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Minnesota	BIRTHPLACE	Arkansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth One

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 7.45 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. O. A. Kellogg
Engr.
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Registrar

Address

Filed Sept 20 1915 Dr S D Calonge
Anna Hatfield Deputy
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

515-206-014-713

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33126

PLACE OF BIRTH

County of Canyon

City of Nampa

409-9 Ave So. St.

Registration District No. 7 File No.

Primary Registration District No. 1006 Registered No.

Hospital

FULL NAME OF CHILD Mary Alice Van de Steeg

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
girl	X	X	yes	Sept 6 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Geo N Van de Steeg	Mary J Palmer
RESIDENCE	Nampa Ida	Nampa Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	33	24
BIRTHPLACE	Iowa	Georgia
OCCUPATION	Lawyer	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5:20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr A O Rose

Phy. (Physician or midwife)

Address Nampa Ida.

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Sept 23 19 15 Dr A O Calouge Registrar

Anna Hatfield Deputy.

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

239-202-014-613

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

[redacted] F IDAHO
BURE[redacted]TAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. 1003 - 3rd St. St.

Registration District No. 7 File No. 33127

Primary Registration District No. 1006 Registered No.

Hospital Nampa General

FULL NAME OF CHILD Isabelle Gertrude Strode

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
girl	X		X	yes	Sept 2 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	James Strode	FULL MAIDEN NAME	Gertrude Walters
RESIDENCE	Nampa Ida	RESIDENCE	Nampa Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Ill
OCCUPATION	Clothier	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11 20 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr H P Ross

Phy (Per A M H) (Physician or midwife)

Given names added from a supplemental report

Address Nampa Ida

19

Filed Sept 20 1915 Dr S D Calonge Registrar

Anna Harfield Deputy Reg.

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

[illegible] OF BIRTH

MAR 10 1971

286-205-014-215

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33128

County of Canyon

City of Nampa

No. 10 Av. & 4 Ave N. St.

Hospital

Registration District No. 7 File No.

Primary Registration District No. 2006 Registered No.

FULL NAME OF CHILD Kathryn Lora Showalter

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Oct 5 1915

FATHER		MOTHER	
FULL NAME	Kenney R Showalter	FULL MAIDEN NAME	May Sandy
RESIDENCE	Nampa Ida	RESIDENCE	Nampa Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Virginia	BIRTHPLACE	Missouri
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 1:45 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Clyde E Watson
Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Address Nampa Ida

Registrar

Filed Oct 8 1915 Dr S D Colough
Registrar
Anna Hatfield Deputy Reg.

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 5

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE LETTER must be made for each child, in order to avoid a delay.

Address ..... 19 .....

Filed ..... 19 .....

Registrar

Registrar

Country 766-124-074-555

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33129

County of Canyon

City of Bowmont 1 m. East

Registration District No. 7

File No.

No. St.

Primary Registration District No. 2006

Registered No.

Hospital

FULL NAME OF CHILD Herkle Clifford Goff

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Boy	X		X	yes	July 24 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	A. N. Goff	FULL MAIDEN NAME	Roxy May Nevinger
RESIDENCE	Bowmont	RESIDENCE	Bowmont
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Indiana	BIRTHPLACE	Ill.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. N. Goff

Father of child
(Physician or midwife)

Given names added from a supplemental report.

19

Address Bowmont Idaho

Filed Oct 8 1915 Dr S D Colonna Registrar

Registrar

Anna Hatfield Deputy Reg.

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Fresno }

Certificate No. 33129

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Herkle Goff (Name on Original Certificate) who was born (Was Born or Died) on July 21, 1915 (Date of Event)
in Bowmont, Idaho (Place of Event) are erroneous or were omitted; and that to the best of his knowledge, the
true facts are shown by insurance policy (Metropolitan - #26319) (Bible Record, Insurance Policy, Etc.) prepared on November 1, 1927 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Herkle	Herkle Clifford Goff

Subscribed and sworn to before me this 4th
day of June 19 42

Molly S Rebelist

Notary Public, residing at Fresno, Calif.
My commission expires Feb. 4, 1946
(Seal)

Signed Roxy May Goff, mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

365 Arthur Ave., Fresno, Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Fresno }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th
day of June 19 42

Molly S Rebelist

Notary Public, residing at Fresno, California
My commission expires Feb. 4, 1946
(Seal)

Signed Mary Elizabeth Yates
(Signature of Any Credible Person Other Than Previous Year)

1305 Safford Ave., Fresno, Calif.
(Street Address, City, State)

JUN 23 1942

Corrected Z.J.

JUN 8 4 1942

CA 497-126-014-651

Form V. S. No. 11—25m-1-1-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. 12 St. North St.

Hospital X

Registration District No. 7

File No. 33130

Primary Registration District No. 1006

Registered No.

FULL NAME OF CHILD X Raymond Urquiaga

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Boy	X		X	yes	Sept 26 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Gregorio Urquiaga	FULL MAIDEN NAME	Barbara Onaidia
RESIDENCE	Nampa Idaho	RESIDENCE	Nampa Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Spain	BIRTHPLACE	Spain
OCCUPATION	Hotel Keeper	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2 30 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Murray

M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Nampa Idaho

Filed Sept 30 1915 Dr S D Colonge
Registrar

Registrar

Anna Hatfield Deputy Reg

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SAF CO. 24636

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

6-29-64

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho

County of Canyon

RECEIVED

JUN 30 1964

Bureau of Vital Statistics

Certificate No. 33130

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Urquiaga (Name on Original Certificate) was born (Was Born or Died) on Sept. 26, 1915 (Date of Event)

in Nampa, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	unnamed	Raymond Urquiaga

Subscribed and sworn to before me this 30th day of June, 19 64.

Notary Public, residing at Nampa, Idaho

My commission expires June 8, 1966

(Seal)

Signed Raymond Urquiaga

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

108 12th Ave. No., Nampa, Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of

County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires

(Seal)

Signed

(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60 155

Social Security Card, dated Aug. 30, 1939, #519-12-7018 gives full name as Raymond Urquiaga - viewed by V.S.

Selective Service Registration Certificate, dated Oct. 16, 1941 gives full name as Raymond Urquiaga - viewed by V.S.

Country 231-221-001-133

PLACE OF BIRTH

[redacted] OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-1-1-13

CERTIFICATE OF BIRTH

33131

County of Ada

City of Star

No. Middleton R R No 1

Registration District No. 7

File No.

Primary Registration District No. 2006

Registered No.

Hospital

FULL NAME OF CHILD X

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Girl	X		X	Yes	Sept 21 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John Stang	FULL MAIDEN NAME	Bessie M Allen
RESIDENCE	Middleton R.F.D. No 1	RESIDENCE	Middleton R.F.D. No 1
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Minn.	BIRTHPLACE	Montana
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 8 15 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Murray

M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address Nampa Idaho

Filed Sept 30 1915 Dr S D Calong

Registrar

Registrar

Anna Hatfield Deputy

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

CERTIFICATE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

765-205-014-891

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

[redacted]HO
BUREAU [redacted]TATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. R. R. No 3 St.

Hospital

Registration District No. 7

File No. 33132

Primary Registration District No. 2006

Registered No.

FULL NAME OF CHILD X (Died)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Girl	X		X	Yes	Sept (Month) 5 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Oscar Swenson	FULL MAIDEN NAME	Florence Hiaring
RESIDENCE	Nampa Idaho	RESIDENCE	Nampa Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Ill	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 3 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Murray

M D
(Physician or midwife)

Given names added from a supplemental report.

19

Address Nampa Idaho

Filed Sept 10 1915 Dr S D Calvert Registrar

Anna Hatfield Deputy Reg

Registrar

S-Y CO. 24656

D

342-117-014-165

13

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. 515-10 Ave So St.

Hospital

Registration District No. 7 File No. 33133

Primary Registration District No. 1006. Registered No.

FULL NAME OF CHILD Robert James Luse

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	✓		✓	Yes	9 (Month) 17 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Frank A. Luse	FULL MAIDEN NAME	Edith Ellen Jones
RESIDENCE	Nampa	RESIDENCE	Nampa
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Nebr.	BIRTHPLACE	Washington State
OCCUPATION	Ticket Clerk O S L	OCCUPATION	House Wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9:10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. R. Meredith D.O.

Nampa (Physician or midwife)

Given names added from a supplemental report

19

Address

Registrar

Filed Sept 20 1915 Dr S D Calong Registrar

Anna Hatfield Deputy

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 1 2 1974

415-222-014-491

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of East of Nampa

No. 3 miles St.

Registration District No. 7

File No. 33134

Primary Registration District No. 2006

Registered No.

Hospital

FULL NAME OF CHILD Evie Irene David

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F.				Yes	9 (Month) 22 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Roy D. David	FULL MAIDEN NAME	Nannie Ellen Drain
RESIDENCE	Nampa	RESIDENCE	Nampa
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Missouri
OCCUPATION	Rancher	OCCUPATION	

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5:15 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. R. Meredith. Do

Nampa (Physician or midwife)

Given names added from a supplemental report

19

Address

Registrar

Filed Sept 30 1915 Dr S D Calonge Registrar

Anna Hatfield Deputy

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

AUG 30 1973

DECEASED

465-222-037-413

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF [redacted]
BUREAU OF VITA[redacted]S

CERTIFICATE OF BIRTH

County of Owyhee

City of Near Silver

No. ——— St.

Hospital ———

Registration District No. 7 File No. 33135

Primary Registration District No. 2006 Registered No.

FULL NAME OF CHILD Mary Nellie Monene

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	9 (Month) 22 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	John Monene	FULL MAIDEN NAME	Mary Malatore
RESIDENCE	Near Silver City	RESIDENCE	Near Silver City
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Italy	BIRTHPLACE	Italy
OCCUPATION	Minor	OCCUPATION	Housewife

Number of child of this mother, including present birth One Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 9 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Clyde E. Watson

Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Nampa Ida

19

Filed Sept 23 1915 Dr S D Calonge
Anna Hatfield Deputy
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF
COUNTY OF

CERTIFICATE OF BIRTH

File No.

Registration District No.

Registered No.

FULL NAME OF CHILD

PLACE OF BIRTH

Date of birth

Sex

Twin, triplet, etc.

Number in order of birth

Legitimate

Father

Mother

Informant

Address

Date

Registrar

PERMANENT RECORD

Do not write in this margin

216-113-014-619

PLACE OF BIRTH

STATE OF IDAHO [redacted] No. 11-C—25m-1-1-13

BUREAU OF VITAL STAT[redacted]

CERTIFICATE OF BIRT[redacted] 3136

County of Canyon

City of Nampa Ida.

Registration District No. 7 File No.

No. St.

Primary Registration District No. 1006 Registered No.

Hospital

FULL NAME OF CHILD Elmer Reed Sauer

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Sep. (Month) 13 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Clare L. Sauer	FULL MAIDEN NAME	Elva Garr
RESIDENCE	Nampa Ida	RESIDENCE	Nampa
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Minnesota	BIRTHPLACE	Idaho
OCCUPATION	R.R. Mail Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth One Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 9:30 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Clyde E. Watson

Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Address 1209 - 1st St. Nampa Ida.

Filed Sept 23 1915 Dr S D Colong

Registrar

Registrar

Anna Hatfield Deputy

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

[redacted]

N SEWER

DuP001915-213953

994-108-014-559

PLACE OF BIRTH

County of Canyon

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

City of Northeast Z

Registration District No. 7

File No. 33137

No. Bomont one St.

Primary Registration District No. 2006.

Registered No.

Hospital mile

FULL NAME OF CHILD John Samuel Zimmerman

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	Single (To be answered only in event of plural births)			Yes	Sept (Month) 8 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Elbert C Zimmerman	FULL MAIDEN NAME	Nora Negley
RESIDENCE	Country near Bomont	RESIDENCE	Country Near Bomont
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Penn.	BIRTHPLACE	Penn.
OCCUPATION	Rancher	OCCUPATION	Ranchers Wife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9:10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. R. Meredith D.O.

Nampa Idaho (Physician or midwife)

Given names added from a supplemental report

..... 19.....

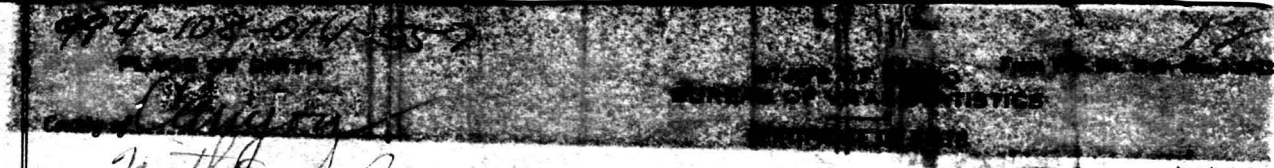
Registrar

Address

Filed Sept 17 1915 Dr S D Calonge Registrar

Anna Hatfield Deputy

S-Y CO. 20174



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

453-210-014-986

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Near Nampa

Registration District No. 7

File No. 33138

No. ....., ... St.

Primary Registration District No. 2006.

Registered No. .....

Hospital .....

FULL NAME OF CHILD Florence Evelyn DeCoursey

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
female		yes	9 (Month), 10 (Day), 1915 (Year)

FATHER		MOTHER	
FULL NAME	Frank J. DeCoursey	FULL MAIDEN NAME	Ottie G. Rhodes
RESIDENCE	Canyon, Co, Ida.	RESIDENCE	Canyon Co, Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1:00 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. G. Houseman, D.O.

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Registrar

Address Nampa, Idaho

Filed Sept 13 1915 Dr S D Colonge

Anna Hatfield Deputy

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

K

MAR 2 6 1975

SEP 3 1942

346-103-014-433

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Near Nampa

Registration District No. 7 File No. 33139

No. ..... St.

Primary Registration District No. 2006 Registered No. .....

Hospital .....

FULL NAME OF CHILD Charles Elliott Cupp

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	Sept 3 1915 (Month) (Day) (Year)

	FATHER		MOTHER
FULL NAME	Harry E. Cupp	FULL MAIDEN NAME	Florence McCashum
RESIDENCE	Deer Flat - Nampa	RESIDENCE	Nampa - Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Clyde E. Watson

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Nampa Ida

Filed Sept 10 1915 Dr S D Calonge Registrar

Anna Hartfield Deputy

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 10 1942

319-114-014-753

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. 214, 13 Ave. N. St.

Hospital

Registration District No. 7 File No. 33140

Primary Registration District No. 1006 Registered No.

FULL NAME OF CHILD Lee Edward Carthidge

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	9 14 1915

FATHER		MOTHER	
FULL NAME	Albert Edward Carthidge	FULL MAIDEN NAME	Hazel T. Peterson
RESIDENCE	Nampa	RESIDENCE	Nampa
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Missouri	BIRTHPLACE	Utah
OCCUPATION	Moving Picture Show Proprietor	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5:15 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. G. Houseman, D.O.

(Physician or Midwife)

Given names added from a supplemental report

, 19

Registrar

Address Nampa, Idaho

Filed Sept 22 1915 Dr S D Calong Registrar

Anna Hatfield Deputy

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

c.c. 5/27/41. w.h.

699-131-006-695

PLACE OF BIRTH

AMENDED – NOVEMBER 2, 1948

County of ~~Bingham~~

City of Aberdeen

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 116 File No. 33141

Primary Registration District No. 2195 Registered No. 110

FULL NAME OF CHILD Ebner Friesen

(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				Yes	July 31 1915

What bacteriedal solution was used in eyes? .....

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Jacob Friesen	FULL MAIDEN NAME	Katie Wiebe
RESIDENCE	Aberdeen, Idaho	RESIDENCE	Aberdeen, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Minnesota	BIRTHPLACE	Minnesota
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1:30 A. M. on the date above stated.

(Signature) P. C. Wiebe

(Grandparent of the child)
(Physician or midwife)

Address Aberdeen, Idaho

Filed Aug. 5 1915 M. Kinnon
Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of California } ss.
County of Fresno

Certificate No. 53141

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth or Death)

for (Name on Original Certificate) who (Was Born or Died) on (Date of Event)

in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO The Correct Facts)
First Name	Abner	Ebner

Subscribed and sworn to before me this 27 day of October, 1945.

Notary Public, residing at Reedley, Calif.
My commission expires May 14th 1951
(Seal)

Signed Mrs. Jacob F. Friesen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rt. 2 - Box 721 - Reedley, Calif
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

NOV 2 1948

JUN 22

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Bingham

City of Aberdeen

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33142

Registration District No. 116 File No. 3

Primary Registration District No. 2195 Registered No. 111

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	Yes	Aug 11 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Christian C. Hoffner	FULL MAIDEN NAME	Freda Sandau
RESIDENCE	Aberdeen Ida	RESIDENCE	Aberdeen Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	South Dakota	BIRTHPLACE	South Dakota
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth Fifth Number of children of this mother now living, including present birth Five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10 30 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. Mackinnon M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Aberdeen Ida

Filed Aug 12 1915 M C Mackinnon

Registrar

Registrar

S-Y CO. 24655

DUP 001915-302829

459-205-006-695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-18

33143

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Aberdeen

No. ..... St.

Hospital .....

Registration District No. 116 File No. 3

Primary Registration District No. 2195 Registered No. 112

FULL NAME OF CHILD Theresa Unruh

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	Yes	July 5 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John W Unruh	FULL MAIDEN NAME	Lilly W Iens
RESIDENCE	Aberdeen Ida	RESIDENCE	Aberdeen Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Russia	BIRTHPLACE	Minnesota
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth Second Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John W Unruh
Father of child
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Aberdeen Ida

Filed Aug 23 1915 McMarkum
Registrar

S-Y CO. 24655

OCT 1 0 2001

APR 7 1975

296-124-006-415

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33144

County of Bingham

City of Aberdeen

Registration District No. 116 File No. 3

No. ..... St.

Primary Registration District No. 2195 Registered No. 113

Hospital

FULL NAME OF CHILD Dallas Broderick

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	Yes	Aug 24 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Everett Burns Broderick	FULL MAIDEN NAME	Nellie Gertrude Mann
RESIDENCE	Aberdeen Ida	RESIDENCE	Aberdeen Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Illinois
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth: Third

Number of children of this mother now living, including present birth: Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2 A M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) McCrae Kinnon M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Aberdeen Ida

Filed Aug 24 1915 McCrae Kinnon

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

253-215-025-315

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 61 File No. 3345

Primary Registration District No. 2141 Registered No. 113

FULL NAME OF CHILD Opal E. Bell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	June 13 1915

FATHER

FULL NAME Richard Bell

RESIDENCE Orvla

COLOR white AGE AT LAST BIRTHDAY 38 (Years)

BIRTHPLACE Mo

OCCUPATION Blacksmith

MOTHER

FULL MAIDEN NAME Gertrude Tennes

RESIDENCE Orvla

COLOR white AGE AT LAST BIRTHDAY 20 (Years)

BIRTHPLACE Ark

OCCUPATION

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 5 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Clarke

(Physician or midwife)

Address Moscow

Filed Aug 3 1915 D. F. Rae

Registrar

Given names added from a supplemental report

..... 19.....

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Registrar

B-Y CO. 20174

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

(County of

436-126-029-285

Form V. S. No. 11 — 20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 61 — File No. 33146

Primary Registration District No. 2141 — Registered No. 115

FULL NAME OF CHILD William Everett McFerran

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	August 26 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	S. E. McFerran	Dessie Byers
RESIDENCE	Troy	
COLOR	White	White
AGE AT LAST BIRTHDAY	31 (Years)	17 (Years)
BIRTHPLACE	Ore	Idaho
OCCUPATION	Laborer	

Number of child of this mother, including present birth 1 — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 7 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. U. Clarke

(Physician or ~~midwife~~)

Address Moscow

Filed Sep 3 1915

D. F. Rae

Registrar

Given names added from a supplemental report

..... 19.....

Registrar

S-Y CO. 20174

Form V. S. No. 11 — 60m-9-15-12

STATE OF IDAHO
AU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

714-123-029-312

Form V. S. No. 11-C—20m-8-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33147

County of Latah

City of 10 miles S.E. of Moscow

No. ..... St.

Registration District No. 61 File No. .....

Primary Registration District No. 2141 Registered No. 102

Hospital .....

FULL NAME OF CHILD Howard Lewis Paulson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Aug 23 1915

FATHER		MOTHER	
FULL NAME	Olaf Paulson	FULL MAIDEN NAME	Karen Lassen
RESIDENCE	Latah Co Idaho	RESIDENCE	Latah Co Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Minnesota	BIRTHPLACE	Norway
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4th Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5.15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. M. Leitch M.D.

(Physician or midwife)

Address Moscow Idaho

Filed Aug 27 1915 D. F. Ross Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 1 2 1942

818-224-029-315

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33148

Registration District No. 61 File No. .....

Primary Registration District No. 2141 Registered No. 108

FULL NAME OF CHILD Edith Barbara Hays

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
F			Yes	Aug 24 (Month) (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	E. Lawrence Hays	FULL MAIDEN NAME	Alice E. LaValley
RESIDENCE	Athol Ida	RESIDENCE	Athol Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Ill	BIRTHPLACE	Minn
OCCUPATION	Teacher	OCCUPATION	H W

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 11 20 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Joseph Aspray M.D.

(Physician or midwife)

Address Moscow Ida

Filed Aug 30 1915 D. F. Rae

Registrar

Given names added from a supplemental report

..... 19.....

Registrar

S-Y CO. 20174

SEP 21 1942

525-122-029-413

Form V. S. No. 11-C—26m-1-1-13

PLACE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital .....

ST[redacted]O
BUREA[redacted]ATISTICS
CER[redacted]IRTH

33149

Registration District No. 61 File No. .....

Primary Registration District No. 2141 Registered No. 112

FULL NAME OF CHILD Chas. Ebel

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	8 (Month) 22 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Charles F. Ebel	FULL MAIDEN NAME	Frieda Mattausch
RESIDENCE	Southwest of Moscow	RESIDENCE	Southwest of Moscow
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Berlin Germany	BIRTHPLACE	Berlin, Germany
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 12 Number of children of this mother now living, including present birth 12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. L. Gritman

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Moscow, Idaho

Filed Aug 30 1915 D. F. Rae
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

569-207-09-1459

Latah

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Moscow

City of Moscow

No. ..... St.

Hospital .....

Registration District No. 61

File No. 33150

Primary Registration District No. 1011

Registered No. 114

FULL NAME OF CHILD Verna M. Norris

Sex of Child Female	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	Date of Birth Aug (Month) 7 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	J. P. Norris	FULL MAIDEN NAME	Eva B. Merrill
RESIDENCE	Moscow	RESIDENCE	Moscow
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Indiana	BIRTHPLACE	Iowa
OCCUPATION	Contractor and Builder	OCCUPATION	

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~) at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Clarke

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Moscow

Filed Sept 3 1915 D F Rae

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE O

(Seal)

468-231-029-363

Form V. S. No. 41—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33151

PLACE OF BIRTH

County of Latah

City of Moscow

No. Howard St.

Hospital

Registration District No. 61

Primary Registration District No. 1011

File No.

Registered No. 416

FULL NAME OF CHILD Frances Mae DOYLE

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	Aug 31 1915

FATHER		MOTHER	
FULL NAME	Percy R. Doyle	FULL MAIDEN NAME	Nellie Collins
RESIDENCE	Moscow	RESIDENCE	Moscow
COLOR	W	COLOR	
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	N. Carolina	BIRTHPLACE	Ida
OCCUPATION	Farmer	OCCUPATION	H W

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 A. M. on the date above stated.

(Signature) Joseph Asping M.D.

(Physician or midwife)

Address Moscow Idaho

Filed Sep 4 1915 S. F. Rae Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

.....19.....

.....Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of LATAH } ss.

Certificate No. 33151

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of BIRTH (Birth or Death)
for FRANCES MAY DOYLE (Name on Original Certificate) who BORN (Was Born or Died) on August 31 1915 (Date of Event)
in Moscow, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Baby Book (Bible Record, Insurance Policy, Etc.) prepared on Record started of All (Give Date) 1915 are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Frances May	Frances Mae Doyle

Subscribed and sworn to before me this 6
day of MAY, 1943

Notary Public, residing at Moscow Ida

My commission expires Feb 4 1944
(Seal)

Signed Mrs Percy Doyle
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

MAY 1 2 1943

567-104-029-319

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33152

Registration District No. 61 File No. .....

Primary Registration District No. 1011 Registered No. 99

FULL NAME OF CHILD Harry Charles

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M			3	Yes	Aug (Month) 4th (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Edward F. Vogel	FULL MAIDEN NAME	Rosana Carley
RESIDENCE	Moscow Idaho	RESIDENCE	Moscow Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Minn	BIRTHPLACE	Germany
OCCUPATION	2nd hand store	OCCUPATION	House Keeping

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Was born alive (Born alive or stillborn), at 10.45 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Adair M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Moscow

Filed Aug 10 1915 D. F. Rae

Registrar Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 7 1942

JUN 25 1969

319-115-029-355

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33153

County of Latah

City of Moscow

Registration District No. 61 File No.

No. St.

Primary Registration District No. 1611 Registered No. 100

Hospital

FULL NAME OF CHILD Joseph, Henry Arthur Carpentier

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	8 (Month) 15 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Henry Carpentier	FULL MAIDEN NAME	Mabel Le Vasseur
RESIDENCE	Moscow	RESIDENCE	Moscow
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	St Jermain Quebec (Drummond Co)	BIRTHPLACE	Springfield Mass.
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive ~~or stillborn~~) at 12 21 noon M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jno. A Dodd

(Physician ~~or midwife~~)

Given names added from a supplemental report.

19

Address Moscow

Filed Aug 20 1915

D F Rae

Registrar

Registrar

8-Y CO. 24685

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 24 19

469 - 106 ~~[illegible]~~ 5 - 415

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Moscow,

No. University Farm St.

Hospital

Registration District No. 61 File No. 33154

Primary Registration District No. 1011 Registered No. 101

FULL NAME OF CHILD Marcus Marvin MORGAN

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Aug (Month) 6 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Levi M. Morgan	FULL MAIDEN NAME	Alma E. Marlatt
RESIDENCE	Moscow, Idaho	RESIDENCE	Moscow, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Washington	BIRTHPLACE	Oregon
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 4:40 AM on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. L. Gutman M.D.

C.
(Physician or midwife)

Given names added from a supplemental report.

19

Address Moscow, Idaho

Filed Aug 10 1915

D. F. Rae
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of [illegible] } ss.
County of [illegible] }

Certificate No. 33154

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Marvin Marcus Morga (Name on Original Certificate) who was born (Was Born or Died) on Aug [illegible] (Date of Event)
in Marcus [illegible] (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Marcus M.	Marvin Marcus Morgan

Subscribed and sworn to before me this 14th day of September, 1942.

[illegible] Turner
Notary Public, residing at [illegible]
My commission expires [illegible]
(Seal)

Signed Alma Mardell Morg[illegible]
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

[illegible] Orchard
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of [illegible] } ss.
County of [illegible] }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th day of October, 1942.

[illegible] Pettison
Notary Public, residing at Moscow, Idaho
My commission expires January, 1943
(Seal)

Signed Mrs S. G. Davis
(Signature of Any Credible Person Other Than Previous Year)

305 E. Lilly St. Moscow Idaho
(Street Address, City, State)

AUG 30 1942

395-120-029-522

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Latah

City of Moscow

No. 608 Mabelle Ave. St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11-C—15m-6-20-11

CERTIFICATE OF BIRTH 33155

Registration District No. 61

File No.

Primary Registration District No. 1011

Registered No. 103

FULL NAME OF CHILD Douglas Bernhard Jennie Lindquist

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Aug 20 1915

FATHER		MOTHER	
FULL NAME	Andrew J. Lindquist	FULL MAIDEN NAME	Ida Ekstrand
RESIDENCE	Moscow, Idaho	RESIDENCE	Moscow Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Sweden
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated. 9:10 A. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Wirt M.D.

(Physician or Midwife)

Address Moscow Idaho

Given names added from a supplemental report

....., 19.....

Filed Aug 30 1915 D. F. Rae

S-Y CO., 18670

Registrar

Registrar

MAR 2 0 1945

356-226-029-239

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Moscow

Registration District No. 61

File No. 33156

No. ..... St.

Primary Registration District No. 1011

Registered No. 104

Hospital The Gritman

FULL NAME OF CHILD Marjorie Lewis

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Female			Yes	8 - 26 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Howard T. Lewis	FULL MAIDEN NAME	Elise Marie Stroud
RESIDENCE	Moscow Idaho	RESIDENCE	Moscow, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Oshkosh, Wis.	BIRTHPLACE	Merrill, Wis.
OCCUPATION	Professor at U. of I	OCCUPATION	Housewife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 6 30 a. M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. L. Gritman & J. A. Dodd

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Moscow, Idaho

Filed Aug 30 1915

D. F. Rae
Registrar

Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 25 1967

135-125-029-168

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Latah

City of Juneau

No. ..... St.

Hospital The Gritman

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33157

Registration District No. 61

File No. .....

Primary Registration District No. 1011

Registered No. 105

FULL NAME OF CHILD Ward Gelbert

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	8 25 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Joseph Alexander	Amanda C. Johnson
RESIDENCE	Juliaetta Idaho	Juliaetta Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	37	31
BIRTHPLACE	St. Louis, Mo	Kirk W. Va.
OCCUPATION	Merchant	Housewife

Number of child of this mother, including present birth Three

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4:40 a. m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. L. Gritman

Physician (Physician or midwife)

Address Moscow, Idaho

Given names added from a supplemental report.

..... 19....

..... Registrar

Filed Aug 30 19 15

S. F. Rae Registrar

S-Y CO. 24698

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 22 1947

817-126-029-437

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33158

County of Latah

City of Moscow

No. 517 N. Hays St.

Hospital

Registration District No. 61

File No.

Primary Registration District No. 1011

Registered No. 106

FULL NAME OF CHILD Wandell L.

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
male		2	yes	8 (Month) 26 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Sherman Hagan	FULL MAIDEN NAME	Leatha McGarvey
RESIDENCE	Moscow Idaho	RESIDENCE	Moscow Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	~~Michigan~~ Idaho	BIRTHPLACE	Michigan
OCCUPATION	Farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Aug 26 at 2 a.m. on the date above stated.

(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. L. Geitman

(Physician or ~~midwife~~)

Given names added from a supplemental report.

19

Address Moscow

Filed Aug 30 1915

D F Rae

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

m.

238-212-029-466

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital Aspray

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 61 File No. 33159

Primary Registration District No. 1011 Registered No. 107

FULL NAME OF CHILD Vera Maxine Schlueter

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes	Aug 12 1915

FATHER		MOTHER	
FULL NAME	Otto Schlueter	FULL MAIDEN NAME	M. Novella Moore
RESIDENCE	Moscow	RESIDENCE	Moscow
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	~~Moscow~~ Germany	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	H. W

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 5 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Joseph Aspray M.D.
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Moscow Ida

Filed Aug 15 1915 D F Rae
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 8 1942

466-130-029-959

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Latah

City of Moscow

No. Jefferson St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33160

Registration District No. 61 File No.

Primary Registration District No. 1011 Registered No. 109

FULL NAME OF CHILD William Franklin Mowre

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	Aug 30 1915

FATHER		MOTHER	
FULL NAME	Edwin E Mowre	FULL MAIDEN NAME	Anna H Zeigler
RESIDENCE	Rupert Ida	RESIDENCE	Rupert Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Iowa	BIRTHPLACE	Oregon
OCCUPATION	Carpenter	OCCUPATION	H W

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Joseph Aspray MD

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Moscow Idaho

Filed Aug 31 1915 D. Fo Rae

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

MAY 5 1949

DEC 8 1969

851-110-025-955

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 61 File No. 33161

Primary Registration District No. 1011 Registered No. 110

FULL NAME OF CHILD Harvey L. Heath Jr.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	June 10 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	H. L. Heath	Inga Iverson
RESIDENCE	Moscow	Moscow
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	24	24
BIRTHPLACE	Wash	Colo
OCCUPATION	Laborer	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 6 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Clarke

(Physician or ~~midwife~~)

Address Moscow Id.

Given names added from a supplemental report

..... 19.....

Filed June 10 1915 D. F. Kae

..... Registrar

8-Y CO. 20174 Registrar

JUL 10 1942

967-128-029-243

Form ~~V. S. No.~~ 11-C—20m-2-15-12

PLACE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33162

Registration District No. 61 File No. .....

Primary Registration District No. 1011 Registered No. 111

FULL NAME OF CHILD William Leander Rogers

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	July 28 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Milton Rogers	FULL MAIDEN NAME	Mable Buchholz
RESIDENCE	Moscow	RESIDENCE	Moscow
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Wash	BIRTHPLACE	Wash
OCCUPATION	Laborer	OCCUPATION	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 6 P M. on the date above stated.
(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Clarke

(Physician ~~or midwife~~)

Given names added from a supplemental report

..... 19.....

Address Moscow

Filed Aug 10 1915 D F Rae

Registrar Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Latah }

Certificate No. 33162

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for (UNNAMED) William Leander Rogers (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on July 28 1913 (DATE OF EVENT)
in Moscow, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible Record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on July 28, 1915 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	William Leander Rogers

Subscribed and sworn to before me this 14th day of May, 1942

Notary Public, residing at Moscow Idaho

My commission expires Nov. 9-1942

(SEAL)

Signed Mabel Rogers (Mother)
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Moscow, Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Latah }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14th day of May, 1942

Notary Public, residing at Moscow Idaho

My commission expires Nov. 9-1942

(SEAL)

Signed Milton Rogers (Stepfather)
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Moscow Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on MAY 19 1942 By
(REGISTRAR'S SIGNATURE)

MAY 20 1942

815-102-029-239

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Pottatch

No. ..... St.

Hospital .....

Registration District No. 65 File No. 33163

Primary Registration District No. 2145 Registered No. .....

FULL NAME OF CHILD Donald Lawrence Hansen

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	✓		✓	yes	Aug (Month) 2 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Bernie M. Hansen	FULL MAIDEN NAME	Ada May Stith
RESIDENCE	Pottatch	RESIDENCE	Pottatch
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Minnesota
OCCUPATION	Fetter in Lumber Mill	OCCUPATION	Housewife

Number of child of this mother, including present birth 2nd

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 20 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. J. W. Thompson M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Pottatch

Filed Aug-10th 1915 D. J. W. Thompson Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

ited States
partment of Commerce
reau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Potlatch
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 19 years 11 months 1 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Potlatch
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 9 yr
3. RESIDENCE OF FATHER (city, state) Potlatch, Ida

FULL NAME OF CHILD Donald Lawrence Hansen

5. Date of Birth of Child (Month, day, year) August 2, 1915

Sex Male | 7. Twin or Triplet no | If so—born 1st, 2nd, 3rd | 8. No. months of Pregnacy 9 | 9. Legitimate? Yes

FATHER OF CHILD

FULL NAME Bernard Marcus Hansen
Color or Race white
12. Age at time of THIS birth 29 yrs.
Birthplace Clinton, Iawa (City or town) (State or foreign country)
Exact Occupation Motor man
Industry or Business Lumber

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ada Mae Stith
17. Color or Race white
18. Age at time of THIS birth 19 yr
19. Birthplace Brainard, Minn. (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 10%.
Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at 5.0 M. on the da
and at the place stated above, and that personal particulars were furnished by Ada. May Hansen (First name) (Last name) who
related to this child as Mother. (Mother, etc.)

Attendant's **OWN** signature J. W. Thompson M.D. ~~Midwife~~ Address Moscow. Date 6/12/42

State of ... } ss.
County of ... }

AFFIDAVIT to be completed when the attendant does not sig in Item 25.

I, the undersigned, being first duly sworn, say that I am the ... (Mother, etc.) of the person whose name appea Item 4, above, that I am now ... years of age, that I have known this person for ... years, and tha ... (First name) ... (Last name), who attended this birth ... (Is now deceased) or (Cannot be located) I further state tha facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded unde apter 139, 1937 Session Laws.

... Signatu
... P. O. Addre

Subscribed and sworn to before me this ... day of ..., 19...

(SEAL) ... Notary Public, residing at ...

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

JUN 22 1942

ceived for filing on JUN 16 1942 ... by ..., Registra

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

793-207-029-231

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33164

County of Latah.

City of Potlatch

No. ..... St.

Hospital .....

Registration District No. 65

File No. .....

Primary Registration District No. 2145

Registered No. .....

FULL NAME OF CHILD Rissie Gilliam.

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	✓		✓	yes	Aug 7 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Arthur Gilliam.	FULL MAIDEN NAME	Grace. Blaylock.
RESIDENCE	Potlatch	RESIDENCE	Potlatch
COLOR	White.	COLOR	White.
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	19. (Years)
BIRTHPLACE	Wash.	BIRTHPLACE	Mo
OCCUPATION	Miner.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1 2/5

Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at (2) 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. W. Thompson

M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Potlatch

Filed Aug. 9th 1915 Dr. J. W. Thompson Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

293-231-029-819

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 33165

County of Latah.

City of Harvard.

No. ..... St.

Hospital .....

Registration District No. 65 File No. .....

Primary Registration District No. 2145 Registered No. .....

FULL NAME OF CHILD Anna June Kilyore.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female.	✓	✓	yes.	June 31 1915

FATHER		MOTHER	
FULL NAME	David. Kilyore.	FULL MAIDEN NAME	Anna Hargraves
RESIDENCE	Harvard.	RESIDENCE	Harvard
COLOR	white.	COLOR	white.
AGE AT LAST BIRTHDAY (Years)	34.	AGE AT LAST BIRTHDAY (Years)	32.
BIRTHPLACE	Missouri	BIRTHPLACE	Kansas.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 5th. Number of children of this mother now living, including present birth 5.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn) at 6 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. J. M. Thompson M.D.

(Physician or midwife)

Address Potlatch Idaho

Given names added from a supplemental report

..... 19.....

Filed Sept. 3 1915 D. J. M. Thompson Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 10 1968

SEP 24 1942

154-114-029-168

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33166

County of Latah

City of

No. St.

Hospital

Registration District No. 6

File No.

Primary Registration District No. 2145

Registered No.

FULL NAME OF CHILD Not named Raymond Pek

Sex of Child	Twin, Triplet, or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	1	1	Yes	Aug 14 1912

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Ole Anderson	FULL MAIDEN NAME	Carrie Johnson
RESIDENCE	Latah Co	RESIDENCE	Latah Co
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	52 (Years)	AGE AT LAST BIRTHDAY	47 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Sweden
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8

Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D B Harrison MD

(Physician or midwife)

Address Palouse Wash

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed Aug 21 1912 D Jn. Thompson
Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

439-227029-29

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33167

County of Latah

City of

No. St.

Hospital

Registration District No. 65

Primary Registration District No. 2145

File No.

Registered No.

FULL NAME OF CHILD Makien Louise McEntire

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	7-27-1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Frank McEntire	Edna Mabel Kirkpatric
RESIDENCE	Potlatch	Potlatch
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	29	32
BIRTHPLACE	Penn	Wash
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) J S LePard M.D.

(Physician or midwife)

Address Potlatch Ida

Filed Aug. 6th 1915 D. W. Thompson Registrar

S-Y CO. 24686

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

K

7-14-41

JAN 21 1942

MAIL OR DELIVER THIS CERTIFICATE TO THE LOCAL REGISTRAR

NOT TO THE STATE BOARD OF HEALTH.

493-218-029-251

PLACE OF BIRTH

WASHINGTON STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Record No. 33168

File No.

Registered No.

County of Lalah

City or Town of Country

Registration Dist. No. (No. , St.; Ward)

FULL NAME OF CHILD Mary Josephine Michel { If child is not yet named, make supplemental report, as directed.

Sex of Child female | Twin, Triplet or other? ✓ and Number in order of birth ✓ | Legitimate? yes | Date of Birth Aug (Month) 18 (Day) 1915 (Year)

FATHER	MOTHER
Full Name Justus Irvin Michel	Full Maiden Name Mary Josephine Seaman
Residence Garfield: R.F.D.	Residence Garfield R.F.D.
Color white — Age at last Birthday 45 (Years)	Color white — Age at last Birthday 42 (Years)
Birthplace (State or Country) Washington	Birthplace (State or Country) Missouri
Occupation Farmer	Occupation housewife

Number of child of this mother 11th — Number of children, this mother, now living 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was { *born alive* / ~~*stillborn*~~ } † *and that it occurred on* Aug 18 1915, *at* 10 P.M.

(Signature) Mrs Belle Jones

a neighbor.

(Physician or Midwife)

Address Garfield. Wash.

Filed Sept. 2, 1915 D. Jm. Thompson

Registrar.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report

Registrar.

† Indicate which by drawing line through superfluous word.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth, stated.

AUG

215-225-029-236

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Latah

City of Bovill

No. ~~---~~ St.

Hospital ~~---~~

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33169

Registration District No. 66 File No. 12

Primary Registration District No. 2146 Registered No.

FULL NAME OF CHILD Geraldine Sanderson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	7 - 25 - 1915

FATHER		MOTHER	
FULL NAME	Frank Sanderson	FULL MAIDEN NAME	Clara Maple Stockwell
RESIDENCE	Bovill	RESIDENCE	Bovill Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Palouse Washington	BIRTHPLACE	Moscow Idaho
OCCUPATION	Blacksmith	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 8:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. C. Gibson

~~Physician~~

(Physician or ~~midwife~~)

Given names added from a supplemental report.

Aug 31 1915 Address Bovill.

J. L. Thompson Registrar Filed 8/2 1915 J. L. Thompson Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

413-209-029-251

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Latah

City of Bovill

No. # St.

Hospital Bovill

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 66

File No. 33170

Primary Registration District No. 2146

Registered No.

FULL NAME OF CHILD Betty May Mallory.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	8 - 9 - 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John B. Mallory	FULL MAIDEN NAME	Frances Bean
RESIDENCE	Bovill	RESIDENCE	Bovill
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Michigan	BIRTHPLACE	Washington
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8 P. M on the date above stated.
(Born alive or [illegible])

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. [illegible]

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Bovill

Filed Aug 24 1915 J. L. Champion
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

17-61-11

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho
County of Latah } ss.

Certificate No. 33170
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for Bettie May Mallery (Name on original certificate) who born (Was born or died) on Aug 9- 1915 (Date of event)
in Bovill Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Doctors certificate (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Bettie May Mallery	Betty May Mallory

Subscribed and sworn to before me this 17th
day of Nov, 1941
R. B. Sargent
Notary Public, residing at St. Maries, Ida
My commission expires June 28, 1942
[SEAL]

Signed Frances W Mallory
(Signature of parent or attendant if correcting a birth record; or attendant, funeral director, informant, if correcting a death record; or other credible person.)
St. Maries Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO
County of Benewah } ss.

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17th
day of Nov, 1941
R. B. Sargent
Notary Public, residing at St Maries Ida
My commission expires June 28, 1942
[SEAL]

Signed J. W. Mallory
(Signature of any credible person other than the previous affiant.)
St. Maries Idaho
(Street Address, City, State)

Received for filing on 1941 By
(Registrar's signature)

NOV 25 19

613-116-034-635

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33171

County of Minidoka

City of Paul

Registration District No. 18 File No.

No. St.

Primary Registration District No. 2102 Registered No. 5

Hospital

FULL NAME OF CHILD Geo Martin Watson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	July 16 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	M. E. Watson	FULL MAIDEN NAME	Lisle Glasher
RESIDENCE	~~Heyburn~~ Paul Ida.	RESIDENCE	~~Heyburn~~ Paul Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	North Carolina	BIRTHPLACE	~~xxxxxxxx~~ Pennsylvania
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 3 40 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) V. R. Killen

(Physician or midwife)

Given names added from a supplemental report

19

Registrar

Address

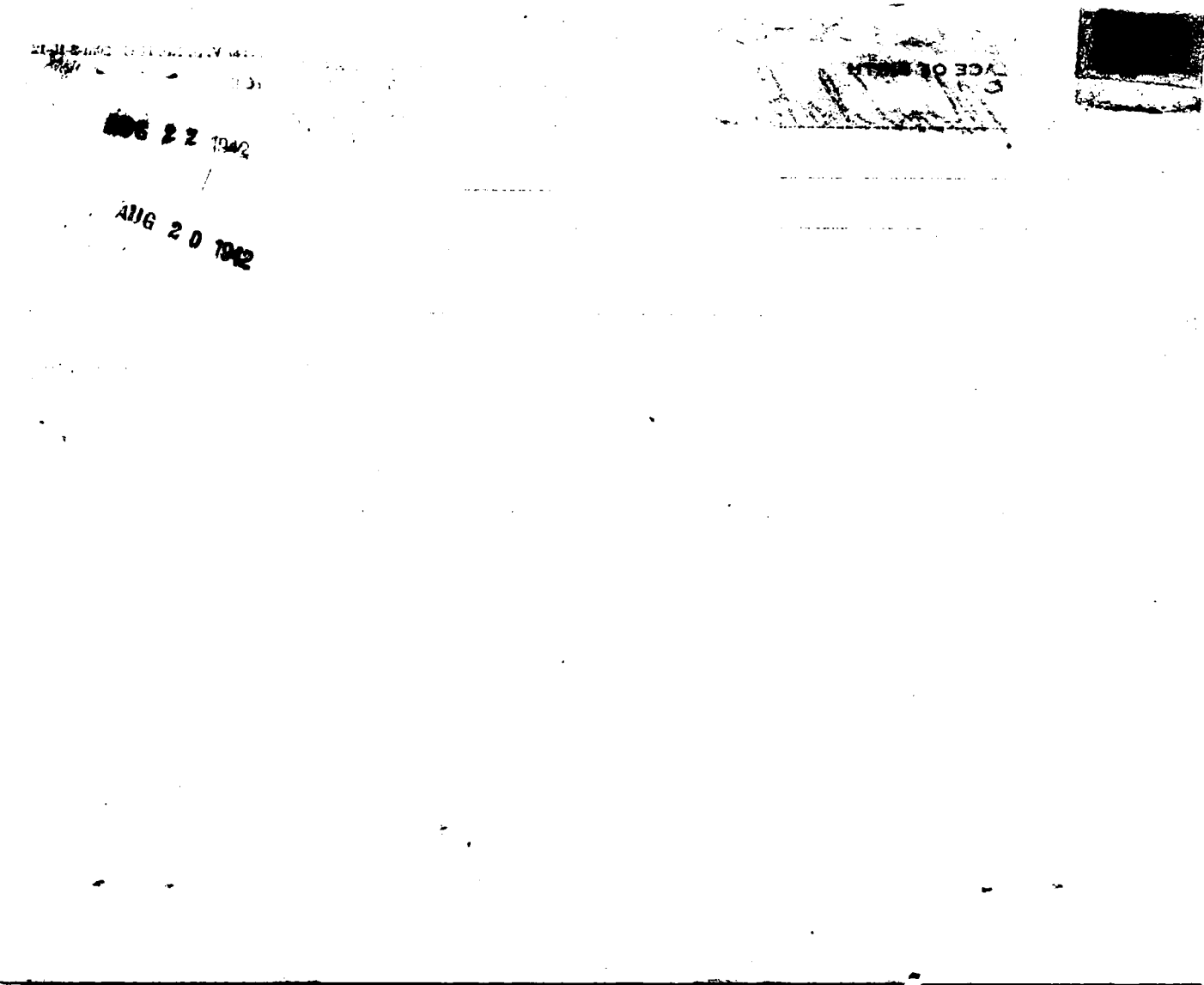
Filed Aug 20 1915 V. R. Killen Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.


AUG 22 1942
AUG 20 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 33171

Date Filed ---

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for George Martin Watson (Name on Original Certificate) who was born (Was Born or Died) on July 16, 1915 (Date of Event)
in Paul, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by -- (Bible Record, Insurance Policy, Etc.) prepared on -- (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Birthplace	Heyburn	Paul, Idaho

Subscribed and sworn to before me this 28
day of Oct, 1942

Notary Public, residing at Rupert

My commission expires Dec 14-1942
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Paul Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19 .....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

NOV 5 1942

242-126-034-759

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33172

County of Minidoka

City of Hazelton

No. ..... St.

Hospital .....

Registration District No. 18 File No. .....

Primary Registration District No. 2102 Registered No. 12

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		Yes	June 26 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Heinrich F. Bushhorn	FULL MAIDEN NAME	Anna Elmira Perkins
RESIDENCE	Hazelton	RESIDENCE	Hazelton
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 5.30 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Kenz M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Hazelton Ida

Filed Aug 20 1915 V. R. Killen
Registrar

Registrar

S-Y CO. 24685

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

...GIN RESERVED FOR BINDING

556-224-034-792

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33173

County of Minidoka

City of Hazelton

No. _____ St.

Hospital _____

Registration District No. 18

File No. _____

Primary Registration District No. 2102

Registered No. 11

FULL NAME OF CHILD Fern Geneva Newbry

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		Yes	July (Month) 24 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Robert M Newbry	FULL MAIDEN NAME	Pearlie Gibson
RESIDENCE	Hazelton	RESIDENCE	Hazelton
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Ills	BIRTHPLACE	Ind
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8

Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 9.30 P M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Henry MD

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Hazelton Ida

Filed Aug 20 1915 V. R. Killen

Registrar

Registrar

S-Y CO. 24

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECEASED

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
MAR 13 1970
Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 33173

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Newbry (girl child) (Name on Original Certificate) who was born (Was Born or Died) on July 24, 1915 (Date of Event)
in Hazelton, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on July 24 - 1915 (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Fern Geneva Newbry

Subscribed and sworn to before me this 2nd day of March, 1970

James R. Barnhart
Notary Public, residing at Twin Falls, Idaho
My commission expires 11-1-72
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

410 Diamond St, Twin Falls, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Twin Falls }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd day of March, 1970

James R. Barnhart
Notary Public, residing at Twin Falls, Idaho
My commission expires 11-1-72
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

CL 4-12-62. nm

Bible Record gives name as Fern Geneva Newbry, Born July 24, 1915, in Hazelton, Idaho. The record appears to be from a Family Bible and is quite old. Viewed by V. S.

MAY 25 1970

Birth Certificate from Magic Valley Memorial Hospital, Twin Falls, Idaho for Gregory Howard Johnson ~~xx~~ born March 1, 1961 gives mother's maiden name as Fern Geneva Newbry. Father's name as Howard Franklin Johnson. Viewed by V. V.

435-228-034-291

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33174

County of Minidoka

City of Hazelton

No. ..... St.

Hospital .....

Registration District No. 18 File No. .....

Primary Registration District No. 2102 Registered No. 10

FULL NAME OF CHILD Genevieve Frances McElroy

Sex of Child: Girl	Twin / Triplet / or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	Date of Birth: June 28 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Francis Jack Frank J McElroy	FULL MAIDEN NAME	Augusta Gertrude A Krauth
RESIDENCE	Hazelton	RESIDENCE	Hazelton
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Minn	BIRTHPLACE	ND
OCCUPATION	Station Agt	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2:45 A.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jno L Lenz MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Hazelton Ida

Filed Aug 20 1915 V. R. Kellra

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued Dec. 5, 1940. E.W.

SEP 9 1975

619-228-034-693 name added 8/22/80

Form V. S. No. 11-C—25m-1-1-18

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Hazelton

No. ..... St.

Hospital .....

Registration District No. 18

File No. 33175

Primary Registration District No. 2102

Registered No. 9

FULL NAME OF CHILD Mildred Wardell

Sex of Child Girl

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth July (Month) 28 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Willard Wardell	FULL MAIDEN NAME	Lillie B Wilson
RESIDENCE	Hazelton	RESIDENCE	Hazelton
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Oreg
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 11:30 A M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Henry MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Hazelton Ida

Filed Aug. 20 1915 V. R. Kellar

Registrar

Registrar

S-Y CO. 24655

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho
County of Jerome } ss.

Certificate No. 33175
Date Filed _____

Bureau of Vital Statistics

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Wardell (female) (Name on Original Certificate) who was born (Was Born, Died, etc.) on July 28, 1915 (Date of Event)

in Hazelton, Idaho (Minidoka) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	Unnamed	Mildred Wardell

Subscribed and sworn to before me this 4th day of July, 1980.

Notary Public, [signature]
Residing at Hazelton, Idaho
My commission expires [illegible]
(Seal)

[signature] Mildred Wardell
Signature of Applicant

Box 101 Hazelton, Idaho
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

7/23/80 lcc sent as is

Mariage record from Idaho (Couple's copy) gives name as Theodore Pullin as the groom and the bride's name as Mildred Wardell, dated June 30 1951. viewed by V. S.

Insurance policy from Beneficial Life Ins. Co. of Utah gives nme as Mildred Elvina Wardell dated August 22 1927. viewed by V. S.

785-216-034-255

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Minidoka

City of

No. , St.

Hospital

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

33177

Registration District No. 18 File No.

Primary Registration District No. 2102 Registered No. 6

FULL NAME OF CHILD Fay Elm Phelan

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
female		yes	July 16 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Henry Phelan	FULL MAIDEN NAME	Mary Kendrick
RESIDENCE	Heyburn	RESIDENCE	~~Arkansas~~ Heyburn
COLOR	White	COLOR	W
AGE AT LAST BIRTHDAY (Years)		AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Arkansas	BIRTHPLACE	Arkansas
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 11 30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) V. R. Killen M.D.

(Physician or Midwife)

Given names added from a supplemental report

, 19

Address

Filed Aug. 20 1915 V. R. Killen Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

FEB 14 1945

693-214-034-962

Form V. S. No. 11-C—25m-1-1-19

PLACE OF BIRTH

County of Minidoka

City of Heyburn

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 33178

Primary Registration District No. 2102 Registered No. 4

FULL NAME OF CHILD SARAH ROSE Wilcox

Sex of Child F	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth July (Month) 14th (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Frank Wilcox	FULL MAIDEN NAME	Clara Robertson
RESIDENCE	~~Burley~~ Heyburn, Ida.	RESIDENCE	~~Burley~~ Heyburn, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 8.20 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson

~~Bur~~ M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Burley, Ida

Filed Aug 20 1915 E. P. Kellner
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Minidoka } ss.

Certificate No. 33178

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed (Name on Original Certificate) who Born (Was Born or Died) on July 14, 1915 (Date of Event)
in Paul, Idaho. (Place of Event) are erroneous or were omitted; and that, to the best of ~~his~~ her knowledge, the
true facts are shown by Church Christening record (Bible Record, Insurance Policy, Etc.) prepared on First Sun. Sept. 1915 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Sarah Rose Wilcox

Subscribed and sworn to before me this 8 day of August, 1942.

Paul A. French
Notary Public, residing at Rupert, Idaho.
My commission expires July 20, 1943.
(Seal)

Signed Mrs. Clara Wilcox
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Minidoka } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8 day of Aug., 1942.

Paul A. French
Notary Public, residing at Rupert, Idaho.
My commission expires July 20, 1943.
(Seal)

Signed A. K. Friesen
(Signature of Any Credible Person Other Than Previous Year)

817, 9th. St. Rupert, Idaho.
(Street Address, City, State)

AUG 13 1942

718-214-034-000

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Minidoka

City of

No. St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 33179

Primary Registration District No. 2102 Registered No. 3

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	July (Month) 14 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Henry Payne	FULL MAIDEN NAME	
RESIDENCE	Heyburn	RESIDENCE	Heyburn
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)		AGE AT LAST BIRTHDAY (Years)	
BIRTHPLACE		BIRTHPLACE	
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 5 45 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) V. P. Killen

Physician (Physician or midwife)

Given names added from a supplemental report

19

Address

Filed Aug. 20 1915 V. P. Killen Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DEC 23 1974

DECEASED

253-204-034-298

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

AMENDED FEBRUARY 14, 1949

CERTIFICATE OF BIRTH

County of Minidoka

City of Heyburn

No. ____ St.

Registration District No. 18 File No. 33180

Hospital ____ Primary Registration District No. 2102 Registered No. 2

FULL NAME OF CHILD Susan VonHirt Keck
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes	July 4 1915

What bacteriocidal solution was used in eyes? ____

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Henry Keck	FULL MAIDEN NAME	Maggie Bryson
RESIDENCE	Heyburn	RESIDENCE	Heyburn
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE		BIRTHPLACE	Colorado
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 192....

..... Registrar.

(Signature) V. R. Killen, M. D.

(Physician or midwife)

Address ____

Filed Aug. 20, 1915 V. R. Killen Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 7 1945

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Minidoka

Certificate No. 33180

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Susan VonHirt Keck (Name on Original Certificate) for (Birth or Death) who (Was Born or ~~Died~~) on July 4th 1915 (Date of Event) in Heyburn Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed Keck	Susan VonHirt Keck

Subscribed and sworn to before me this 21st day of April, 19 45.

Notary Public, residing at Rupert

My commission expires Feb 20th 1946

(Seal)

Signed Maggie D Keck Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Paul, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Minidoka

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws,)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21st day of April, 19 45

Notary Public, residing at Rupert, Ida

My commission expires Feb 20th 1946

(Seal)

Signed [illegible]
(Signature of Any Credible Person)

(Street Address, City, State)

Heyburn, Idaho

JUN 1945

MAY 1 0 1949

AUG 2 5 1967

FEB 1 1949

369-206-234-632

PLACE OF BIRTH

County of Minidoka

City of _____

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

33181

Registration District No. 18 File No. _____

Primary Registration District No. 2102 Registered No. 1

FULL NAME OF CHILD Alla Torne Ford.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	July 6 1915

FATHER		MOTHER	
FULL NAME	Harry Ford	FULL MAIDEN NAME	Gurilla Ateon
RESIDENCE	Heyburn	RESIDENCE	Heyburn
COLOR	White	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Colorado	COLOR	White
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	28
		BIRTHPLACE	Utah
		OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 11:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) V. P. Killeen M.D.

(Physician or midwife)

Address _____

Given names added from a supplemental report

_____ 19____

_____ Registrar

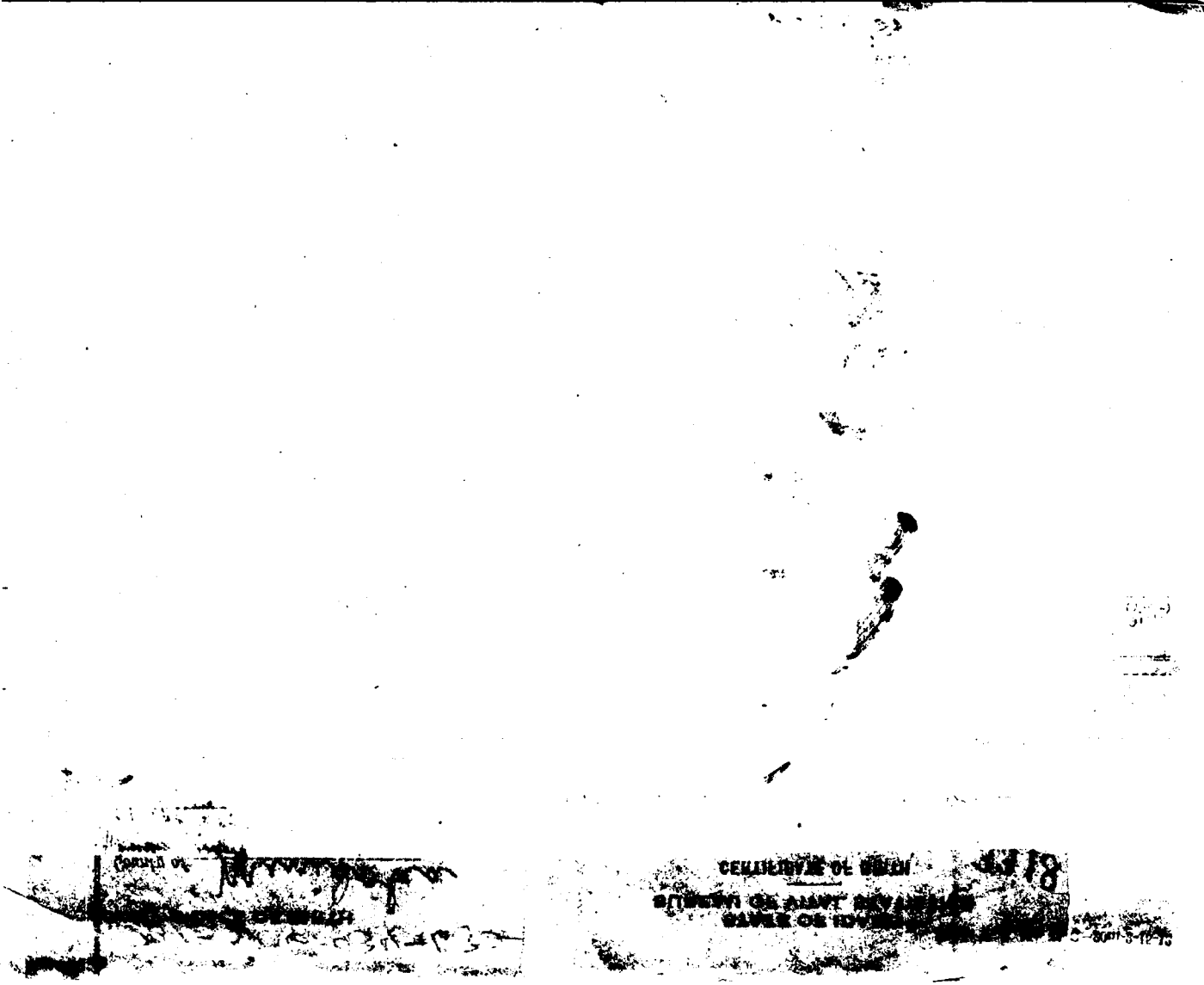
Filed Aug 20 1915 V. P. Killeen Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each child, in order of birth stated.



314-122-016-319

Form V. S. No. 11-C-[illegible]1-1-18

33182

[redacted]AGE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Island

No. ..... St.

Hospital .....

Registration District No. 120 File No. III

Primary Registration District No. 299 Registered No. 59

FULL NAME OF CHILD Campbell Clyton Wardell

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	July (Month) 22nd (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Adolph Campbell	FULL MAIDEN NAME	Amelia Larsen
RESIDENCE	Island	RESIDENCE	Island
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 8 4 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Oakley Idaho

Filed 8-12 1915 E. Goldham
Registrar

Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

223-016-213

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

Registration District No. 170 File No. III 33183

Primary Registration District No. 944 Registered No. 60

FULL NAME OF CHILD Hale Ruth

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	July (Month) 23 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Edward Hale	FULL MAIDEN NAME	Gertrude Bates
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 7.55 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. T. Otheson

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Oakley Idaho

Filed 8-17 1915 E. P. Graham
Registrar

Registrar

S-Y CO. 24655

235-102-016-499

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

33184

CERTIFICATE OF BIRTH

County of Cassia

City of Basin

No. ..... St.

Hospital .....

Registration District No. 620 File No. III

Primary Registration District No. 219a Registered No. 61

FULL NAME OF CHILD Stevenson, Kent

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Aug (Month) 2 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Jon Stevenson	FULL MAIDEN NAME	Annie Millward
RESIDENCE	Basin	RESIDENCE	Basin
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	59 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 4.55 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N. G. Thorson (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Oakley Idaho

Filed 8/12 1918 E. P. Oldham Registrar

..... Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STEVENSON

DuPOD1915-344292

819-104-016-343

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33185

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

Registration District No. 120 File No. 4

Primary Registration District No. 2199 Registered No. 62

FULL NAME OF CHILD LUDWIG Haight

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Aug 4 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	H C Haight	FULL MAIDEN NAME	Clara Tuttle
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	44 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Banker	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 9 P M on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R F Wheeler (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Oakley Idaho

Filed 8/12 19 15 E Polo Ham Registrar

Registrar

S-Y CO. 24685

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DECEASED

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

Certificate No. 33185

State of Idaho } ss.
County of Cassia

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Ludwig Haight (Birth or death)
for (Name on original certificate) who born (Was born or died) on Aug 4, 1915 (Date of event)
in (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Haight	Ludwig Haight

Subscribed and sworn to before me this 20
day of October, 1941

Notary Public, residing at Notary Public in and for the State of Idaho residing in Oakley, Cassia County, Idaho

My commission expires My Commission expires Jan. 6, 1945

[SEAL]

Signed Clara J. Haight (Mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Oakley, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires

[SEAL]

Signed
(Signature of any credible person other than the previous affiant.)

(Street Address, City, State)

Received for filing on By
(Registrar's signature)

845-207-016-255

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33186

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

Registration District No. 120 File No. 14

Primary Registration District No. 29a Registered No. 63

FULL NAME OF CHILD Hunter

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	Aug 7 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Edward Hunter	FULL MAIDEN NAME	Dorcas Severe
RESIDENCE	Oakley Idaho	RESIDENCE	Oakley
COLOR	Whi 6 AGE AT LAST BIRTHDAY 38 (Years)	COLOR	Whi 6 AGE AT LAST BIRTHDAY 36 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Sheepman	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 2.05 P M on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. F. Anderson

Oakley Idaho (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed 8/17 1915 E. Polohaus Registrar

..... Registrar

S-Y CO. 24668

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

155-215-016-735

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33187

Registration District No. 120 File No. III

Primary Registration District No. 2199 Registered No. 64

FULL NAME OF CHILD Melba Rose Jensen

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
female	X		X	yes	8-15-1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Henry M Jenson	FULL MAIDEN NAME	Annie Gleed
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2:10 P M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E P Oldham MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Oakley

Filed 9/7 1915

E P Oldham
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 25 1951

764-220-016-296

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33188

PLACE OF BIRTH

County of Cassia

City of Oakley

No. _____ St.

Hospital _____

Registration District No. 120

Primary Registration District No. 3199

File No. 11

Registered No. 65

FULL NAME OF CHILD Vido Poulson

Sex of Child: Female

Twin, Triplet or other? X (To be answered only in event of plural births)

Number in order of birth: 1st

Legitimate? Yes

Date of Birth: 5 (Month) - 20 (Day) 1915 (Year)

FATHER	MOTHER
FULL NAME: Edwin S Poulson	FULL MAIDEN NAME: Cynthia Brown
RESIDENCE: Oakley	RESIDENCE: Oakley
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 29 (Years)	AGE AT LAST BIRTHDAY: 24 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Utah
OCCUPATION: Photographer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 3

Number of children of this mother now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4:45 A.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L P Oldham M.D.

(Physician or midwife)

Address Oakley

Given names added from a supplemental report. _____ 19____

Filed 4/7 1918

_____ Registrar

_____ Registrar

S-Y CO. 24655

JUL 9 1968

995-123-016-438

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33189

County of Oneida

City of Oakley

Registration District No. 120

File No. 111

No. ..... St.

Primary Registration District No. 2199

Registered No. 66

Hospital .....

FULL NAME OF CHILD Jack W. Rivers

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	X		X	Yes	8 (Month) 23 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Wm A. Rivers	FULL MAIDEN NAME	Mary Ann McLaws
RESIDENCE	Oakley Marion	RESIDENCE	
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10 30 a M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E Oldham

MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Oakley

Filed 4/7 1915

E Oldham

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

cc 4/4/41 PHF

363-129-016-855

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

33190

CERTIFICATE OF BIRTH

County of Cassia

City of Boulder

No. ..... St.

Hospital .....

Registration District No. Ca 140 File No. ~~IV~~

Primary Registration District No. 799 Registered No. 67

FULL NAME OF CHILD EARNEST MILTON Tolman

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	X		X	yes	8-27-1915

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Owen Tolman	FULL MAIDEN NAME	Millie Henry
RESIDENCE	Boulder	RESIDENCE	or Marion
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Utah	BIRTHPLACE	Kentucky
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10 a M on the date above stated.

(Born alive or stillborn)

(Signature) E P Oldham

MD

(Physician or midwife)

Address Ogden

Filed 9.7 1915

E P Mann
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

.....
Registrar

S-T CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 33190
Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or death)

for ..... (Name on original certificate) who ..... (Was born or died) on ..... (Date of event)

in ..... (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ..... (Bible record, insurance policy, etc.) prepared on ..... (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Ernest Dean Tolman	~~Ernest~~ Milton Tolman
		Earnest Milton Tolman

Subscribed and sworn to before me this 22 day of November, 1941

C. F. Larson

Notary Public, residing at .....

My commission expires .....

[SEAL]

Notary Public in and for the State of Idaho
Residing in Oakley, Cassia County, Idaho
My Commission expires Jan. 6, 1945

Signed Owen Tolman
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Cassia } ss.
County of Cassia }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22 day of November, 1941

C. F. Larson

Notary Public, residing at .....

My commission expires .....

[SEAL]

Signed .....
(Signature of any credible person other than the previous affiant.)

.....
(Street Address, City, State)

Received for filing on ..... By .....
(Registrar's signature)

391-128-016-412

Form V. S. No. 11-C—25m-1-1-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33191

County of Oakley

City of Cassia

No. ..... St.

Hospital .....

Registration District No. 170 File No. III

Primary Registration District No. 79a Registered No. 68

FULL NAME OF CHILD Hyrum Joseph Cramer

Sex of Child	Twin Triplet or other?	Number and in order of birth	Legitimate?	Date of Birth
Male	X	X	yes	8 (Month) 28 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Joseph A Cramer	FULL MAIDEN NAME	Bertha Mabey
RESIDENCE	Oakley	RESIDENCE	
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 5:45 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. R. Osborne M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Oakley

Filed 9.7 1915

E. R. Osborne
Registrar

Registrar

8-7-00. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Cassia

Certificate No. 33191
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Hyrum Joseph Craner (Name on original certificate) who Born (Was born or died) on Aug 28, 1915 (Date of event)
in Oakley Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Family Record Christened, prepared on Jan 2, 1916 (Give date), are:
(Bible record, insurance policy, etc.)

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Craner	Hyrum Joseph Craner

Subscribed and sworn to before me this 16
day of May, 1942

Notary Public, residing at Notary Public in and for the State of Idaho Residing in Cassia County, Idaho

My commission expires [illegible]
[SEAL]

Signed J. Joseph Craner
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Oakley Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Cassia

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16
day of May, 1942

Notary Public, residing at [illegible]

My commission expires [illegible] My Commission expires Jan. 6, 1945
[SEAL]

Signed H R Matthews
(Signature of any credible person other than the previous affiant.)

Oakley Idaho
(Street Address, City, State)

Received for filing on [illegible] By
(Registrar's signature)

391-229-016-755

PLACE OF BIRTH

Form V. S. No. 11-C—25

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oakley

City of N Cassia

No. _____ St.

Hospital _____

Registration District No. 120 File No. II 33192

Primary Registration District No. 799 Registered No. 69

FULL NAME OF CHILD Ina Lenora Cramer

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	X		X	Yes	8 (Month) – 29 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Charles F. Cramer	FULL MAIDEN NAME	Ardell Gee
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E Bolohan MD
(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Address Oakley

Filed 9.4 1915 E Bolohan
Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 3 1966

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

236-125
034-665

[redacted] BIRTH

[redacted] V. S. No. 11-C—25m-1-1-19

County of Ouidoka

City of Heyburn

Registration District No. 18

File No.

No. St.

Primary Registration District No. 2102

Registered 33193

Hospital

FULL NAME OF CHILD ASA AARON Stoddard

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M.		Yes.	7-20-15 191

FATHER		MOTHER	
FULL NAME	A. A. Stoddard	FULL MAIDEN NAME	Margaret Owen
RESIDENCE	Heyburn, Ida.	RESIDENCE	Heyburn, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Utah	BIRTHPLACE	Idaho.
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 12.50 a. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson

M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address Burley, Ida.

Filed Aug 20 1915

V. R. Kellen

Registrar

Registrar

S-Y CO. 24655

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Solano

Certificate No. 33193

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of July 20th, 1915 (Birth or Death)
for Asa Aaron Stoddard Jr. (Name on Original Certificate) who born (Was Born or Died) on July 20th, 1915 (Date of Event)
in Paul Pinadoka Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on July 1915 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Asa Aaron Stoddard

Subscribed and sworn to before me this sixth
day of July, 1942

William F. Corbett
Notary Public, residing at Vallejo, Calif.

My commission expires May 29th, 1945
(Seal)

Signed Margaret A.O. Stoddard - Hay. mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

No. 630 York St. vallejo, Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Solano

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this sixth
day of July, 1942

William F. Corbett
Notary Public, residing at Vallejo, Calif.

My commission expires May 29th, 1945
(Seal)

Signed John Hay
(Signature of Any Credible Person Other Than Previous Year)

630 York St. Vallejo, Calif.
(Street Address, City, State)

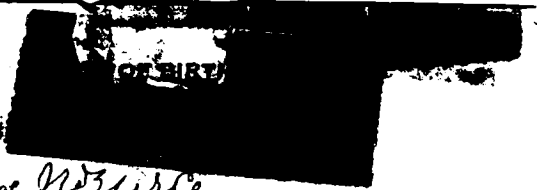
JUL 8 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]



Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33194

Count[redacted]

City of Nezperce

215-118-031-962 Registration District No. 47 File No.

No. St.

Primary Registration District No. 21 24 Registered No. 37

Hospital

FULL NAME OF CHILD Harold R. Sanford

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male			1	Yes	Aug 18 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Jessie H Sanford	FULL MAIDEN NAME	Amsel Robinett
RESIDENCE	Nezperce	RESIDENCE	Nezperce
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	S. Dacota	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was a live (Born alive or stillborn) at 11 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E Taylor MD

(Physician or midwife)

Given names added from a supplemental report

19

Address Nezperce Idaho

Registrar

Filed 9-3 1915 J P Jones Registrar

S-Y CO. 20174

NOV 2 0 1975

458-130
016-689

PLACE OF BIRTH [redacted]

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33195

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

Registration District No. 170 File No. 111

Primary Registration District No. 999 Registered No. 71

FULL NAME OF CHILD De LaMare

Sex of Child	Twin Triplet or other	and	Number in order of birth	Legitimate?	Date of Birth
Male	Twin		Second	yes	8 (Month) 30 (Day)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	J Frank DeLaMare	FULL MAIDEN NAME	Primrose White
RESIDENCE	Oakley	RESIDENCE	
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Barber	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive or stillborn at 9 30 A M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E P Oloham

MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Oakley

Filed Apr 7 1915 E P Oloham

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

458-230-096-6

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33196

County of Cassia

City of Oakley

No. ..... St.

Hospital

Registration District No. 120 File No. III

Primary Registration District No. 299 Registered No. 70

FULL NAME OF CHILD Joe DeLamare

Sex of Child female | Twin Triplet or other? Twin | and | Number in order of birth 1st | Legitimate? yes | Date of Birth 8 (Month) 30 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	J. Frank DeLamare	FULL MAIDEN NAME	Primrose Whitley
RESIDENCE	Oakley	RESIDENCE	
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Barber	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 9 10 9 M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E P Oldham

MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Oakley

Filed 9/7 1915 Idaho

Registrar Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATI
CERTIFICATE OF BIRTH

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

719-117
031-954

PLACE OF BIRTH

Form V. S. No. 11-O—20m-2-16-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of Nezperce

No. ..... St.

Hospital .....

Registration District No. 47 File No. 33197

Primary Registration District No. 2124 Registered No. 36

FULL NAME OF CHILD Gordon Edwin Garvin

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of Birth
Male	2 (To be answered only in event of plural births)	Yes	Aug (Month) 17 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Edwin Garvin	FULL MAIDEN NAME	Vina Redick
RESIDENCE	Nezperce	RESIDENCE	Nezperce
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Washington
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Borned alive (Born alive or stillborn), at 6 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E Taylor, M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Nezperce Idaho

Filed 9-3 1915 J P Jones Registrar

Registrar

R-Y CO. 20174

[redacted]

AUG 25 1953

95-9-224-03-289

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Lewis

City of Nezperce

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33198

Registration District No. 47 File No. .....

Primary Registration District No. 2124 Registered No. 34

FULL NAME OF CHILD Madge Lois Reinhardt

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		Yes	8 (Month) 24 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	F. Earl Reinhardt	FULL MAIDEN NAME	Gladys Syron
RESIDENCE	Nezperce	RESIDENCE	Nezperce
COLOR	W. AGE AT LAST BIRTHDAY 25 (Years)	COLOR	W AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Wash.
OCCUPATION	Farmer	OCCUPATION	Hon

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 7 40 9 M on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. A. Jeffrey
(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19.....

Address Nezperce Idaho

Filed 9-3 1915 J. P. Jones
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 20 1942

314-215-031-238 childs name amend 4-30-84 dl

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

33199

County of Lewis

City of Nezpesc

No. ..... St.

Hospital .....

Registration District No. 47 File No. .....

Primary Registration District No. 2124 Registered No. 32

FULL NAME OF CHILD ~~Mary Anna~~ Anna Mary Lauby

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes	8 15 1915

FATHER		MOTHER	
FULL NAME	Lauby, Nicholas M	FULL MAIDEN NAME	Schlautmann, Mary
RESIDENCE	Nezpesc	RESIDENCE	Nezpesc
COLOR	W. AGE AT LAST BIRTHDAY 37 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE	Wis	BIRTHPLACE	Neb.
OCCUPATION	Bank Cashier	OCCUPATION	H

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 1 PM on the date above stated.
(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. A. Jeffrays
(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19.....

Address Nezpesc, Idaho

Filed 9-3 1915 J. P. Jones
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

4-19-84

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____ }

Certificate No. 33199
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Mary Anna Lauby (Name on Original Certificate) who was born (Was Born, Died, etc.) on Aug 15, 1915 (Date of Event)

in NezPerce (Lewis) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Mary Anna Lauby	Anna Mary Lauby

Subscribed and sworn to before me this 24th day of April, 1984

Notary Public, [illegible]
Residing at Weed River, Ore
My commission expires 2-22-85
(Seal)

[illegible]
Signature of Applicant

[illegible]
Street Address, City, State
Weed River Oregon

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of OREGON } ss.
County of Weed River }

(Must be completed __)
(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th day of April, 1984

Notary Public, [illegible]
Residing at Weed River Ore
My commission expires 2-22-85
(Seal)

[illegible]
Supporting Signature

[illegible]
Street Address, City, State

1 cc 1bc

Marriage Certificate lists Chas E Winslow and Anna M. Lauby were married Sept 25, 1937 at the St. Marys Church, Mt. Angel State of Oregon. Viewed by V.S.

Certificate of Baptism lists Anna Mary Lauby child of Nicholas Lauby and Mary Veronica Schlautman born in Nezperce, Idaho on the 15th of August 1915 was baptised August 22,1915. Viewed by V.S.

669 - 204-031-867

PLACE OF BIRTH

County of Lewis

City of Green P.O.

No. _____ St.

Hospital _____

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33200

Registration District No. 47 File No. _____

Primary Registration District No. 2124 Registered No. 3

FULL NAME OF CHILD Margaret Amelia Warnick

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	7 4 1915

FATHER		MOTHER	
FULL NAME	Warnick L. A.	FULL MAIDEN NAME	Thurston Hazel
RESIDENCE	Green	RESIDENCE	Green
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Penn.	BIRTHPLACE	N. Y.
OCCUPATION	Farmer	OCCUPATION	Home

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at 7 35 P. M
(Born alive or ~~stillborn~~)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. A. Jaffray

(Physician or ~~midwife~~)

Address Nezperce

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed 9-3 1915 J. T. Jones Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-C—Mar-1-1-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33201

City of Nezperce

No. 632-167-031-168 St.

Registration D[illegible] 47

File No.

Primary Registration District No. 2124

Registered No. 36

Hospital

FULL NAME OF CHILD Paul Alfred Olson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	7 7 1915

FATHER		MOTHER	
FULL NAME	Olson P. A.	FULL MAIDEN NAME	Johnson Anna A
RESIDENCE	Nezperce	RESIDENCE	Nezperce
COLOR	W AGE AT LAST BIRTHDAY 34 (Years)	COLOR	W AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE	Minn	BIRTHPLACE	Wis
OCCUPATION	Farmer	OCCUPATION	H

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 10 9 M on the date above stated.

(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. A. Jeffreys

(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19

Address Nezperce, Idaho

Registrar

Filed 9-3 1915 J. P. Jones, Registrar

8-Y CO. 24659

DEC 30 1941

795-221-031-261

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33202

County of Lewis

City of Nezperce

Registration District No. 47 File No.

No. St.

Primary Registration District No. 2124 Registered No. 33

Hospital

FULL NAME OF CHILD Wilma Viola Greek

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes	8 21 1915

FATHER		MOTHER	
FULL NAME	Greek Fred L.	FULL MAIDEN NAME	Swartz Iva
RESIDENCE	Nezperce	RESIDENCE	Nezperce
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Iowa	BIRTHPLACE	Neb
OCCUPATION	Farmer	OCCUPATION	Hw.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 5-30 a M on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. A. Jeffreys

(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19.....

Address Nezperce

Filed 9-3 1915 J. Jones

Registrar

Registrar

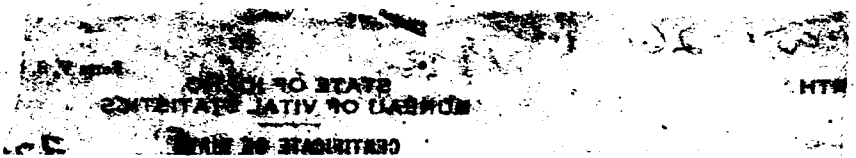
S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K



SEP 7 1944

249-226-031-731

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

33203

CERTIFICATE OF BIRTH

County of Lewis

City of Vollmer

Registration District No. 47 File No.

No. St.

Primary Registration District No. 2124 Registered No. 35

Hospital

FULL NAME OF CHILD Marvel Wilma Smith

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes	8 26 1915

FATHER		MOTHER	
FULL NAME	Smith Noel C	FULL MAIDEN NAME	Carley Gladys
RESIDENCE	Vollmer	RESIDENCE	Vollmer
COLOR	W. AGE AT LAST BIRTHDAY 21 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 18 (Years)
BIRTHPLACE	Minn.	BIRTHPLACE	Idaho
OCCUPATION	Baggage man	OCCUPATION	Hw.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 9:15 A.M. on the date above stated.
(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. A. Jeffreys
(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19.....

Address Nezperce Ida

Filed 9-3 1915 [signature] Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 8 1976

662-122
034-962

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 33204

County of Minidoka

City of Eden

Registration District No. 19 File No.

No. St.

Primary Registration District No. 2015 Registered No. 70

Hospital

FULL NAME OF CHILD Ralph Minard Foster

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Aug 22 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Roy Earl Foster	Marie Rose
RESIDENCE	Eden Ida.	Eden Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY	26 (Years)	18 (Years)
BIRTHPLACE	Nebraska	Kansas
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1:30 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. P. Scroggs M. D.
(Physician or midwife)

Address Eden Ida

Given names added from a supplemental report.

..... 19.....

Filed 8-31 1915 E. H. Elmore
Registrar

..... Registrar

S-Y CO. 24055

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 5 1942

BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address ON OF VITAL STATISTICS, BOISE, IDAHO.

562-131-034-73 (Be sure the information is complete and accurate)

Amended 10-11-67

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 33205
Local Reg. No. 73
Reg. Dist. No. 19

1. PLACE OF BIRTH

a. COUNTY: Minidoka

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Rupert

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho

b. COUNTY: Minidoka

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Rupert

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Heber

b. (Middle): Grant

c. (Last): Noble

4. SEX: Male

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): Aug. 31, 1915

FATHER OF CHILD

7. FULL NAME

a. (First): Joseph

b. (Middle): Lawrence

c. (Last): Noble

8. AGE (At time of this birth): 31 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Utah

10. USUAL OCCUPATION: Rancher

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Laura

b. (Middle): Bell

c. (Last): Pleasant

13. AGE (At time of this birth): 33 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Tenn.

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 3

b. How many OTHER children were born alive but are now dead? 1

c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: C. P. Groom

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Rupert, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: 9-2-1915

22. REGISTRAR'S SIGNATURE: E.H. Elmore

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
AUG 9 - 1967
Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 33205

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Joseph Housley Noble (Name on Original Certificate) who was born (Was Born or Died) on Aug. 31, 1915 (Date of Event)
in Rupert, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Minidoka School records (Bible Record, Insurance Policy, Etc.) prepared on September 1921 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Joseph Housley Noble	Heber Grant Noble
Full Name of Father	Joseph L Noble	Joseph Lawrence Noble
Full Maiden Name of Mother	Laura Pleasent	Laura Bell Pleasant

Subscribed and sworn to before me this 13th day of June, 1967

Notary Public, residing at Rupert, Idaho
My commission expires 12-9-70
(Seal)

Signed [signature] (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

[illegible] (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Minidoka }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5th day of June, 1967

Notary Public, residing at Rupert, Idaho
My commission expires Oct. 1, 1970
(Seal)

Signed Stella N. Cole (Signature of Any Credible Person)

Rt. 3, Rupert, Idaho (Street Address, City, State)

FORM DH 60-155 CL 5-29-67. two copies pd.

Honorable Discharge from U.S. Marine Corps, May 15, 1945 gives full name as Heber Grant Noble, born Aug. 31, 1915 at Rupert, Idaho - viewed by V.S.

Minidoka County Schools, Rupert, Idaho, statement from Camden B. Meyer, Supt., dated June 5, 1967 states "The Minidoka County School records indicate that Heber Grant Noble was born August 31, 1915 at Rupert, Idaho. He is the son of Joseph Lawrence and Laura Bell Pleasant Noble." - viewed by V.S.

Child's Birth Cert. on file: (Idaho Birth) #152248 gives full name of parents as Joseph Lawrence Noble and Laura Bell Pleasant - viewed by V.S.

492-114-034-847

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33206

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

Registration District No. 19 File No. .....

Primary Registration District No. 2015 Registered No. 74

FULL NAME OF CHILD Lloyd Mikesell

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy		Yes	8 14 1915

FATHER		MOTHER	
FULL NAME	Wm Mikesell	FULL MAIDEN NAME	Elma Hughes
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8:30 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Kanaay
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

..... Registrar

Address Rupert Ida

Filed 9-3 1915 E H Elmore
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 16 1974

253-204-034-943

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

Registration District No. 19 File No. 33207

Primary Registration District No. 2015 Registered No. 75

FULL NAME OF CHILD Helen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		yes	8 (Month) 4 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Wm T Bell	FULL MAIDEN NAME	Lily Rule
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	56 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Ky.	BIRTHPLACE	Kans
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 p. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Kenagy

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

..... Registrar

Address Rupert

Filed 9-3 1915 E H Elmore Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 6 1958

419-102-034-918

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33208

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

Registration District No. 19 File No. .....

Primary Registration District No. 2015 Registered No. 76

FULL NAME OF CHILD Richard Eldon Martin

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		yes	9 (Month) 2 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Enos Martin	FULL MAIDEN NAME	Ella Ray
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE		BIRTHPLACE	Chicago
OCCUPATION	Real Estate	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10 p. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Kanagy
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19 .....

Address Rupert

Filed 9-3 1915 E H Elmore
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

412-240-016-287

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. [illegible]

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

Registration District No. 19

File No. 33209

Primary Registration District No. 2015

Registered No. 72

FULL NAME OF CHILD Dorothy Rosemarie Mabbutt

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		yes	June (Month) 10 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Chas. Mabbutt	FULL MAIDEN NAME	Ethel Bray
RESIDENCE	Salt Lake City Utah	RESIDENCE	Salt Lake City Utah
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Guard at Pen. Utah	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3:30 p.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Kenagy

Physician (Physician or midwife)

Given names added from a supplemental report.

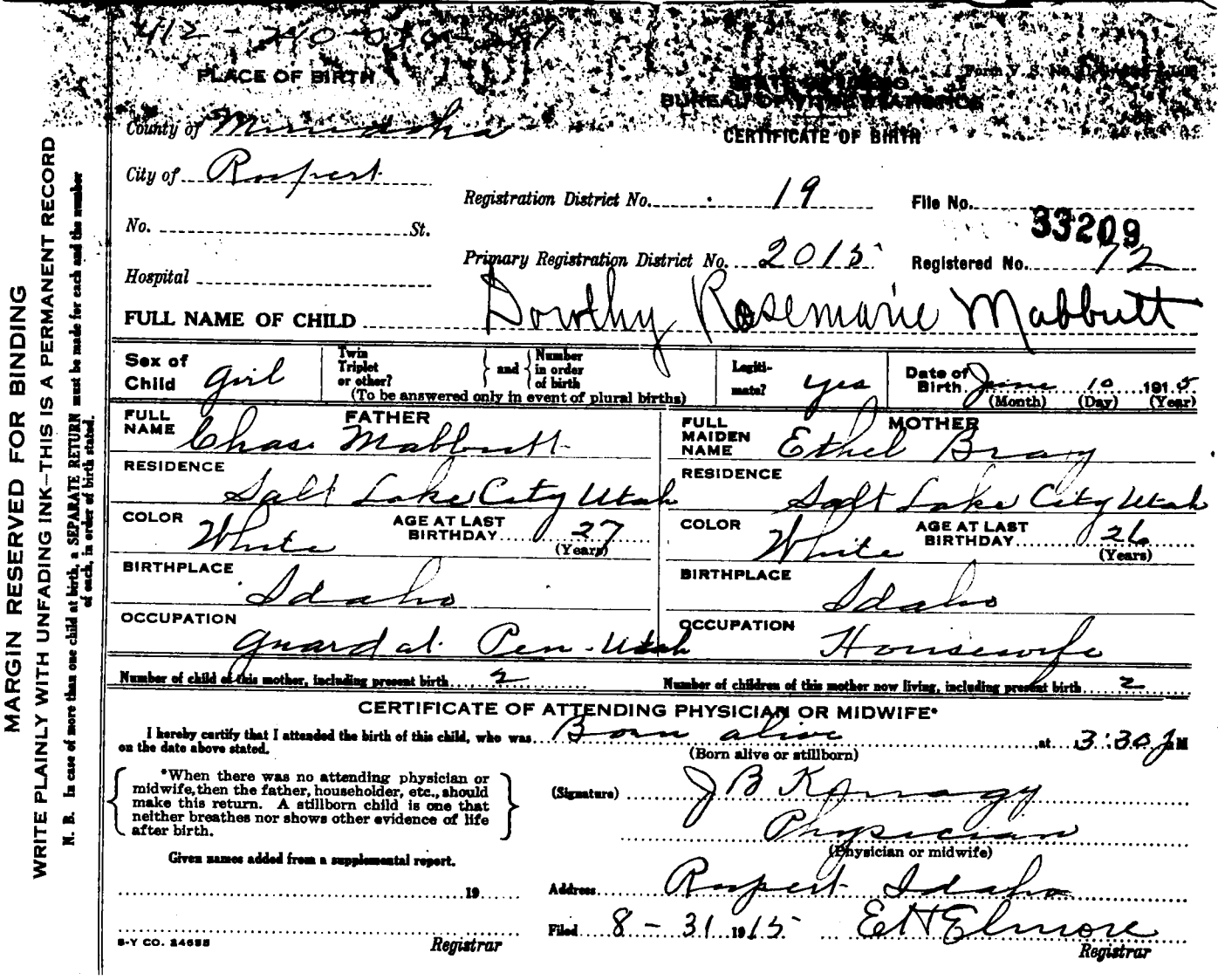
..... 19....

Address Rupert Idaho

Filed 8-31 1915 E H Elmore Registrar

..... Registrar

5-Y CO. 24655



MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 12 1963

APR 2 1968

MAY 2 9 1944

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE O[redacted]

Form V. S. No. 11-C—10m-8-7-11

33210

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of [redacted]a.

City of Ede[redacted]

331 - 11[redacted] - 415 Registration District No. 19 File No.

No. St.

Primary Registration District No. 2015 Registered No. 69

Hospital

FULL NAME OF [redacted] ARNOLD AMOS Claiborne

Sex of Child Male	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of birth May (Month) 12 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	John Alexander Claiborne	FULL MAIDEN NAME	Flora Ames Davis
RESIDENCE	Eden Ida.	RESIDENCE	Eden Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Arkansas	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8

Number of children, of this mother, now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. P. Scroggs M.D.

(Physician or Midwife)

Address Eden Ida

Given names added from a supplemental report

, 19

Filed 9-1 [redacted] E H Elmore

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

K

NOV 14 1942

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED 1970

State of .....
County of ..... } ss.

Certificate No. 33210

Date Filed Sept. 1, 1915

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Amos Arnold Claiborne (Name on Original Certificate) who born (Was Born or Died) on May 12, 1915 (Date of Event)

in Eden, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
first & second names	Amos Arnold Claiborne	Arnold Amos Claiborne

Subscribed and sworn to before me this 12 day of ....., 19..

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

X Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of .....
County of ..... } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

JAN 7 1971

Certificate of Blessing certifies that Virgina Carol Claiborne daughter of Arnold Amos Claiborn and Donn Swainston was born July 12, 1938 at Wendell, Idaho.
Viewed by V.S.

Certificate of Baptism and confirmation certifies that Arnold Amos son of John A. Clairborne and Flora Annis Davis was born May 12, 1915 at Eden, Idaho.
Baptized March 11, 1950. L.D.S. Church.
Viewed by V.S.

Anaoth Another childs birth certificate on file - Idaho 269511 gives name of father as Arnold Amos Claiborne. Child born July 12, 1938.
Viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]-032-239

Form V. S. No. 11-C—25m-[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33211

City of Kimama

Registration District No. 19 File No.

No. St.

Primary Registration District No. 2015 Registered No. 71

Hospital

FULL NAME OF CHILD Frederick Johan

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of Birth
Boy	3 (To be answered only in event of plural births)	yes	May 16 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Fred Ringe	FULL MAIDEN NAME	Minnie Klingebiel
RESIDENCE	Kimama	RESIDENCE	Kimama
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Germany
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8:30 M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Kenagy
Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Address

Registrar

Filed 8-31 1915 E H Elmore
Registrar

S-Y CO. 24655

MARGIN RESE[illegible]

WRITE PLAINLY, WITH UNFADIN[illegible]

N. B. In case of more than one child at birth, a[illegible] of each, i[illegible]

Amended 5/21/69

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33212

County of [illegible]

City of [illegible]

No. 556-131-029-655 St.

Registration District No. _____ File No. _____

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Eldon Newman

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	Yes	Aug 31 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Henry Newman	FULL MAIDEN NAME	Nellie Skeen
RESIDENCE	Troy Idaho	RESIDENCE	Troy Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	W. Virginia	BIRTHPLACE	W. Virginia
OCCUPATION	Drayman	OCCUPATION	House Wife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5:00 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. McCall

Physician (Physician or midwife)

Given names added from a supplemental report

_____ 19__

Address Troy Idaho

Filed Sept 1915

Registrar

Registrar

R-Y CO. 20174

APR 16 1969

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
MAY 2 1 1969
Bureau of Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of California
City and County of ss.

Certificate No. 33212

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Everett Newman (Name on Original Certificate) who was born (Was Born or Died) on Aug. 31, 1915 (Date of Event)
in Troy, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Everett	Eldon

Subscribed and sworn to before me this 19th day of May, 19 69

Signed Eldon H. Newman
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Virginia Cocks
Notary Public, residing at San Francisco
My commission expires September 2, 1972
(Seal)

MARJORIE T. COCKS
NOTARY PUBLIC - CALIFORNIA
City and County of San Francisco
My Commission Expires Sept. 2, 1972

466 Point Lobos S.F. Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California
City and County of San Francisco ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19th day of May, 19 69

Signed
(Signature of Any Credible Person)

Virginia Cocks
Notary Public, residing at San Francisco
My commission expires September 2, 1972
(Seal)

MARJORIE T. COCKS
NOTARY PUBLIC - CALIFORNIA
City and County of San Francisco
My Commission Expires Sept. 2, 1972

351 Vernon St. Oakland Calif
(Street Address, City, State)
94610

FORM DH 60-155 CL 5/1/69 fee pd. rec. # 13143

Social Security Card gives name as Eldon Henry Newman, No. 236-01-5870. Dated 12-31-50. Viewed by V. S.

MAY 21 1969

Signed and Notarized statement from sisster stating that his name ■ is Eldon Newman and was never known as Everett Newman. Signed byVirginia Newman Preece. Notarized by Hazel F. McGee. Viewed by V. S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

7557 111-028-396

PLACE OF BIRTH

Form V. S. No. [illegible] 20m-8-15-12

33219

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Troy

No. ..... St.

Hospital .....

Registration District No. ..... File No. .....

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Elgin Dale Pence

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Sept 11 1915

FATHER		MOTHER	
FULL NAME	Ralph Clayton Pence	FULL MAIDEN NAME	Mabel Gladys Trout
RESIDENCE	Troy	RESIDENCE	Troy
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Indiana	BIRTHPLACE	Palouse Wash.
OCCUPATION	Mail Carrier R.F.D.	OCCUPATION	Housewife

*Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. McCall

Phys. (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Troy Idaho

Filed Sept. 1915

..... Registrar

..... Registrar

S-Y CO. 20174

MAY 2 2 1975

893-122-029-944

PLACE OF BIRTH

County of Latah

City of Troy

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20M-6-15-12

CERTIFICATE OF BIRTH

33214

Registration District No. ..... File No. .....

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD ELTON KENNETH Everett Hilliard

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Sept 22 1915

FATHER	MOTHER
FULL NAME: Lon H. Hilliard	FULL MAIDEN NAME: Anna L. Rudeen
RESIDENCE: Troy	RESIDENCE: Troy
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 36 (Years)	AGE AT LAST BIRTHDAY: 31 (Years)
BIRTHPLACE: Illinois	BIRTHPLACE: Sweden
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 4

Number of children of this mother now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Bruce Coell MD

(Physician or midwife)

Address Troy Idaho

Given names added from a supplemental report

..... 19.....

Filed Nov 1 1915

..... Registrar

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

R

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of [illegible] } ss.
County of [illegible] }

Certificate No. 33214

Date Filed OCT 3 1942

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Everett Hilliard (Name on Original Certificate) who was born (Was Born or Died) on Sept. 22, 1915 (Date of Event)
in Troy, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Idaho Farmer Accident Insurance (Bible Record, Insurance Policy, Etc.) prepared on Sept. 8, 1942 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Everett Hilliard	Elton Kenneth Hilliard

Subscribed and sworn to before me this 29th day of September, 1942

[illegible] Notary Public, residing at Troy, Idaho

My commission expires
(Seal)

Signed Anna D. Hilliard
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rt 2 Troy, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of [illegible] } ss.
County of [illegible] }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29th day of September, 1942

[illegible] Notary Public, residing at Troy, Idaho

My commission expires
(Seal)

Signed Evelyn M. Hilliard
(Signature of Any Credible Person Other Than Previous Year)

Rt 2 Troy, Idaho
(Street Address, City, State)

OCT 5 1942

281-210
004-813

PLAC[redacted]

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33215

County of Bear Lake

City of Montpelier

Registration District No. 52

File No.

No. Idaho St.

Primary Registration District No. 2136

Registered No.

Hospital

FULL NAME OF CHILD

Sex of Child	~~Twin~~ ~~Triplet~~ ~~or other?~~ One (To be answered only in event of plural births) and Number in order of birth 1	Legitimate? No	Date of Birth July (Month) 10 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Frank Thay	FULL MAIDEN NAME	Rosy Hall
RESIDENCE	Don't Know	RESIDENCE	Montpelier
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Don't Know	BIRTHPLACE	Montpelier
OCCUPATION	Switchman	OCCUPATION	Housewife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Montpelier (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Montpelier Idaho

Filed 10/1/ 1915 H H Kemp MD

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

141-1135-604-141

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33216

County of Bear Lake

City of Montpelier Registration District No. 52 File No.

No. St. Primary Registration District No. 2136 Registered No.

Hospital VIRGIL LLOYD ADAMS

FULL NAME OF CHILD ~~Lloyd Patton~~ Adams

Sex of Child	~~Twin Triplet~~ or other?	and Number in order of birth	Legitimate?	Date of Birth
M	1		No	July (Month) 25 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Loyd Patton	FULL MAIDEN NAME	Florence Adams
RESIDENCE	Parson Kansas	RESIDENCE	Montpelier Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Parson Kansas	BIRTHPLACE	Montpelier
OCCUPATION	Prize Fighter	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was July 25 (Born alive or stillborn), at 4:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Lynn MD

physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Montpelier

Filed 10/1 1915 J. H. Lynn MD Registrar

Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 9 1945

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of CALIFORNIA } ss.
County of LOS ANGELES }

Certificate No. 33216

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Virgil Lloyd Adams (Birth or Death)
for Loyd E. Adams (Name on Original Certificate) who July 25, 1915 (Was Born or Died) on (Date of Event)
in Montpelier, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Loyd E.	Virgil Lloyd Adams

Subscribed and sworn to before me this 6th day of February, 19 45

Notary Public, residing at 1151 S. Broadway

My commission expires Aug. 17, 1947

(Seal)

Signed Mrs. Florence Kavanaugh
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1933 Lovelace Ave. Los Angeles 7, Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of CALIFORNIA } ss.
County of LOS ANGELES }

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th day of February, 19 45

Notary Public, residing at 1151 S. Broadway

My commission expires August 17, 1947

(Seal)

Signed James Maurice Kavanaugh
(Signature of Any Credible Person)

1933 Lovelace Ave. Los Angeles 7 Calif.
(Street Address, City, State)

APR 3 1947

391-104-004-459 middle name amend 5-29-84
dl

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Bennington

Registration District No. 52 File No. 33217

No. ..... St.

Primary Registration District No. 2136 Registered No. .....

Hospital .....

FULL NAME OF CHILD Mahonri Merrill B. Crane

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Aug. 4 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Mahonri Bannum Crane	FULL MAIDEN NAME	Mabel Merrill
RESIDENCE	Bennington Ida.	RESIDENCE	Bennington
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Bennington Ida.	BIRTHPLACE	Bennington Ida.
OCCUPATION	rancher	OCCUPATION	housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 1.20 p.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Lynn
Physician
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Montpelier Ida.

Filed 10/1 1915 [signature] Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 1915-434898

DUP OF 1915--434898

5-22-84

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____ }

Certificate No. 33217
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Merrill B. Crane (Name on Original Certificate) who was born (Was Born, Died, etc.) on Aug 4, 1915 (Date of Event)

in Bennington (Bear Lake) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs middle name	B.	Mahonri

Subscribed and sworn to before me this 24th day of May, 19 84

Notary Public, [signature]
Residing at Ovid, ID 83260
My commission expires Lifetime
(Seal)

[signature]
Signature of Applicant

Star Rt 2 Bennington Idaho
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

(Must be completed __)
(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19__.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

1 cc credit

Marriage License lists Merrill Mahonri Crane and Shirley Shultis were married May 4, 1967 in Bear Lake County, Idaho. Viewed by V.S.

Social Security Card lists Merrill M. Crane as employee. Dated Dec 6, 1938. Viewed by V.S.

Death Certificate gives Merrill Mahonri Crane born Aug 4, 1915 in Idaho. Viewed by V.S.

415-214-004-719

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33218

County of Bear Lake

City of Montpelier

Registration District No. 52

File No.

No. St.

Primary Registration District No. 2136

Registered No.

Hospital

FULL NAME OF CHILD RUTH DAVIS

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
female	twin	2	yes	Aug (Month) 14 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Guy Butler Davis	FULL MAIDEN NAME	Minnie Parker
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Montpelier Idaho	BIRTHPLACE	Liberty
OCCUPATION	salesman	OCCUPATION	salesman's wife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Montpelier (Born alive or stillborn), at 4 20 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Lynn

physician (Physician or midwife)

Given names added from a supplemental report

19

Address Montpelier

Filed 10/1/ 19 15 H H Berg

Registrar

Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California
County of Los Angeles } ss.

Certificate No. 33219

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth or Death)

for (Name on Original Certificate) who (Was Born or Died) on (Date of Event)

in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Ruth Davis

Subscribed and sworn to before me this 20th. day of March, 1943

Fred R. Burns

Notary Public, residing at Maywood, Calif.

My commission expires Dec 8-1943

(Seal)

Signed Mrs. Winnie Parker Davis

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

3536 E. 55th St. Maywood Cali

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this

day of , 19

Notary Public, residing at

My commission expires

(Seal)

Signed

(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

MAR 25 1943

MAR 2 9 1943

JUL 3 1955

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted] BIRTH

[redacted] Lake

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFIC[redacted]IRTH

33219

City of Montpelier

Registration District No. 32

File No.

No. 415-114-004-719 St.

Primary Registration District No. 2136

Registered No.

Hospital

FULL NAME OF CHILD Joseph Ralph Davis

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of Birth
Male	(To be answered only in event of plural births)	yes	Aug (Month) 14 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Guy Butler Davis	FULL MAIDEN NAME	Minnie Parker
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Montpelier Idaho	BIRTHPLACE	Liberty Idaho
OCCUPATION	Salesman	OCCUPATION	Salesman's wife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born at Montpelier, at 4:20 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Lynn

Physician
(Physician or midwife)

Given names added from a supplemental report

19

Address Montpelier

Filed 10/1/1915 H. H. King Reg

Registrar

Registrar

S-Y CO. 20174

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

MAR 29 1943

APR 1 1943

OCT 25 1965

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 33220
Local Reg. No.
Reg. Dist. No. 52

Amended 1/14/74

1. PLACE OF BIRTH

a. COUNTY: Bear Lake

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Bennington

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Bear Lake

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Bennington

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Isabelle b. (Middle): Janette c. (Last): Parker

4. SEX: Female

5a. THIS BIRTH: SINGLE ____ TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH: (Month) August (Day) 21, (Year) 1915

FATHER OF CHILD

7. FULL NAME

a. (First): David b. (Middle): James c. (Last): Parker

8. AGE (At time of this birth): 29 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Bennington, Idaho

10. USUAL OCCUPATION: rancher

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Ellen b. (Middle): c. (Last): Perkins

13. AGE (At time of this birth): 27 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Bennington, Ida.

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living?

b. How many OTHER children were born alive but are now dead?

c. How many children were stillborn (born dead after 20 wks. pregnancy?)

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: I. W. Lynn, M. D.

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Montpelier, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: 10/1/15

22. REGISTRAR'S SIGNATURE: H. H. King

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS

WEIGHT AT BIRTH ____ LBS. ____ OZS. TIME: 6:20 AM

RACE OR COLOR OF FATHER: White

RACE OR COLOR OF MOTHER: White

METHOD OF DELIVERY:

Was 1% Silver Nitrate Used to prevent blindness? YES ____ NO ____

BIRTH INJURY TO INFANT ____ YES IF YES, DESCRIBE ____ NO

CONGENITAL MALFORMATIONS OF INFANT ____ YES IF YES, DESCRIBE ____ NO

LOCAL REGISTRAR in the district where ... correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
NOV 20 1:15 PM '73

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 33220

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Ellen Parker (Name on Original Certificate) who was born (Was Born or Died) on Aug. 19, 1915 (Date of Event)
in Bennington, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Ellen Parker	Isabelle Janette Parker
Birth Date	August 19, 1915	August 21, 1915

Subscribed and sworn to before me this 19 day of November, 1973

Janice Holder

Notary Public, residing at Montpelier, Idaho

My commission expires Nov. 1975

(Seal)

Signed Grace P. Lyman (Aunt)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
I was present at her birth assisting the Doctor

Montpelier, Idaho 83254
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bear Lake }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19 day of November, 1973

Janice Holder

Notary Public, residing at Montpelier, Idaho

My commission expires Nov. 1975

(Seal)

Signed Lucille Jensen
(Signature of Any Credible Person)

Ovid, Idaho 83266
(Street Address, City, State)

FORM DH 60-155 CL 10/29/73

Certificate of Birth from the LDS Church gives name as Isabelle Janet Parker born Aug. 21, 1915. born in Bennington, Idaho. father's name given as David J. Parker and mother's name given as Ella Perkins. Entered on record Oct. 3, 1915.

Own child's birth certif. on file in Idaho (414423) gives child's name as Bonnie Lee Olsen. father's name given as James Olsen and the mother's nameas Isabelle Janette Parker. Viewed by V. S.

759-121-004-366

PLACE OF BIRTH

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 33221

County of Bear Lake

City of Bennington

Registration District No. 52 File No.

No. St.

Primary Registration District No. 2136 Registered No.

Hospital

FULL NAME OF CHILD George Law Perkins

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		Yes	Aug 21 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wm Perkins	FULL MAIDEN NAME	Charlotte Law
RESIDENCE	Bennington	RESIDENCE	Bennington
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Paris
OCCUPATION	Farmer	OCCUPATION	H.W.

Number of child of this mother, including present birth 3rd Number of children of this mother now living, including present birth 3rd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 3:35 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A D Cooley

M.D.
(Physician or midwife)

Given names added from a supplemental report

19

Address Paris

Filed 10/1 1915 H H Kerr M.D.

Registrar Registrar

S-Y CO. 20175

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho ~~Xxxxx~~ Utah } ss.
County of _____

Certificate No. 33221

Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Perkins (Name on Original Certificate) who was born (Was Born or Died) on Aug. 21, 1915 (Date of Event)

in Bennington, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Parents (Bible Record, Insurance Policy, Etc.) prepared on _____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Unnamed Perkins	Perkins	George Law Perkins

Subscribed and sworn to before me this 22nd day of June, 1942

Notary Public, residing at Logan, Utah

My commission expires March 14-1943

(Seal)

Signed William Perkins

(Signature of parent ~~or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person~~.)

72 W 2 D Logan Utah

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Cache

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22nd day of June, 1942

Notary Public, residing at Logan Utah

My commission expires Mar. 14-1943

(Seal)

Signed Elmer C Bosworth

(Signature of Any Credible Person Other Than Previous Year)

28 West 1 no. Logan Utah

(Street Address, City, State)

JUN 25 1942

JAN 10 1975

912-231-004-469

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier *Registration District No.* 52 **File No.** 33222

No. ..... *St.* *Primary Registration District No.* 2136 **Registered No.** .....

Hospital .....

FULL NAME OF CHILD Marie Rasmussen

Sex of Child	~~Twin Triplet~~ or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	1	2	yes	Aug. 3 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John Robert Rasmussen	FULL MAIDEN NAME	Myrtle Morris
RESIDENCE	Montpelier Idaho	RESIDENCE	Montpelier
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Cadillac Michigan	BIRTHPLACE	Montpelier Idaho
OCCUPATION	Engineer	OCCUPATION	Engineers Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born at Montpelier alive (Born alive or stillborn) at 7:45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Lynn

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Montpelier Idaho

Filed 10/1/ 1915 H. H. Hilberg Reg

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF WATER ADMINISTRATION

NOV 22 1968

866-103-004-452

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33223

County of Bear Lake

City of Montpelier

Registration District No. 52

File No.

No. Idaho St.

Primary Registration District No. 2136

Registered No.

Hospital

FULL NAME OF CHILD Guy Arthur Howard

Sex of Child	~~Twin Triplet~~ or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	one	3	yes	Sept 3 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John Willis Howard	FULL MAIDEN NAME	Martha Messerly
RESIDENCE	Montpelier Idaho	RESIDENCE	Montpelier
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Topeka Kansas	BIRTHPLACE	Switzerland
OCCUPATION	Carpenter	OCCUPATION	Carpenters wife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Montpelier Idaho at 8 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Wynn

physician
(Physician or midwife)

Address Montpelier Idaho

Filed 10/1 1915 H. H. Berg Reg.

Registrar

Given names added from a supplemental report

19

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 11 1981

cc 3/19/81 RMK

445-204-004-445

Form V. S. No. 11-C-20 n-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33224

County of Bear Lake

City of Montpelier *Registration District No.* 52 **File No.**

No. Idaho *St.* *Primary Registration District No.* 2136 **Registered No.**

Hospital

FULL NAME OF CHILD ~~Lillian~~ Munk, JESSIE MUNK

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	One		2	yes	Sept (Month) 4 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Lister Peter Munk	FULL MAIDEN NAME	Winnifred Myrtle Munk
RESIDENCE	Montpelier	RESIDENCE	Montpelier Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Mantua Utah	BIRTHPLACE	Bennington Idaho
OCCUPATION	Rancher	OCCUPATION	Ranchers wife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Montpelier at 6:30 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. Lyman
Physician
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Montpelier Idaho

Filed 10/1 1915 [illegible]
Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho
County of Bear Lake } ss.

Certificate No. 33224

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Lillis Munk (Name on Original Certificate) who Born (Was Born or Died) on Sept. 4th 1915 (Date of Event)
in Montpelier, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by L. D. S. Church (Bible Record, Insurance Policy, Etc.) prepared on July 23rd. 1924 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Lillis	Jessie Munk

Subscribed and sworn to before me this 6th
day of August, 1942
Justice of Peace
~~Notary Public~~, residing at Bennington Idaho
My commission expires
(Seal)

Signed Winifred S. Munk.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Montpelier Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bear Lake } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th
day of August, 1942
Justice of Peace
~~Notary Public~~, residing at Bennington Idaho
My commission expires
(Seal)

Signed Hortense Mourtisen
(Signature of Any Credible Person Other Than Previous Year)
Montpelier, Idaho,
(Street Address, City, State)

AUG 1 2 1942

689-216-004-314

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33225

County of Bear Lake

City of Montpelier

No. Idaho *St.*

Hospital

Registration District No. 52 **File No.**

Primary Registration District No. 2136 **Registered No.**

FULL NAME OF CHILD JANET WHITCOMB

Sex of Child	~~Twin Triplet~~ or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	2nd	3	yes	Sept (Month) 16 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Edson Gary Whitcomb	FULL MAIDEN NAME	Lillian Maxwell Cameron
RESIDENCE	Montpelier Ida	RESIDENCE	Montpelier Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Keene New Hampshire	BIRTHPLACE	Nova Scotia
OCCUPATION	Electrical Engineer	OCCUPATION	Engineers wife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was in Montpelier at 9.50 A M. on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Lynn

Physician
(Physician ~~or midwife~~)

Given names added from a supplemental report

..... 19.....

Address Montpelier Idaho

Filed 18/1/ 19 15 H. H. Henry
Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 14 1951

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—[illegible]

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier

Registration District No. 52

File No. 33226

No. 639-211-004-434, St.

Primary Registration District No. 2136

Registered No.

Hospital

FULL NAME OF CHILD ~~Horace~~ Elaine Matilda Flint

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	single	1	Yes	9 11 1915

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Orval G. Flint	FULL MAIDEN NAME	Claire E. McDermott
RESIDENCE	Montpelier Ida	RESIDENCE	Montpelier Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	U.S.	BIRTHPLACE	U.S.
OCCUPATION	Rail Road Brakeman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive 9/11/1915 (Born alive or stillborn), at 1.35 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. F. Guyon M.D.

Montpelier Idaho (Physician or Midwife)

Given names added from a supplemental report

Address

, 19

Filed 10/1 1915 A. H. Hickey M.D.

Registrar

Registrar

S-Y CO., 18670

STATE OF IDAHO

PLACE OF BIRTH

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED FEB 5 1965 Bureau of Vital Statistics

State of Idaho } ss.
County of Bannock

Certificate No. 33226

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Flint (female child) (Name on Original Certificate) who was born (Was Born or Died) on Sept. 11, 1915 (Date of Event) in Montpelier, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Elaine Matilda Flint

Subscribed and sworn to before me this 4th day of February, 1965

H. C. Jones

Notary Public, residing at Pocatello, Ida

My commission expires July 1, 1968

(Seal)

Signed x Orville G. Flint

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

836 W Whitman Pocatello Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bannock

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4th day of February, 1965

H. C. Jones

Notary Public, residing at Pocatello Idaho

My commission expires July 1, 1968

(Seal)

Signed x Mrs. Rose Brown

(Signature of Any Credible Person)

399 - Skyline Dr.

(Street Address, City, State)

FORM DH 60-155

CL 1-27-65. ~~nn~~ one copy pd. rec. #9679. Pocatello, Idaho

Social Security Card, dated 11/25/36 gives full name as Elaine Matilda Flint - viewed by V.S.

Marriage License and Certificate, State of Idaho, County of Bannock, married Nov. 3, 1938 at Pocatello, Idaho gives full name of groom as Floyd Kent Goodell and full name of bride as Elaine Matilda Flint - viewed by V.S.

MAR 30 1965

993-224-0-4

PLACE OF BIRTH

Form V. S. No. 11—10m-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Sa[redacted]

City of Paris

Registration District No. 53

File No. 33228

No. ..... St.

Primary Registration District No. 2132

Registered No. .....

Hospital .....

FULL NAME OF CHILD Verginia

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	June 24 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Dave E Rich	FULL MAIDEN NAME	Anne Stuchi
RESIDENCE	Paris	RESIDENCE	Paris
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Paris	BIRTHPLACE	Paris
OCCUPATION	School teacher	OCCUPATION	H W

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 11 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A D Cooley

M D
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Paris

Filed 8-1 1915 R J Sutton
Registrar

Registrar

S-Y CO. 20175

SEP 14 1969
OCT 31 1973
JAN 28 1981

PLACE

STATE OF IDAHO
U OF VITAL STATISTICS

Form V. S. No. 11-C—Rev-1-1-18

County of

CERTIFICATE OF BIRTH

City of Ferdinand

33229

758-116-025-23

Registration District No. 50

File No.

No. St.

Primary Registration District No. 2129

Registered No. 122

Hospital

FULL NAME OF CHILD unnamed

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	9- 16 1915

FATHER		MOTHER	
FULL NAME	John Fehmeier	FULL MAIDEN NAME	Anna C. Staab
RESIDENCE	Ferdinand Ida	RESIDENCE	Ferdinand Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Minn	BIRTHPLACE	Minn
OCCUPATION	Farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1:15 a. M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) H. C. Parrish M.D.

(Physician or midwife)

Address Ida Idaho

Filed 9-20 1915 H. C. Parrish Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

685-110-031-296

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
DEPARTMENT OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Lewis

City of Leo

No. ..... St.

Hospital .....

Registration District No. 5-0 1

File No. 33230

Primary Registration District No. 2129

Registered No. 121

FULL NAME OF CHILD Unnamed

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	July 10 1913

FATHER		MOTHER	
FULL NAME	Everett L. Wheat	FULL MAIDEN NAME	Francis Brownlee
RESIDENCE	Leo Ida	RESIDENCE	Leo Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2-45 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. C. Parrish M.D.

(Physician or midwife)

Address Leo Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 9-10 1913 H. C. Parrish Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Amended 12-2-59

PLACE OF BIRTH

349-205-031-362

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of Ilo

No. ..... St.

Registration District No. 50 File No. 33231

Hospital ..... Primary Registration District No. 2129 Registered No. 120

FULL NAME OF CHILD Clarice Beulah Turner
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Sept. 5, 1915

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME: Herbert Robert Turner	FULL MAIDEN NAME: Minnie Alma Costley
RESIDENCE: Ilo, Ida.	RESIDENCE: Ilo, Ida.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 20 (Years)	AGE AT LAST BIRTHDAY: 20 (Years)
BIRTHPLACE: Oregon	BIRTHPLACE: Grangeville, Ida.
OCCUPATION: Farmer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 8 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. C. Parrish, M.D.

(Physician or midwife)

Address Ilo, Idaho

Give names added from a supplemental report.

....., 192.....

Filed 9-10-1915 H.C. Parrish
Registrar.

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

State of Nevada Marriage Certificate, March 14, 1937, gives brides name as Clarice Beulah Turner - viewed by V.S. Own Child's Birth Certificate, California Birth, Aug. 3, 1939 (Child's Name-Robert Lee Dyer, Jr.) gives mother's name as Clarice Beulah Turner - viewed by V.S.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

- other documents listed on back -

State of [illegible] } ss.
County of [illegible] }

Certificate No. 33231

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Turner (Name on Original Certificate) who born (Was Born or Died) on Sept. 5, 1915 (Date of Event) in Ilo, Idaho - now Craigmont (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Clarice Beulah Turner
Full Name of Father	Hurbert Albert Turner	Herbert Robert Turner

Subscribed and sworn to before me this [illegible] day of [illegible], 19[illegible]

[illegible]
Notary Public, residing at [illegible],
My commission expires [illegible]
(Seal)

Signed [illegible]
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

[illegible] (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DPH 55.155

CL 8-10-59. one copy pd. receipt #13696.

Social Security Card, #550-10-9233, Dec. 29, 1936 gives full name as Herbert Robert Turner - viewed by V.S.

Request of Statment of Wages in Old-Age and Survivors Insurance Account, appears unaltered - gives full name as Herbert Robert Turner - viewed by V.S.

253-101-031-812

Form V. S. No. 11-C—25m-1-1-10

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Lewis

City of Mohler

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 50 File No. 33232

Primary Registration District No. 2129 Registered No. 119

FULL NAME OF CHILD Homer Amos Settler

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Sept (Month) 1 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Joseph C Settler	FULL MAIDEN NAME	Julia E. Habbird
RESIDENCE	Mohler Ida	RESIDENCE	Mohler Ida
COLOR	Indian	COLOR	Indian
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Elk City Ida	BIRTHPLACE	Lewiston Ida
OCCUPATION	Farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) H C Parrish M. D.

..... (Physician or midwife)

Address Ilo Idaho

Filed 9-10 1915 H. C. Parrish Registrar

S-Y CO. 24655

253-222-030-537

Form V. S. No. 11-C—25m-1-1-13

[redacted] OF IDAHO
[redacted] VITAL STATISTICS
[redacted]ATE OF BIRTH

PLACE OF BIRTH

County of Lemhi

City of Gilmore

No. ..... St.

Hospital .....

Registration District No. 42

File No. 33233

Primary Registration District No. 2153

Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Sept 22 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Samuel Bell	FULL MAIDEN NAME	Ida Ely
RESIDENCE	Gilmore, Ida	RESIDENCE	Gilmore, Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Scotland	BIRTHPLACE	Sweden
OCCUPATION	Blacksmith & Deputy Sheriff	OCCUPATION	housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1:30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Cook

Gilmore, Ida
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed Sept 30 1915

J. Cook
Registrar

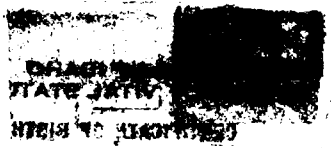
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



385 - 216-002-556

PLACE OF BIRTH

County of Adams

City of Council

No. _____ St.

Hospital _____

[redacted] HO

BUREAU [redacted] TATISTICS

Form V. S. No. 11-C—25m-1-1-20

CERTIFICATE OF BIRTH

Registration District No. 71 File No. 33234

Primary Registration District No. 748 Registered No. _____

FULL NAME OF CHILD Frances Marion Lynn

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fe			Yes	July 16 1915

FATHER		MOTHER	
FULL NAME	A C Lynn	FULL MAIDEN NAME	Anna New
RESIDENCE	Council	RESIDENCE	Council
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Mo	BIRTHPLACE	Kan
OCCUPATION	Farmer	OCCUPATION	Hsw

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was 10 1/2 at C. M on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank L. Brown

(Physician ~~or midwife~~)

Given names added from a supplemental report.

_____ 19____

Address _____

_____ Registrar

Filed Sept. 30 1915 Frank L Brown Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 2 7 1942

[redacted]

[redacted] 9 1973

356-107-002-613

PLACE OF BIRTH

AMENDED - FEBRUARY 10, 1950

County of Adams

City of Council

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 71 File No. 33235

Primary Registration District No. 2148 Registered No. 235

FULL NAME OF CHILD Charles Matthew Leonard
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Aug. 7 1915

What bacteriolidal solution was used in eyes? .....

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME: Charles M. Leonard	FULL MAIDEN NAME: Norma Lee Walker
RESIDENCE: Council, Idaho	RESIDENCE: Council, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 27 (Years)	AGE AT LAST BIRTHDAY: 21 (Years)
BIRTHPLACE: Nebraska	BIRTHPLACE: Kentucky
OCCUPATION: Carpenter	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12:00 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

..... Registrar.

(Signature) Frank E. Brown

..... (Physician or midwife)

Address .....

Filed Aug. 1929 Frank E. Brown Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Colorado } ss.
County of Denver }

Certificate No. 33235

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of the birth (Birth or Death)
for Reo N. Leonard (Name on Original Certificate) who was born (Was Born or Died) on August 7, 1915 (Date of Event)
in Council (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Reo N.	Charles Matthew Leonard

Subscribed and sworn to before me this 2nd
day of August 19 43

Notary Public, residing at Denver, Colorado

My commission expires My Commission Expires Dec. 4, 1946
(Seal)

Signed Norma L. Leonard
(Mrs.) Norma L. Leonard
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

3755 Humboldt St., Denver, Colo.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Colorado } ss.
County of Denver }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd
day of August, 1943.

Notary Public, residing at Denver, Colorado

My commission expires
(Seal)

Signed Louise E. McBride
(Mrs.) Louise E. McBride
(Signature of Any Credible Person Other Than Previous Year)

3757 Williams St., Denver, Colo.
(Street Address, City, State)

APR 14 1975

APR 22 1975

231-106-006-857

PLACE OF BIRTH

STATE OF [redacted]
BUREAU OF VITA[redacted]

Form V. S. No. 11-C—25m-1-1-13

CERTIFICATE OF BIRTH

33236

County of Bingham

City of Aberdeen

No. ..... St.

Hospital .....

Registration District No. 116 File No. 3

Primary Registration District No. 2195 Registered No. 114

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	Yes	Sept 6 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Cornelius Klassen	FULL MAIDEN NAME	Paula Hege
RESIDENCE	Aberdeen Ida	RESIDENCE	Aberdeen Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Germany
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth Seventh Number of children of this mother now living, including present birth Seven

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) McMacKinnon MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Aberdeen Ida

Filed Sept 6 1915 McMacKinnon

Registrar Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

359-110-006-391

Form V. S. No. 11-C—25m-1-1-13

33237

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Aberdeen

No. ..... St.

Hospital .....

Registration District No. 116 File No. 3

Primary Registration District No. 2195 Registered No. 115

FULL NAME OF CHILD ARTHUR EUGENE LEISY

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	Yes	Sept 10 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Albert Herman Leisy	FULL MAIDEN NAME	Henrietta Tiahrt
RESIDENCE	Aberdeen Ida	RESIDENCE	Aberdeen Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Nebraska.	BIRTHPLACE	Nebraska.
OCCUPATION	~~Homework~~ Farmer	OCCUPATION	Homework

Number of child of this mother, including present birth Second Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 12 15 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) McMacKinnon MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Aberdeen Ida

Filed Sept 10 1915 McMacKinnon

Registrar

Registrar

S-Y CO. 24555

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 33237
County of Bingham } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for (Name on Original Certificate) who (Was Born or Died) on Sep 10, 1915 (Date of Event)
in Aberdeen, Idaho (Place of Event) are ~~erroneous~~ correct or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	no name	Arthur Leisy
		Arthur Eugene Leisy

Subscribed and sworn to before me this 29
day of April, 1942
M. D. Lunsheid
Notary Public, residing at Aberdeen, Ida
My commission expires 12-31-45
(Seal)

Signed Mrs. Henrietta M. Leisy
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

APR 30 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

619-112-006-168

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33238

County of Bingham

City of Sterling

No. ..... St.

Hospital .....

Registration District No. 116 File No. 3

Primary Registration District No. 2195 Registered No. 116

FULL NAME OF CHILD Arthur John Ward

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
male	No	—	yes	Sept 12 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Richard Alvin Ward	FULL MAIDEN NAME	Irene Johns
RESIDENCE	Sterling Ida	RESIDENCE	Sterling Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Ida	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth Seventh Number of children of this mother now living, including present birth Seven

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 12 15 P M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) McMacKinnon MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19

Address Aberdeen Ida

Filed Sept 13 1915 McMacKinnon

Registrar

Registrar

S-Y CO. 24655

JAN 7 1966

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

BEFORE THE IDAHO DEPARTMENT OF HEALTH

In the Matter of the Birth Certificate of Owen Kenneth Ward....

AFFIDAVIT

STATE OF IDAHO)
) ss.
County of Bannock)

OWEN KENNETH WARD, First being duly sworn, deposes and says:

1. That Affiant was born on the 18th day of September, 1915, at Stirling, Bingham County, Idaho.

2. That the natural father of Affiant is Richard Alvin Ward.

3. That the natural mother of Affiant is Irene Johns.

4. That Affiant has been known under the name of Owen Kenneth Ward upon the public school records, records of church, and all other public documents.

5. That Affiant has never been known as Arthur John Ward; that it only came to the attention of Affiant within the last 10 days that the birth certificate on file with the State of Idaho listed his name as Arthur John Ward; that Affiant is known as Owen Kenneth Ward on Marriage Certificate, Driver's License, Draft Registration Cards, Birth Certificates of his children, and all other documents with the exception of the Birth Certificate No. 33230.

6. That Affiant desires to continue to be known as Owen Kenneth Ward and makes this Affidavit for the purpose of correcting and clarifying the Birth Certificate on file with the State of Idaho, Department of Health.

7. That Affiant is the same person listed as father on the Birth Certificates of Barbara Ward born on February 2, 1936 and Geraldine Marie Ward born January 10, 1949.

8. That the mother of the two children is listed as Opal Miles.

DATED this 26th day of January, 1966.

Owen Kenneth Ward

OWEN KENNETH WARD

SUBSCRIBED AND SWORN TO before me this 26th day of January, 1966.

NOTARY PUBLIC FOR IDAHO
Residence: Pocatello, Idaho

249-214-006-521

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Bingham

City of Aberdeen

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

No. 33240

Registration District No. 116 File No. .....

Primary Registration District No. 2195 Registered No. 118

FULL NAME OF CHILD Evelyn Smith

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—		—	Yes	Sept 14 1913

FATHER		MOTHER	
FULL NAME	George E Smith	FULL MAIDEN NAME	Maggie Esaney
RESIDENCE	Aberdeen Ida	RESIDENCE	Aberdeen Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	New York State	BIRTHPLACE	Indiana
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth Second Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) McMountain MD

(Physician or midwife)

Address Aberdeen Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Sept 14 1913 McMountain

Registrar

8-Y CO. 84698

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 23 1971

319-218-006-266

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Bingham

City of Aberdeen

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33241
3

Registration District No. 116 File No. .....

Primary Registration District No. 2195 Registered No. 119

FULL NAME OF CHILD Vera Louise Carlson

Sex of Child	Twin Triplet, or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	Twin	First	Yes	Sept 18 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	William Francis Oscar Carlson	FULL MAIDEN NAME	Sigrid Rose Cecilia Swodaberg
RESIDENCE	Aberdeen Ida	RESIDENCE	Aberdeen Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Sweden
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth Fourth Number of children of this mother now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5 A.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) McMacKinnon MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Aberdeen Ida

Filed Sept 18 1915 McMacKinnon

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 2 6 1975

319-218-006-266

Form V. S. No. 11-C—25[illegible]-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33242

County of Bingham

City of Aberdeen

Registration District No. 116 File No. 3

No. ..... St.

Primary Registration District No. 2195 Registered No. 120

Hospital .....

FULL NAME OF CHILD Vivian Bernice Carlson

Sex of Child Female | Twin Triplet or other? Twin and Number in order of birth Second (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Sept 18 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	William Francis Oscar Carlson	FULL MAIDEN NAME	Segrid Rose Cecelia Swordaberg
RESIDENCE	Aberdeen Ida	RESIDENCE	Aberdeen Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Sweeden	BIRTHPLACE	Sweeden
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth Fifth Number of children of this mother now living, including present birth Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) McMurkinnon MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Aberdeen Ida

Filed Sept 18 1915 McMurkinnon

Registrar Registrar

8-Y CO. 24685

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 2 6 1975

454-223-006-695

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33243

County of Bingham

City of ~~Sterling~~ Aberdeen

Registration District No. 116 File No. 3

No. ..... St.

Primary Registration District No. 2195 Registered No. 121

Hospital .....

FULL NAME OF CHILD Olga Clara Unruh

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	Yes	Sept 23 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John J Unruh	FULL MAIDEN NAME	Eva Frey
RESIDENCE	Aberdeen Ida	RESIDENCE	Aberdeen Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Minnesota	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth First Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 1 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible] MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Aberdeen Ida

Filed Sept 23 1915 [illegible]

Registrar

Registrar

9-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

893-225-006-434

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33244

County of Bingham

City of ~~Aberdeen~~ Sterling

No. ..... St.

Hospital .....

Registration District No. 116 File No. 3

Primary Registration District No. 2195 Registered No. 122

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	Yes	Sept 25 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	William C Hill	FULL MAIDEN NAME	Jessie May McDonald
RESIDENCE	~~Ab~~ Sterling Ida	RESIDENCE	Sterling Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Montana
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth Second Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 12 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M C Mackinnon MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Aberdeen Ida

Filed Sept 25 1915 M C Mackinnon

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP001915-416413

666-114-018-467

PLACE OF BIRTH

STATE OF IDA[redacted]
BUREAU OF VITAL S[redacted]

CERTIFICATE OF BIRTH

33245

County of Canyon

City of Payette

Registration District No. 4 File No.

No. 23 So. 8th St.

Primary Registration District No. 1008 Registered No. 60

Hospital

FULL NAME OF CHILD Malcolm Vernon Woodward

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate	Date of Birth (Month) (Day) (Year)
Male			Yes	Aug 14 1915

	FATHER	MOTHER
FULL NAME	Jesse Charles Woodward	FULL MAIDEN NAME Bessie M Morgan
RESIDENCE	Payette Ida	RESIDENCE Payette Ida
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years) 32
BIRTHPLACE	Illinois	BIRTHPLACE Virginia
OCCUPATION	Physician	OCCUPATION None

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11.45 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J C Woodward

Physician (Physician or midwife)

Address Payette Ida

Given names added from a supplemental report

.....19.....

.....
Registrar

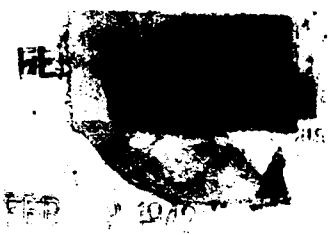
Filed Aug 20 1915 J C Woodward
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



FEB 24 1971

NOV 7 1972

NOV 18 1975

NOT DEL

DWPCO 1915-32653

148-129-014-749

S. No. 11-[illegible]20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of near Payette

No. ..... *St.*

Hospital .....

Registration District No. 4 **File No.** 33246

Primary Registration District No. 1008 **Registered No.** 61

FULL NAME OF CHILD Thos. Engine Ady

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Aug (Month) 29 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	F. O. Ady	FULL MAIDEN NAME	Hattie M Surber
RESIDENCE	near Payette, Ida	RESIDENCE	with husband
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Ky
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12.35 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) I R Woodward

Phys (Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address Payette, Ida

Filed 9/7/15 19 J C Woodward Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each, the number of each, in order of birth stated.

8-30-41

449-121-014-285

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of

No. St.

Hospital

Registration District No. 4

File No. 33247

Primary Registration District No. 1008

Registered No. 62

FULL NAME OF CHILD Sydney Wayne Muzzy

Sex of Child Male	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth Sep 21 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Frank G. Muzzy	FULL MAIDEN NAME	Alma Sherman
RESIDENCE	Near Payette	RESIDENCE	Near Payette
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Wyoming	BIRTHPLACE	Minnesota
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10:25 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Woodward

Physician (Physician or midwife)

Given names added from a supplemental report

19

Address Payette Id

Filed Sep 24 1915 J. C. Woodward Registrar

Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 27 1966

MAR 24 1942

NOV 15 1951

165-119-014-462

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Canyon

City of

No. St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 4 File No. 33248

Primary Registration District No. 1008 Registered No. 63

FULL NAME OF CHILD

Sex of Child: Male	Twin ~~Triplet or other?~~ X 2 and Number in order of birth 6 (To be answered only in event of plural births)	Legitimate? yes	Date of Birth: Sept 19 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Elmer G Aansen	FULL MAIDEN NAME	Florance Moss
RESIDENCE	Payette	RESIDENCE	Payette
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Letzsville Ia	BIRTHPLACE	Payette Ida
OCCUPATION	Cook	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 3:45 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. A. Barton M.D.
P & S
(Physician or midwife)

Given names added from a supplemental report.

19

Address Payette

Filed Sep 26 1915 J. C. Woodward
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

2- City Birth.

766-205
001-766

PLACE OF [redacted]

County of Ada

City of

No. 2½ Mile West Owyhee St.

Registration District No. 8

File No. 33249

Primary Registration District No. 2004

Registered No. 48

Hospital

FULL NAME OF CHILD Helen Beatrice Good

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	1	2	yes	July (Month) 5 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John R. Good	FULL MAIDEN NAME	Helen Good
RESIDENCE	Ada County 2½ mi West of Owyhee	RESIDENCE	Ada Co. 2½ mi W. of Owyhee
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	16 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Boise Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive J (Born alive or stillborn) at 1.15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Thomas N. Braxton M.D.

(Physician or midwife)

Given names added from a supplemental report

19

Registrar

Address 509 Empire Bldg.

Filed July 20 1915

M. S. Parker
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 1 6 1965

751-105-001-168

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

33251

County of Ada

City of

Registration District No. 8 File No.

No. , St.

Primary Registration District No. 2004 Registered No. 52

Hospital

FULL NAME OF CHILD Earl Pearson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
m		2d	yes	Aug 5, 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John Pearson	Anna Johnson
RESIDENCE	Boise Valley	Boise Valley
COLOR	white	wh
AGE AT LAST BIRTHDAY (Years)	34	32
BIRTHPLACE	Sweden	Sweden
OCCUPATION	farmer	housewife

Number of child of this mother, including present birth

Number of children, of this mother, now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7-30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L-C- Bowers

(Physician or Midwife)

Address

Given name added from a supplemental report

, 19

Registrar

Filed , 19 15

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DUP OF 15-303278

316-117-001-445

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Ada

City of Boise

No. Barberton St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 8 File No. 133252

Primary Registration District No. 2004 Registered No. 53

FULL NAME OF CHILD HARRY RAYMOND Lawson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	Date of Birth 8 (Month) 17 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Wm L. Lawson	FULL MAIDEN NAME	Nora Dunbar
RESIDENCE	Barberton	RESIDENCE	Barberton
COLOR	W. AGE AT LAST BIRTHDAY 24 (Years)	COLOR	W AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE	Ills.	BIRTHPLACE	Mo.
OCCUPATION	Electrician	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred. A Puteng Jr.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Falk Bldg.

Filed Aug 20, 19 15 M. S. Parker Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada }

Certificate No. 33252

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth

for Harry Raymond Lawson (Name on Original Certificate) who Was born (Was Born or Died) on Aug. 17, 1915 (Birth or Death) (Date of Event)

in St. Alphonsus Hospital, Boise (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Parent (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed Lawson	Harry Raymond Lawson

Subscribed and sworn to before me this 17th day of April, 1945

O M Kamp

Notary Public, residing at Meridian

My commission expires May 7 1947

(Seal)

Signed W. L. Lawson Father
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada }

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17th day of April, 1945

O M Kamp

Notary Public, residing at Meridian

My commission expires May 7 1947

(Seal)

Signed James M. Rice
(Signature of Any Credible Person)

(Street Address, City, State)
Meridian Idaho

SEP 14 1976

APR 18 1945

663-108-001-469

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Ada

City of Boise

No. Bench St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 8

Primary Registration District No. 2004

File No. 33253

Registered No. 55

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	—		—	yes	Aug 8 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	O P Wolfe	FULL MAIDEN NAME	Florence Morcum
RESIDENCE	Franklin School Bench	RESIDENCE	Bench
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Va	BIRTHPLACE	Nev
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3 A M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. L. Glase

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed Aug 05 1915 W S Parker

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

818-223-001-394

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

33254

County of Ada

City of

No. Boise Valley St.

Hospital

Registration District No. 8

File No.

Primary Registration District No. 2004

Registered No. 56

FULL NAME OF CHILD ~~Infant~~ Haynes, Anona

Sex of Child	Twin, Triplet, or other? and Number in order of birth	Legitimate?	Date of birth
4	5 (To be answered only in event of plural births)	yes	Aug. 23, 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John W Haynes	FULL MAIDEN NAME	Lena Lidston
RESIDENCE	Boise valley	RESIDENCE	Boise valley
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	KS	BIRTHPLACE	Idaho
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8-30 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. LaBonnes

(Physician or Midwife)

Given names added from a supplemental report

Address

, 19

Filed Aug 25 1915 M. S. Parker

Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

K

DEC 21 1949

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Eagle

No. Green Meadows School Dist.

Hospital

Registration District No. 8

Primary Registration District No. 2004

File No. 33255

Registered No. 57

FULL NAME OF CHILD Clyde Leonard

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M.		Yes.	Aug 25 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Joe Leonard	FULL MAIDEN NAME	Mae Garrett
RESIDENCE	Eagle.	RESIDENCE	Eagle
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Ida.
OCCUPATION	farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN ~~OR MIDWIFE~~*

I hereby certify that I attended the birth of this child, who was Born Alive at 9.45 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Bock

(Physician ~~or midwife~~)

Given names added from a supplemental report.

Address Boise Ida

19

Filed 8/26 1915 M. S. Parker

Registrar

Registrar

S-Y CO. 24655

DUP001915-301544

893-126-001-192

Form ~~V. S.~~ No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33256

County of Ada.

City of Franklin School Dist.

Registration District No. 8

File No.

No. St.

Primary Registration District No. 2004

Registered No. 58

Hospital

FULL NAME OF CHILD David Loren Hicks

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M.		Yes	Aug 26 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Clifford L. Hicks	FULL MAIDEN NAME	Clara Van Orsdale
RESIDENCE	Franklin School Dist	RESIDENCE	Franklin School Dist
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Wis.	BIRTHPLACE	Colorado.
OCCUPATION	Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN ~~OR MIDWIFE~~

I hereby certify that I attended the birth of this child, who was Born alive at 8.30 A.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Bock

(Physician ~~or midwife~~)

Given names added from a supplemental report.

19

Address Boise Ida

Filed 8/26 19 M. S. Parker

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECEASED

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

SEP 15 1941

Certificate No. 33256
Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or death)
for ..... (Name on original certificate) who ..... (Was born or died) on ..... (Date of event)
in ..... (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by ..... (Bible record, insurance policy, etc.) prepared on ..... (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Omitted	David Loren Nuckles

Subscribed and sworn to before me this .....
day of ....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
[SEAL]

Signed John Brock
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

316 N 8th St Boise Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
[SEAL]

Signed .....
(Signature of any credible person other than the previous affiant.)

.....
(Street Address, City, State)

Received for filing on ..... By .....
(Registrar's signature)

952-131-001-669

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 2712 Ada St.

Hospital

Registration District No. 8

Primary Registration District No. 1004

File No. 33257

Registered No. 51

FULL NAME OF CHILD Richard Forrest Rebbe

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	July 9th 1915

FATHER		MOTHER	
FULL NAME	H. L. Rebbe	FULL MAIDEN NAME	Leona Forrest
RESIDENCE	2712 Ada St.	RESIDENCE	2712 Ada St.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Kentucky
OCCUPATION	Attorney	OCCUPATION	Housewife

Number of child of this mother, including present birth 3-d

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11:30 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Taylor M.D.

(Physician or midwife)

Address Boise, Idaho

Filed July 13 1915

M. L. Parker

Registrar

Given names added from a supplemental report.

.....19.....

.....

Registrar

S-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

one copy 10/29/40 L.B.

295-126-001-255

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Ada

City of Boise

No. 1213 Hays St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2

File No. 33258

Primary Registration District No. 1004

Registered No. 64

FULL NAME OF CHILD Fred. Kreller

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	8 26 1915

FATHER		MOTHER	
FULL NAME	George D Kreller	FULL MAIDEN NAME	Sarah Bench
RESIDENCE	~~Penn~~ 1213 E Hays St	RESIDENCE	1213 E Hays St
COLOR	W. AGE AT LAST BIRTHDAY 36 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE	Penn	BIRTHPLACE	Utah
OCCUPATION	Stone Cutter	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred A Pittenger

(Physician or midwife)

Given names added from a supplemental report.

19

Address Falk Bldg

Filed 8-27 1915 M S Parker Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 8 1945

DECEASED

415-118-001-893

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of South Boise

No. ..... St.

Hospital .....

Registration District No. 4

Primary Registration District No. 1004

File No. 33260

Registered No. 62

FULL NAME OF CHILD Leslie M. Davis

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M.		Yes	Aug 18 1910 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	F. Davis	FULL MAIDEN NAME	Olive Hill
RESIDENCE	South Boise	RESIDENCE	South Boise
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Ore.	BIRTHPLACE	Ida
OCCUPATION	motorman	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN ~~OR MIDWIFE~~*

I hereby certify that I attended the birth of this child, who was Born Alive at 9 A M on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Bauck

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19....

Address Boise Ida

Filed 8 27 1915 Mrs Parker

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

FEB 7 1942

MAR 1 1948

MAR 26 1954

297-120-001-566

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 910, Hays, St.

Hospital

Registration District No. ✓

File No. 33261

Primary Registration District No. 1004

Registered No. 71

FULL NAME OF CHILD Robert Elliott Biggs

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	8 (Month) – 20 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Clarence Earl Biggs	FULL MAIDEN NAME	Ruth Marie Voorhees
RESIDENCE	Boise	RESIDENCE	Boise
COLOR	W. AGE AT LAST BIRTHDAY 26 (Years)	COLOR	W AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Traveling Salesman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st.

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 11:15 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Maurice H. Tallman
M.W.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Boise, Idaho

Filed 8-27 1915

[signature]
Registrar

Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 18 1942

FEB 5 1948

253-222-001-437

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1010 Hays, St.

Hospital

Registration District No. ✓

File No. 33262

Primary Registration District No. 1004

Registered No. 60

FULL NAME OF CHILD Helen Keller

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	8 (Month) 22 (Day) 1914 (Year)

FATHER		MOTHER	
FULL NAME	Larry A Keller	FULL MAIDEN NAME	Katherine McGovern
RESIDENCE	Murphy, Idaho	RESIDENCE	Murphy, Idaho,
COLOR	W. AGE AT LAST BIRTHDAY 32 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Wisconsin
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2nd

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Maurice H. Tallman min M.D.
(Physician or midwife)

Given names added from a supplemental report.

19

Address Boise Idaho

Filed 8-7 19 [illegible]

Registrar

Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 2 2 1974

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS 2 40 PM '75

RECEIVED BUREAU OF VITAL STATISTICS 2 40 PM '75

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 33262

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Keller (female) (Name on Original Certificate) who was born (Was Born or Died) on Aug. 22, 1915 (Date of Event)
in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Helen Keller

Subscribed and sworn to before me this ..... day of ....., 19.....

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at .....

My commission expires .....
(Seal)

..... (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Nebraska }
County of Douglas } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28 day of October, 1975.

CLARICE A. PRAI
GENERAL NOTARY
STATE OF NEBRASKA
My Commission Expires
November 1, 1976

Notary Public, residing at Omaha Nebraska
(Seal)
My commission expires 11-1-76

Signed Elizabeth McInnern Morton
(Signature of Any Credible Person)

4128 Binney St. Omaha Nebr
(Street Address, City, State)

FORM DH 60-155 CL 7/1974

Certif of Baptism from St. John's Cathedral in Boise, Idaho gives name as Helen Keller daughter of Harry H. Keller and Catherine McGovern. born Aug 22, 1915. Baptized Sept. 5, 1915. viewed by V. S.

NOV 5 1975

Marriage license from Wyoming gives names as Daniel F. Rittenhouse, Jr. and Helen Keller. dated April 3, 1942. viewed by V. S.

942-114-001-312

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 319 So. 8th St.

Hospital

Registration District No. 2

File No. 33263

Primary Registration District No. 1004

Registered No. 59

FULL NAME OF CHILD ?

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	8 – 14 191✓

FATHER		MOTHER	
FULL NAME	Eli Rukavina	FULL MAIDEN NAME	Anna Cabich
RESIDENCE	Boise	RESIDENCE	Boise
COLOR	W. AGE AT LAST BIRTHDAY 37 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 40 (Years)
BIRTHPLACE	Austria	BIRTHPLACE	Austria
OCCUPATION	Common Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8th

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 6:30 P. M., on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Maurice H Tallman, Mrd.
(Physician or midwife)

Given names added from a supplemental report.

Address Boise, Idaho.

19

Registrar

Filed Aug 26 19 5 M. Parker Registrar

S-Y CO. 24689

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

433-124-001-312

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ~~[illegible]~~ 214 No 18

Registration District No. 2

File No. 33264

Primary Registration District No. 1004

Registered No. 58

Hospital

FULL NAME OF CHILD Milton Eugene ~~[illegible]~~ McCulley

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	July 24 1918 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Leonard McCulley	FULL MAIDEN NAME	Nellie Coatte
RESIDENCE	Boise	RESIDENCE	Boise
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Penn.	BIRTHPLACE	Boise Co - Idaho
OCCUPATION	Driver	OCCUPATION	H W

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 2 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W J Lettis

(Physician or midwife) Boise

Given names added from a supplemental report.

..... 19...

Address

Filed July 25 1918 M S Parker

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 33264

County of Ada } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)

for Milton Kenneth McCulley (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on July 24, 1915 (DATE OF EVENT)

in Boise, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by mother (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Milton Keneth McCulley	Milton Eugene McCulley

Subscribed and sworn to before me this 6th day of December, 19 [illegible]

Marion E. Ora

Notary Public, residing at Boise Idaho

My commission expires 6-24-45

(SEAL)

Signed Nellie McCulley

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

.....

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.

County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19 .....

Notary Public, residing at .....

My commission expires .....

(SEAL)

Signed .....

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

.....

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....

(REGISTRAR'S SIGNATURE)

674-116-001-249

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33265

County of Ada

City of Boise

No. 1209 N 24 St.

Hospital

Registration District No. 2

File No.

Primary Registration District No. 1004

Registered No. 57

FULL NAME OF CHILD Frank Thoburn Ogden

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	—		—	yes	Aug 16 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Thomas Ogden	FULL MAIDEN NAME	Elsie Burr
RESIDENCE	1209 N 24th	RESIDENCE	Boise
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	England	BIRTHPLACE	Nebr
OCCUPATION	Book Keeper	OCCUPATION	Housewife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9 P M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R L Glase

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed Aug 25 1915

M S Parker

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

1-18-71

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
JAN 21 1971
Bureau of Vital Statistics

State of Idaho
County of Ada } ss.

Certificate No. 33265

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Ogden (Name on Original Certificate) who was born (Was Born or Died) on Aug 16, 1915 (Date of Event)

in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared ~~on~~ prior to 1931 (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	omitted	Frank Thoburn Ogden

Subscribed and sworn to before me this 19th day of January, 1971

J. Frank Hite

Notary Public, residing at Boise Idaho

My commission expires 26 Nov 1973

(Seal)

Signed [signature] (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1119 N. 21st St Boise, Idaho (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Ada } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed ..... (Signature of Any Credible Person)

..... (Street Address, City, State)

FORM DN 60 155

Social Securtiy Card # 518 07 154[illegible] gives name as Frank Thoburn Ogden, Card issued Dec. 8, 1936.
Viewed by V.S.

JAN 20 1971

Honorable Discharge from the U. S Army issued March 21, 1946 gives name as Frank Thoburn Ogden. Entry into Active Service Jan 19, 1943.
Viewed by V.S.

285-208-001-387

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33266

County of Ada

City of Boise

No. 1711 Idaho St.

Hospital

Registration District No. 5

File No.

Primary Registration District No. 1004

Registered No. 56

FULL NAME OF CHILD Idaho Ellen Shearer

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
female	—		—	yes	Aug 8 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Seth Morgan Shearer	FULL MAIDEN NAME	Georgia Cypers
RESIDENCE	1711 Idaho St Boise	RESIDENCE	Boise
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Nev	BIRTHPLACE	Colo
OCCUPATION	Teamster	OCCUPATION	Housewife

Number of child of this mother, including present birth.....

Number of children of this mother now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. L. Glase

(Physician or midwife)

Given names added from a supplemental report.

.....19....

Address.....

Filed Aug 25 1915

M S Parker

Registrar

Registrar

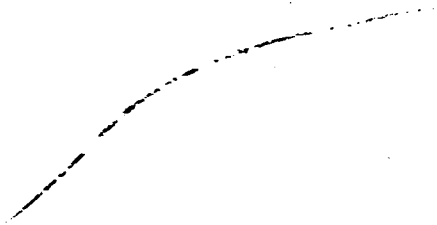
S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB



386-219-001-765 ✓

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Ada

City of Boise

No. So Boise St.

Hospital St Lukes

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

33267

Registration District No. 2

File No.

Primary Registration District No. 1004

Registered No. 55

FULL NAME OF CHILD Elise Thompson

Sex of Child Female	Twin, Triplet or other? and Number in order of birth 1 or (To be answered only in event of plural births)	Legitimate? yes	Date of birth 8-19 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Emanuel Thompson	FULL MAIDEN NAME	Nina Poole
RESIDENCE	So Boise RFD #5	RESIDENCE	[illegible] Boise
COLOR	Wh	COLOR	Wh
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Wyoming
OCCUPATION	Sheep man	OCCUPATION	Housewife

Number of child of this mother, including present birth.....

Number of children, of this mother, now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Attorney

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Registrar

Address

Filed May 25 1915 M S Parker Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

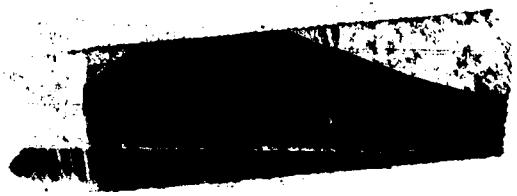
MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JAN 16 1943

AUG 17 1943



815-207-001-819

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Ada

City of Boise

No. 1315 Grove St.

Hospital

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

33268

Registration District No. W

File No.

Primary Registration District No. 1004

Registered No. 54

FULL NAME OF CHILD Madaline Bernice Hanan

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of birth
Female	—	1st	Yes	8-7-1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Frank Hanan	FULL MAIDEN NAME	Mary Hargrove
RESIDENCE	1315 Grove St	RESIDENCE	1315 Grove
COLOR	Wh	COLOR	Wh
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Washington	BIRTHPLACE	Illinois
OCCUPATION	Teamster	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address

Filed Aug 25 1915 M S Parker

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

NOV 17 1942

MAR 21 1968

c.c. 6/8/41. w.h.

693-114-001-349

PLACE OF BIRTH

County of Ada

City of Boise

No. 23rd & Dorn St.

Hospital

Form V. S. 1-C—2m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33269

Registration District No. 2

File No.

Primary Registration District No. 1004

Registered No. 53

FULL NAME OF CHILD DALE Curtis — Wildman

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M.		yes	8 — 14 1915

FATHER		MOTHER	
FULL NAME	L. C. Wildman	FULL MAIDEN NAME	Martha Curtis
RESIDENCE	Boise Idaho	RESIDENCE	Boise
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Neb.	BIRTHPLACE	Wyo.
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7:45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. Allen Callaway

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Address Boise Idaho

Registrar

Filed Dec 1 1915 19 15

M S Parker
Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 33269

County of Ada } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth or Death)

for (Name on Original Certificate) who (Was Born or Died) on (Date of Event)

in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Curtis Wildman	Dale Curtis Wildman

Subscribed and sworn to before me this 30th day of July 19 42

Marion E. Orr

Notary Public, residing at Boise Idaho

My commission expires 6-24-45

(Seal)

Signed Mrs L. C. Wildman

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.

County of

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this

day of , 19

Notary Public, residing at

My commission expires

(Seal)

Signed

(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

JUL 3 0 1942

386-110-001-254

Form V. S. No. 11-C-25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Hospital .....

Registration District No. .....

File No. 33270

Primary Registration District No. 1004

Registered No. 52

FULL NAME OF CHILD Avery Robert Thomas

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M	1	Yes	7 10 1915

FATHER		MOTHER	
FULL NAME	Elixis Thomas	FULL MAIDEN NAME	Dora Smitchger
RESIDENCE	Boise	RESIDENCE	Boise
COLOR	W AGE AT LAST BIRTHDAY 26 (Years)	COLOR	W AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE	Michigan	BIRTHPLACE	Montana
OCCUPATION	Teamster	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive 9. 10 on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. A. Putenger M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed Aug 25 1915

M. S. Parker
Registrar

Registrar

S-Y CO. 24655

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 8 1942

212-211-008-717

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Boise

City of Ada

No. ..... St.

Hospital Sistus

Form V. S. No. [redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33271

Registration District No. 2

File No. .....

Primary Registration District No. 1304

Registered No. 51

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
4.	—		—	yes	8 (Month) 11 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Henry W. Baker	FULL MAIDEN NAME	Mary O. Page
RESIDENCE	307 N. 22nd Boise	RESIDENCE	Boise Ida
COLOR	W.	COLOR	
AGE AT LAST BIRTHDAY (Years)	46	AGE AT LAST BIRTHDAY (Years)	43
BIRTHPLACE	Ill.	BIRTHPLACE	Kansas
OCCUPATION	Groceryman	OCCUPATION	Hw.

Number of child of this mother, including present birth 10

Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2:20 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. Allen Callaway

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Boise Ida.

Filed Aug 20 1915 M S Parker

Registrar

Registrar

S-Y CO. 24655

[redacted] 386-218-001-386

Form V. S. No. 11 C 25m-1-1-16

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

City of Boise — Registration District No. ____ — File No. 33872

No. 311 Pueblo St. — Primary Registration District No. 1004 — Registered No. 98

Hospital Idaho Sanitarium

FULL NAME OF CHILD Child not named

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		One	No	August 18th 1915

FATHER		MOTHER	
FULL NAME	Name Unknown	FULL MAIDEN NAME	Maud Thompson
RESIDENCE	"	RESIDENCE	Boise
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)		AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE		BIRTHPLACE	La Grande Oregon
OCCUPATION		OCCUPATION	Clerk

Number of child of this mother, including present birth One — Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11—30 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Dr. Mary E. J. Donaldson

(Physician or midwife)

Address Boise — Idaho

Filed August 19, 1915 [illegible] Registrar

S-Y CO. 24698

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

363-131-001-795

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 324 Washington

Hospital

Registration District No. 2

Primary Registration District No. 1004

File No. 33273

Registered No. 49

FULL NAME OF CHILD ROY ALBERT COTTRELL

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Male	Twins	First	yes	7 (Month) 31 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Roy ~~Cottrell~~ COTTRELL	FULL MAIDEN NAME	Lenora Green
RESIDENCE	Barberton, Ida.	RESIDENCE	
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Nebr	BIRTHPLACE	Mo.
OCCUPATION	Labour	OCCUPATION	Hw.

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7:40 M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. Allen Calloway
Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Address Boise Ida

Filed Aug 20 1915 Mrs Parker
Registrar

Registrar

S-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Ada } ss.

Certificate No. 33273

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed (Name on Original Certificate) who Born (Was Born or Died) on July 31, 1915 (Date of Event)
in Boise, Idaho, (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Physician (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Omitted	Roy Albert Cottrell

Subscribed and sworn to before me this .....
day of ....., 19 .....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed Mary A. Calloway MD.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

308 1st St., Boise
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of .....
County of ..... } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19 .....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

.....
(Street Address, City, State)

218-213-004-699

Form V. S. No. 11-C—Mar-1-1-13

PLACE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Hospital St Alphonsas

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2

File No. 33274

Primary Registration District No. 1004

Registered No. 48

FULL NAME OF CHILD --Kay-- Barbara Eleanor Kay

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Aug. (Month) 13 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Leslie G. Kay	FULL MAIDEN NAME	Edna Wright
RESIDENCE	Midvale Idaho	RESIDENCE	Midvale Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Canada	BIRTHPLACE	Mich.
OCCUPATION	Lumber merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive Aug. 12 at 4 a. M., on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jos R Numbers
Boise Idaho
(Physician or midwife)

Given names added from a supplemental report.

Aug 16 1915

M S Parker
Registrar

Address .....

Filed Aug 16 1915

M S Parker
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED FEB 6 1966 Bureau of Vital Statistics

Certificate No. 33274

Date Filed

State of
County of

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Kay (Name on Original Certificate) (female child) who was born (Was Born or Died) on Aug. 13, 1915 (Date of Event) in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Barbara Eleanor Kay

Subscribed and sworn to before me this 28 day of Jan 1966

Notary Public, residing at Pocatello, Idaho

My commission expires 6-7-67

(Seal)

Signed Mabel K. Johnson

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of ... ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ... day of ... 19..

Notary Public, residing at

My commission expires

(Seal)

Signed

(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155 CL 7-1-63. nm

Certificate of Marriage, State of California, County of Los Angeles, married Oct. 1, 1938 at Long Beach, California gives full name of groom as Lloyd Raymond Sykes and full name of bride Barbara Eleanor Kay - viewed by V.S. FEB 25 1966

Certificate of Holy Baptism, baptized April 19, 1924, Trinity Church, Pocatello, Idaho, gives full name as Barbara Eleanor Kay, born August 13, 1915 to Leslie George Kay and Edna Kay - viewed by V.S.

249-213-001-293

Form V. S. No. 11-C—[illegible]

PLACE OF BIRTH

County of Ada

City of Boise

No. 1021 State St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33275

Registration District No. 2 File No.

Primary Registration District No. 1004 Registered No. 47

FULL NAME OF CHILD Barbara Ellen Smith

Sex of Child: female	Twin / Triplet / or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth: Aug. (Month) 13 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Isadore Smith	FULL MAIDEN NAME	Adelia Killoran
RESIDENCE	Boise Idaho	RESIDENCE	Boise Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Oregon
OCCUPATION	Salesman	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive Aug. 13 at 11:55 P. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jos R Numbers Md

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Boise Idaho

Filed Aug 16 1915 M S Parker

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

915-114-001-269

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1206 Lemp St.

Hospital

Registration District No. 2

Primary Registration District No. 1004

File No. 33276

Registered No. 46

FULL NAME OF CHILD Randal

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	8 14 1915

FATHER		MOTHER	
FULL NAME	Edward A Randal	FULL MAIDEN NAME	Gina Kortredt
RESIDENCE	1206 Lemp	RESIDENCE	1206 Lemp
COLOR	St.	COLOR	Wt.
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	London Eng.	BIRTHPLACE	Norway
OCCUPATION	Hotel Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 12:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred. A Pittenger

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

M S

Registrar

Address Falk Bldg

Filed Aug 16 1915 M S Parker

Registrar

S-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

819-110-001-312

Form V. S. No. 11-C—25m-1-1-12

PLACE OF BIRTH

County of Ada

City of Boise

No. 570 So. 15th St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33277

Registration District No. 2 File No.

Primary Registration District No. 1001 Registered No. 45

FULL NAME OF CHILD ?

Sex of Child: Male	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	Date of Birth 8 (Month) 10 (Day) 1914 (Year)

FATHER		MOTHER	
FULL NAME	Herbert John Hardy	FULL MAIDEN NAME	Mildred Estella Casner
RESIDENCE	Boise	RESIDENCE	Boise
COLOR	W. AGE AT LAST BIRTHDAY 25 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE	England	BIRTHPLACE	Idaho
OCCUPATION	Com. Laborer - Gas Co.	OCCUPATION	K. W.

Number of child of this mother, including present birth 3rd Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Stillborn at 9:30 P. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Maurice H. Tallman Md. mmw

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Boise Idaho

Filed Aug 13 1914 Mrs Parker

Registrar

Registrar

S-Y CO. 24659

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

395-209-001-437 V

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33278

County of Ada

City of Boise

No. 610 So. 15th St.

Hospital

Registration District No. 7

File No.

Primary Registration District No. 1004

Registered No. 44

FULL NAME OF CHILD ?

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female				yes	8 (Month) – 9 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	James Creamer	FULL MAIDEN NAME	Maud W. Greer
RESIDENCE	Boise	RESIDENCE	Boise
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	City Teamster	OCCUPATION	Housewife

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12:00 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Maurice L. H. Tallman M.M.W.

M.W. (Physician or midwife)

Given names added from a supplemental report.

Address Boise Idaho

19

Filed Aug 13 1915 M S Parker

Registrar

Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

249-205-001-986 ✓

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 410 So. 3rd St.

Hospital

Registration District No. 2

Primary Registration District No. 1-004

File No. 33279

Registered No. 43

FULL NAME OF CHILD ?

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	8 (Month) – 5 (Day) 191 5 (Year)

FATHER		MOTHER	
FULL NAME	Dudley C. Smith	FULL MAIDEN NAME	Marie Katherine Rhodes
RESIDENCE	Boise Idaho	RESIDENCE	Boise, Idaho
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Idaho
OCCUPATION	Fireman	OCCUPATION	Housewife

Number of child of this mother, including present birth Second Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8:30 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Maurice H. Tallman M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Boise, Idaho

Filed Aug 13 1915 W S Parker
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

366-110-001-399 V

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Ada

City of Boise

No. 1106 N 13 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. V

File No. 33280

Primary Registration District No. 1004

Registered No. 42

FULL NAME OF CHILD Kenneth Cooper

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	8 10 1915

FATHER		MOTHER	
FULL NAME	Allen M Cooper	FULL MAIDEN NAME	Flora B Tripp
RESIDENCE	1106 N 13th	RESIDENCE	1106 N 13th
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	46	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Ontario Cand.	BIRTHPLACE	Main
OCCUPATION	Bookkeeper.	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 5 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred A Pillenger

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Lake Bldg

Filed July 13 1915 M W Parker

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

366-107-001-794

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

33281

PLACE OF BIRTH

County of Ada

City of Boise

No. _____ St.

Hospital St. Alphonsus

Registration District No. _____ File No. _____

Primary Registration District No. 1004 Registered No. 41

Caesarian 2

FULL NAME OF CHILD ~~Illinois~~ William Joseph Loomis

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) Aug (Day) 7 (Year) 1915
Male				

FATHER

FULL NAME William Loomis

RESIDENCE Nulba Idaho

COLOR White AGE AT LAST BIRTHDAY 47 (Years)

BIRTHPLACE Oregon

OCCUPATION Rancher

MOTHER

FULL MAIDEN NAME Minnie Grubb

RESIDENCE Nulba Idaho

COLOR White AGE AT LAST BIRTHDAY 42 (Years)

BIRTHPLACE Oregon

OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive Aug. 7 at 8 a. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Joseph R. Kennedy

Boise Idaho

(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Address _____

Filed Aug 10 15 W. H. Parker Registrar

8-Y CO. 24655

OCT 19 1956

819-207-001-344 1

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33282

County of Ada

City of Boise

No. ..... St.

Hospital St. Alphonsas

Registration District No. 2

Primary Registration District No. 1004

File No. .....

Registered No. 40

FULL NAME OF CHILD Mary Francis Hartson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		Yes	Aug. (Month) 7 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Clinton H. Hartson	FULL MAIDEN NAME	Florence Ludwig
RESIDENCE	Boise, Idaho	RESIDENCE	Boise, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Spokane Wash.	BIRTHPLACE	Rhode Island
OCCUPATION	Attorney	OCCUPATION	Housewife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive Aug. 7 at 10:30 A.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Joe R. Numbers

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Boise Idaho

Filed Aug 30 15 M S Parker

Registrar

Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In c[illegible] more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 27 1943

399-203-001-613

PLACE OF BIRTH

County of Ada

City of Boise

No. 1016 Jeff — St.

Hospital

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. V

Primary Registration District No. 1004

File No. 33283

Registered No. 29

FULL NAME OF CHILD Ethel Marian Trimble

Sex of Child: Female | Twin, Triplet or other? | and Number in order of birth | (To be answered only in event of plural births)

Legitimate? yes

Date of Birth: Aug 3 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Hodgen A. Trimble	FULL MAIDEN NAME	Olive Bessie Wallon
RESIDENCE	Boise	RESIDENCE	Boise
COLOR	White	AGE AT LAST BIRTHDAY (Years)	28
COLOR	White	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Jefferson City Mo.	BIRTHPLACE	Iowa Falls Iowa
OCCUPATION	Elec. Mechanic	OCCUPATION	House Wife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive or stillborn Aug 3 1915 at 6.15 p. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. P. Hally

(Physician or midwife)

Address Boise

Given names added from a supplemental report.

19

Registrar

Filed Aug 15 1915

Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 2 6 1975

DECEASED

593-231-001-942

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Ada

City of Boise

No. 522 So 12 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2

File No. 33285

Primary Registration District No. 1004

Registered No. 37

FULL NAME OF CHILD Helen Lucile Eichelberger

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
f		yes	July (Month) 31 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Roy P. Eichelberger	FULL MAIDEN NAME	Lela A Rubeck
RESIDENCE	522 So 12th	RESIDENCE	522 So 12th
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Neb.	BIRTHPLACE	Wash.
OCCUPATION	teacher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN ~~OR MIDWIFE~~

I hereby certify that I attended the birth of this child, who was Born Alive (~~Born alive or stillborn~~) at 2 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Bock

(Physician ~~or midwife~~)

Given names added from a supplemental report.

Address Boise Ida

Filed 8-1 1915 [illegible]

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 18 1968

MAY 2 0 1975

855-123-001-369

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1202 N 13th St.

~~Hospital~~ Home

Registration District No. 2

File No. 33286

Primary Registration District No. Four

Registered No. 26

FULL NAME OF CHILD Culver Afton Henderson

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	1		Yes	July 23 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Charles A. Henderson	FULL MAIDEN NAME	Lucretia Torrence
RESIDENCE	1202 N 13th St	RESIDENCE	1202 N 13th
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Cadis Ohio	BIRTHPLACE	Rankin Ohio
OCCUPATION	Tinner	OCCUPATION	Housewife

Number of child of this mother, including present birth.....

Number of children of this mother now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 79 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R E Shurtz

(Physician or midwife)

Given names added from a supplemental report

.....19.....

Address Boise

Filed 8-4 15 M S Parker

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 26 1942

25-9-218-081-133

PLACE OF BIRTH

County of Ada

City of Boise

No. 1102 N. 21st St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-8-15-12

CERTIFICATE OF BIRTH

Registration District No. ____ File No. 33287

Primary Registration District No. 4004 Registered No. 35

FULL NAME OF CHILD Phyllis Seiler

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	1	1	yes	July 18 1915

FATHER		MOTHER	
FULL NAME	George W. Seiler	FULL MAIDEN NAME	Daisie Allen
RESIDENCE	1102 N. 21st St.	RESIDENCE	1102 N. 21st St.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Ill.	BIRTHPLACE	N.Y.
OCCUPATION	Teacher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated. July 18, 1915, at 1.20 a. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. N. Brayton M.D.

(Physician or midwife)

Address 509 Empire Bldg. Boise

Filed July 30 1915

Given names added from a supplemental report

..... 19.....

Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 12 1975

296-115-014-275

Form V. S. No. 11—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Parma

Registration District No. 3 File No. 33288

No. ..... St.

Primary Registration District No. 2007 Registered No. 62

Hospital .....

FULL NAME OF CHILD Joseph Delmo Brock

Sex of Child M	Twin Triplet or other? ✓ and Number in order of birth ✓ (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth 9 (Month) 15 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Joe Brock	FULL MAIDEN NAME	Corda Skelton
RESIDENCE	Parma	RESIDENCE	Parma
COLOR	W AGE AT LAST BIRTHDAY 34 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Mo
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Formative at 4 P. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. J. Green

Parma, (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed Oct 3 1915 Lulu Waldrop Registrar

..... Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. .....
Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or death)
for ..... (Name on original certificate) who ..... (Was born or died) on ..... (Date of event)
in ..... (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ..... (Bible record, insurance policy, etc.) prepared on ..... (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.	FROM (As on original)	TO (The correct facts)

Subscribed and sworn to before me this 25th day of July, 1941

..... Notary Public, residing at Parma, Idaho

My commission expires Feb 2, 1944

[SEAL]

Signed Cordelia Brock (Mrs. Bert)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

R.H. - Parma, Idaho
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of Idaho } ss.
County of Canyon }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25th day of July, 1941

..... Notary Public, residing at Parma Ida.

My commission expires Feb 2, 1944

[SEAL]

Signed W. M. Mitchell
(Signature of any credible person other than the previous affiant)

Parma Ida.
(Street Address, City, State)

Received for filing on ..... by .....
(Registrar's signature)

719-108-014-613

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Parma R F D

Registration District No. 3 **File No.** 33289

No. ..... *St.*

Primary Registration District No. 2007 **Registered No.** 52

Hospital .....

FULL NAME OF CHILD ~~Devon Stanle~~ Vernon Elbert Parker

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	—		—	Yes	8 (Month) 8 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Elmer E. Parker	FULL MAIDEN NAME	Myrth Watson
RESIDENCE	Parma	RESIDENCE	Parma
COLOR	W. AGE AT LAST BIRTHDAY 39 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Ill.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8:30 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. J. Cluer

M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Parma, Idaho.

Filed Sep 10 1915 Lulu Waldrop
Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 12 1948

613-126-014-393

Form V. S. No. 11—25m

PLACE OF BIRTH

County of Canyon

City of Parma

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 33291

Primary Registration District No. 2007 Registered No. 63

FULL NAME OF CHILD James Frederick Watson

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	✓		✓	Yes	8 (Month) 26 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	James C. Watson	FULL MAIDEN NAME	Emma Tillotson
RESIDENCE	Parma	RESIDENCE	Parma
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Iowa	BIRTHPLACE	New York
OCCUPATION	Loans & Securities	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10.30 a M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

M. D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Parma, Idaho.

Filed Sep 10 1915 Lulu Waldron

Registrar

Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

SEP-1-6 1968

249-203-014-459 amended 9/25/79

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Canyon

City of Parma (Rural)

Registration District No. 9 File No. 33292

No. ..... St.

Primary Registration District No. 2007 Registered No. 57

Hospital .....

FULL NAME OF CHILD Della Suiter

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Sept 3 1915

FATHER		MOTHER	
FULL NAME	Clarence O. Suiter	FULL MAIDEN NAME	Ellen F. Dimick
RESIDENCE	Roswell	RESIDENCE	Roswell
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Wyoming	BIRTHPLACE	Penn
OCCUPATION	Farmer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5-45 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Mulcahy, MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Parma

Filed Sep 6 1915 Luke ..... Registrar

..... Registrar

S-Y CO. 24655

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS JUN 25 12 38 PM '79

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 33292

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Lydia Pearl Suiter (Name on Original Certificate) who was born (Was Born or Died) on Sept. 3, 1915 (Date of Event) in Rowell, Idaho (Canyon) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Lydia Pearl Suiter	Della Lydia Suiter

Subscribed and sworn to before me this 13th day of July, 1978

[illegible signature]

Notary Public, residing at Murrysville

My commission expires 10-10-80

(Seal)

Signed [illegible signature]

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

[illegible] Bandy [illegible] Wash. [illegible]

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Snohomish }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18th day of July, 1978

[illegible signature]

Notary Public, residing at Edmonds

My commission expires 12-15-79

(Seal)

Signed [illegible signature]

(Signature of Any Credible Person)

[illegible] Lp. Everett, Wa.

(Street Address, City, State)

FORM DH 60-155

CL 5/3/77

Marriage certificate from Nevada gives name as Della L. Cross as the bride and Ernest J. Grefsrud as the groom. dated May 28, 1973. viewed by V. S.

Marriage certif rom Washington gives name as Wayne R. ~~XXXXX~~ Cross and Della Suiter dated June 18, 1934. viewed by V. S.

SEP 25 1979

Daughter's birth certif from Washington gives name as Gail Patricia Cross born June 3, 1943.father's name as Wayne R. Corss and mother's name as Della Lydia Suiter. viewd by V. S.

493-212-014-249

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Parma R.2

No. ..... St.

Hospital .....

Registration District No. 8 File No. 33295

Primary Registration District No. 2007 Registered No. 66

FULL NAME OF CHILD Helen Louise Miller

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
fem	—		—	yes	Sept 12 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Fred Miller	FULL MAIDEN NAME	Sarah Smith
RESIDENCE	Parma R.2.	RESIDENCE	Parma R.2.
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Neb.	BIRTHPLACE	Ill.
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10:30 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. B. Alley M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Parma, Ida.

Filed Sep 22 1915 [signature]

Registrar

S-Y CO. 24655

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 16 1969

MAR 17 1975

413-215-014-666

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33296

County of Canyon

City of Route 3 - Parma

Registration District No. 3

File No.

No. St.

Primary Registration District No. 2007

Registered No. 57

Hospital

FULL NAME OF CHILD Edith Chrystal Matthews

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Sept 15 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Eldridge N. Matthews	Zora P. V. Wood
RESIDENCE	Parma, Rt 3	Parma Rt 2
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	24	21
BIRTHPLACE	Ark.	Ga.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3rd

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10-30 A M on the date above stated.

(Signature) W. E. Muldrow, MD

(Physician or midwife)

Address Parma Idaho

Filed Sep 19 1913 Lulu Graham Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 30 1947

389-116-014-844

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Parma

No. ..... St.

Hospital .....

Registration District No. 3

File No. 33297

Primary Registration District No. 2007

Registered No. 58

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Sept 16 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Thomas W. Threlkeld	FULL MAIDEN NAME	Frances M. Hamsore
RESIDENCE	Parma	RESIDENCE	Parma
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Telegraph Operator	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6-20 P M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. E. Waldorf, M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Parma, Idaho,

Filed Sep 20 1916 Lulu Waldorf

Registrar

Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

251-117-014-312

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa Precinct

Registration District No. 9 File No. 33298

No. ..... St.

Primary Registration District No. 2007 Registered No. 69

*Hospital .....

FULL NAME OF CHILD Ausman Todd Beall

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.	—	2	yes	Sept 17 1915

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John Beall	FULL MAIDEN NAME	Margaret Easton
RESIDENCE	Parma R. 1.	RESIDENCE	Parma R. 1.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Ohio
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. B. Allen M. D.
(Physician or midwife)

Address Parma, Ida.

Given names added from a supplemental report.

..... 19....

..... Registrar

Filed Sept 22 1915 ..... Registrar

S-Y CO. 24698

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

249-123-014-893

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Roswell

No. ..... *St.*

Hospital .....

Registration District No. 3 **File No.** 33299

Primary Registration District No. 2007 **Registered No.** 20

FULL NAME OF CHILD Dron Stanley Suiter

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Sept 23 1914 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Stanley Allen Suiter	FULL MAIDEN NAME	Fay G. Hill
RESIDENCE	~~Fairmount~~ Roswell	RESIDENCE	Roswell
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Washington State	BIRTHPLACE	Neb.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3-30 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. E. Waldorf, M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed Sep 26 1915 Lulu Waldorf Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

895-118
901-292

E OF BIRTH

Form V. S. No. 11—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Meridian

No. ✓ St.

Hospital ✓

Registration District No. 11 File No. 33300

Primary Registration District No. 2003. Registered No.

FULL NAME OF CHILD Ray Hiner

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	✓	1	Yes	Sept 18 1915

FATHER

FULL NAME George Hiner

RESIDENCE 1 Mi & 2½ West of Meridian

COLOR White AGE AT LAST BIRTHDAY 38 (Years)

BIRTHPLACE Iowa

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Stella Sisemore

RESIDENCE Dance

COLOR White AGE AT LAST BIRTHDAY 29 (Years)

BIRTHPLACE Missouri

OCCUPATION Housewife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Dutton M.D.
(Physician or midwife)

Address Meridian

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Sep-21 1915 C. L. Dutton Registrar

8-Y CO. 24686

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

OF BIRTH

[redacted]

NOV 23 1954

394-108-014-544

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ca[illegible]

City of Parma

No. ..... St.

Hospital .....

Registration District No. 3 File No. 33293

Primary Registration District No. 2007 Registered No. 55

FULL NAME OF CHILD Charles Francis Timmons

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Sept 8 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	James F. Timmons	FULL MAIDEN NAME	Nettie Eddy
RESIDENCE	Parma	RESIDENCE	Parma
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Flt. Oregon	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3rd Number of children of this mother now living, including present birth 3rd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 12-30 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. E. Maldrey, M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Parma

Filed Sep 11 1915 [illegible]

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

643-212-014-238

Form V. S. No. 11—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Parma

No. ..... St.

Hospital .....

Registration District No. 3 File No. 33294

Primary Registration District No. 2007 Registered No. 61

FULL NAME OF CHILD June Minnie Fulkerson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	✓		✓	Yes	9 12 1915

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Howard B. Fulkerson	FULL MAIDEN NAME	Julia Scheffknecht
RESIDENCE	Parma Ida	RESIDENCE	Margaret Parma
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Mo.	BIRTHPLACE	Ill.
OCCUPATION	Laborer	OCCUPATION	Domestic

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. J. Clue

M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Parma Idaho

Filed Oct 3 1915 Lulu Waldrop
Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

413-112 COOP-253

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of ~~Meridian~~

No. Kuna St.

Hospital

Registration District No. 11 File No. 33301

Primary Registration District No. 2003 Registered No.

FULL NAME OF CHILD HAROLD Glen Mathews

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	✓		✓	Yes	July 12th 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Harry Bernard Mathews	FULL MAIDEN NAME	Nellie May Beckdolt (Beckdalt)
RESIDENCE	Kuna, Idaho	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	West Virginia	BIRTHPLACE	Indiana
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 12:30 P. M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. L. Sutton midday

M. D.

(Physician ~~or midwife~~)

Given names added from a supplemental report.

19

Address Meridian

Filed 7-15 1915 O. L. Sutton

Registrar Registrar

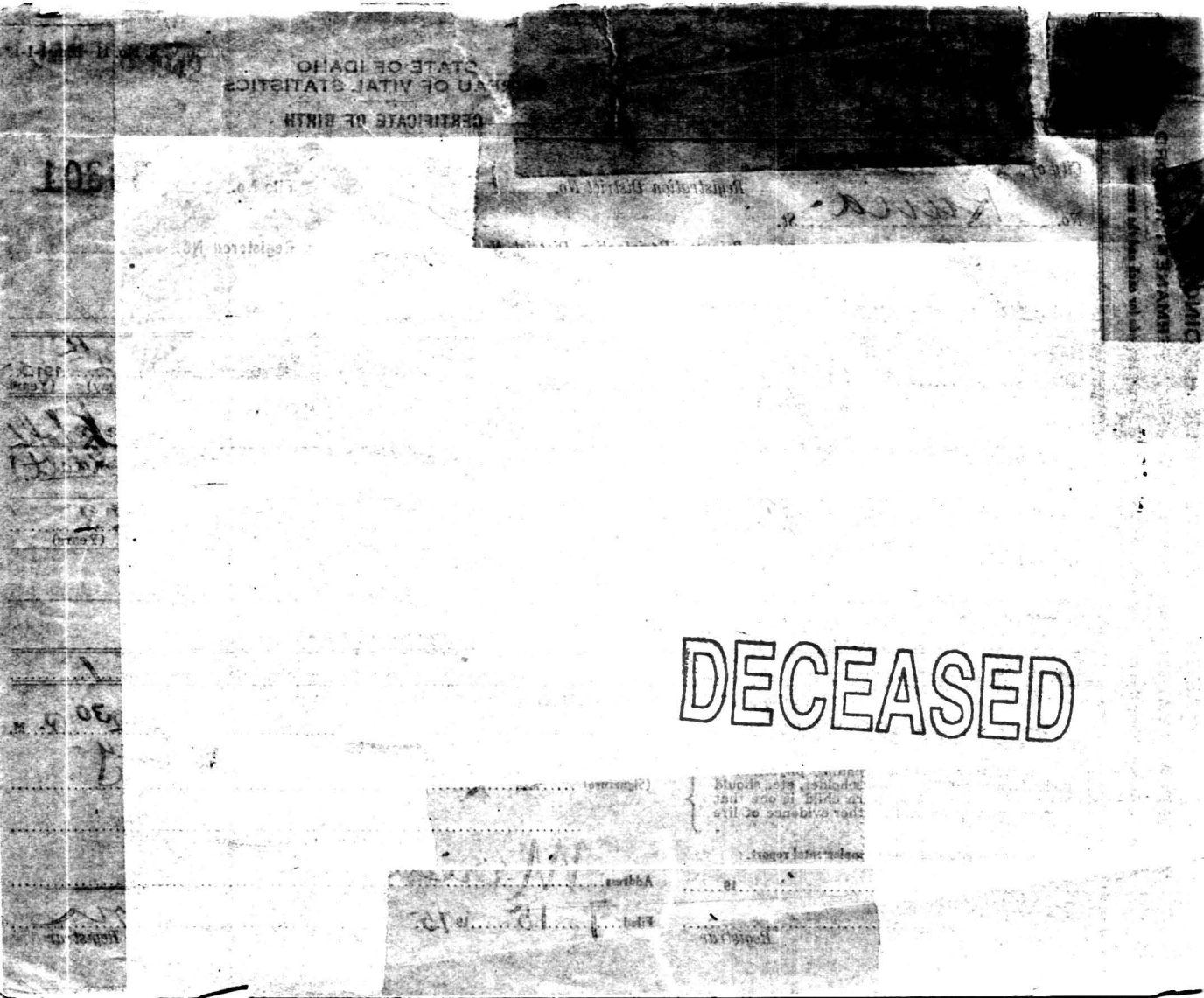
S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each [illegible] of each, in order of birth stated.

K


DECEASED

8666-106-001-651

PLACE OF BIRTH

Form V. S. No. 11—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Meridian

Registration District No. 11 File No. 33302

No. _____ St.

Primary Registration District No. 2003. Registered No. _____

Hospital _____

FULL NAME OF CHILD ~~Un Named~~ Elmer C. Howland

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	✓		—	Yes	Aug. 6 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Frank Jessie Howland	FULL MAIDEN NAME	Carrie Jane Weaver
RESIDENCE	Near 5 Mi School.	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	(Boise) Idaho
OCCUPATION	Farmer.	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 1 15 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Dutton

M.D.
(Physician ~~or midwife~~)

Given names added from a supplemental report.

_____ 19____

Address Meridian

Filed Aug 10 1915 C. L. Dutton
Registrar

S-Y CO. 24656

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. .....

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	None Given	Elmer C. Howland

Subscribed and sworn to before me this 15
day of Nov 19 43
Pauline Ambrose
Notary Public, residing at Boise
My commission expires 1/4/47
(Seal)

Signed Willie Howland
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

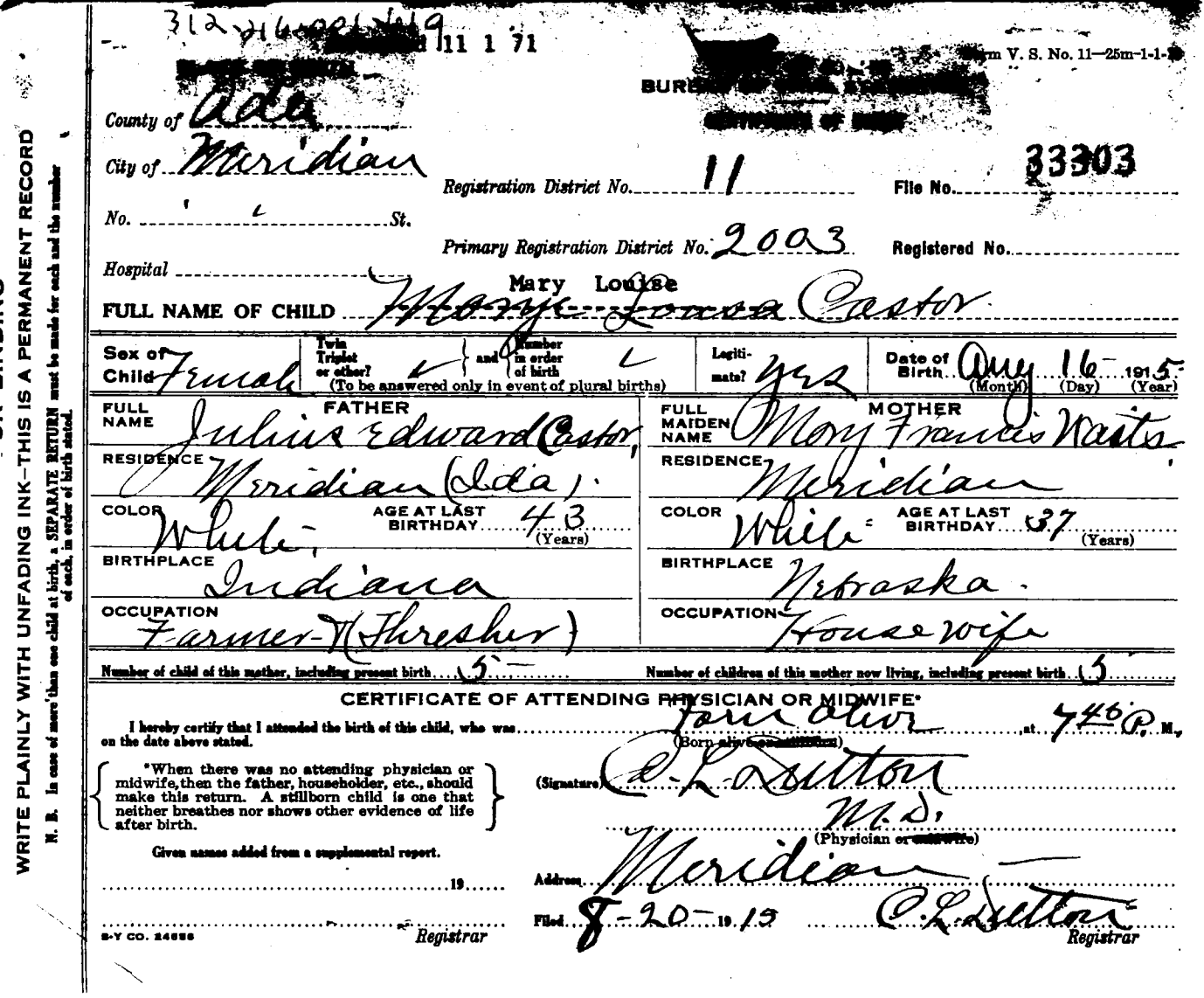
The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19 .....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)



312 216 [illegible] 11 1 71

[redacted]

[redacted] V. S. No. 11—25m-1-1-[illegible]

BUR[redacted]

[redacted]

County of Ada

City of Meridian

Registration District No. 11 File No. 33303

No. ' ' St.

Primary Registration District No. 2003 Registered No.

Hospital

FULL NAME OF CHILD Mary Louise ~~Marye Louisa~~ Castor

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	✓		✓	Yes	Aug (Month) 16 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Julius Edward Castor	FULL MAIDEN NAME	Mary Francis Waits
RESIDENCE	Meridian (Ida)	RESIDENCE	Meridian
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Indiana	BIRTHPLACE	Nebraska
OCCUPATION	Farmer & (Thresher)	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 7 40 P. M., on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Dutton

M.D.

(Physician or ~~midwife~~)

Given names added from a supplemental report.

19

Address Meridian

Filed 8-20-1915 C. L. Dutton

Registrar Registrar

8-Y CO. 24656

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 2 2 1971

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

11 1 71

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 33303

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Marye Lousa Castor (Name on Original Certificate) who was born (Was Born or Died) on Aug. 16, 1915 (Date of Event) in Meridian, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Marye Lousa Castor	Mary Louise Castor

Subscribed and sworn to before me this 1st day of November, 19 7-

Florence Curtright

Notary Public, residing at Boise

My commission expires 4-20-70

(Seal)

Signed Clarence T Castor

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

311 Caldwell Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

.....

(Street Address, City, State)

FORM DH 60-155

NOV 1 1971

Own childs birth certificate Idaho State file # 256490 date of birth June 17,1937 Melvin Wayne Rodda gives mothers name as Mary Louise Castor .

Viewed by VS

Photocopy of Marriage License and Marriage certificate married Feb. 12,1936 in Ada County Boise, Idaho gives brides name as Mary Louise Castor groom Albert Harry Rodda .(Photocopy by Ada county Recorder dated 11/1/71)

Viewed by VS

593-216-001-843

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Eagle

No. _____ St.

Hospital _____

Registration District No. 11 File No. 33304

Primary Registration District No. 2003 Registered No. _____

FULL NAME OF CHILD Nedra Elva Nichols

Sex of Child F Male | Twin Triplet or other? ✓ and Number in order of birth ✓ (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Sept 16 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Roy Nichols	FULL MAIDEN NAME	Nellie Huckba
RESIDENCE	Eagle Idaho	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	(Notus) Idaho
OCCUPATION	Cook	OCCUPATION	House wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7 30 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Dutton
M.D.
(Physician ~~or midwife~~)

Given names added from a supplemental report.

_____ 19__

Address Meridian Idaho

Filed Sep 20 1915 C. L. Dutton
Registrar

S-Y CO. 24656

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 5 1968

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho } ss.
County of Valley }

Certificate No. 4
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for unnamed girl (Name on original certificate) who was born (Was born or died) on Sept. 16 1915 (Date of event)
in Eagle Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true
facts as shown by Mother (Bible record, insurance policy, etc.) prepared on July 27 - 1941 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.	FROM (As on original)	TO (The correct facts)
name	Unnamed Nichols	Nedra Elva Nichols
Sex	Male	Female

Subscribed and sworn to before me this 28
day of July, 1941
[illegible]
Notary Public, residing at Donnelly - Ida
My commission expires 7/22/43
[SEAL]

Signed [illegible]
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)
Donnelly Idaho
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of Idaho } ss.
County of Valley }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28
day of July, 1941
[illegible]
Notary Public, residing at Donnelly - Ida
My commission expires 7/22/43
[SEAL]

Signed Roy Nichols
(Signature of any credible person other than the previous affiant)
Donnelly Idaho
(Street Address, City, State)

Received for filing on ..... by .....
(Registrar's signature)

8194713-001-296

PLACE OF BIRTH

Form V. S. No. 11—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Meridian Registration District No. 11 File No. 33305

No. 1 Mi So Whit St. Primary Registration District No. 2003 Registered No.

Cross & Elwood

Hospital

FULL NAME OF CHILD Unnamed

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	✓	✓	Yes	8-13-1915

FATHER

FULL NAME Otis Grant Harrison

RESIDENCE 1 Mi So. Whit Cross & Elwood

COLOR White AGE AT LAST BIRTHDAY 32 (Years)

BIRTHPLACE Penn.

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Mary Krouse

RESIDENCE Ada

COLOR White AGE AT LAST BIRTHDAY 24 (Years)

BIRTHPLACE Carroll (Idaho)

OCCUPATION House wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Sutton M. D.

(Physician or midwife)

Address Meridian Ida

Given names added from a supplemental report. ....19....

Filed 8-16-1915 C. L. Sutton Registrar

.... Registrar

S-Y CO. 24656

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

SPACE RESERVED FOR BINDING

STATE OF IDAHO
BUREAU OF VITAL ST
CERTIFICATE OF IN

PLACE OF BIRTH

254-229-001-249

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Meridian

No. R#I St.

Hospital

Registration District No. 11 File No. 33306

Primary Registration District No. 2003 Registered No.

FULL NAME OF CHILD Katherine Elizabeth Sedgwick

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	1	1	yes	June 29 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Kenneth O. Sedgwick	FULL MAIDEN NAME	Nora O. Burk
RESIDENCE	Meridian R#I	RESIDENCE	Meridian R#I
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	S. D.	BIRTHPLACE	S. D.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7:30 P. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. F. Mal

Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Address Meridian Idaho

Registrar

Filed Aug. 20 1915 C. L. Sutton
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 25 19

JAN 9 1976

298.216.001-437

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Ada

City of Meridian

No. R # I St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 33307

Primary Registration District No. 2003 Registered No.

FULL NAME OF CHILD Marjorie Ella Bryant

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Female	/	/	Yes	July 16 (Month) (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Aaron Bryant	FULL MAIDEN NAME	Clara E. McGrath
RESIDENCE	Meridian R # I	RESIDENCE	Meridian R # I
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Neal

Physician
(Physician or midwife)

Address Meridian

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Aug-20 1916 O. L. Sutton Registrar

S-Y CO. 24655

NOV 30 1942

SEP 9 1954

231-120-001-665

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Meridian

Registration District No. 11 File No. 33308

No. _____ St.

Primary Registration District No. 2003 Registered No. _____

Hospital _____

FULL NAME OF CHILD Owen McCulby Starr

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
male	1	1	yes	July 20 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Otis P. Starr	FULL MAIDEN NAME	Blanch R. Owen
RESIDENCE	Meridian	RESIDENCE	Meridian
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Idaho
OCCUPATION	Labor	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1.30 A.M. on the date above stated.

(Born alive or stillborn)

"When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth."

(Signature) H. F. Neal

Physician
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Meridian

Filed Aug-20-1915 C. L. Dutton
Registrar

Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECEASED

239-202-001 YVS

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Meridian Amended 4/4/75

No. R # 1 St.

Hospital

Registration District No. 11

Primary Registration District No. 2003

File No. 33309

Registered No.

FULL NAME OF CHILD Ethel Mary Scrivner

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	1	11	yes	July 2 1925

FATHER	MOTHER
FULL NAME Burton Scrivner	FULL MAIDEN NAME Carrie E. Duncan
RESIDENCE Meridian R # 1	RESIDENCE Meridian R # 1
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 41 (Years)	AGE AT LAST BIRTHDAY 38 (Years)
BIRTHPLACE Iowa	BIRTHPLACE Kans
OCCUPATION Rancher	OCCUPATION Housewife

Number of child of this mother, including present birth 11

Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4:30 P.M. on the date above stated.

(Signature) I. F. Neal

(Physician or midwife)

Address Meridian

Filed Aug-20 19.....

C. L. Sutton
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

.....19.....

.....
Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE C
BUREAU OF VI

CERTIFICATE

OF BIRTH

455-227-001-447

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33310

County of Ada

City of Meridian

No. R#I St.

Hospital

Registration District No. 11 File No.

Primary Registration District No. 2003 Registered No.

FULL NAME OF CHILD Anna Lopez de Vinaspre

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	1		8	yes	July 27 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Seraphin Lopez de Vinaspre	FULL MAIDEN NAME	Anacleta Ortiz de Muga
RESIDENCE	Meridian R#I	RESIDENCE	Meridian Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	51 (Years)	AGE AT LAST BIRTHDAY	41 (Years)
BIRTHPLACE	Spain	BIRTHPLACE	Spain
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1215 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. F. Neal
Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Address Meridian

Filed Aug 20 1915 C. L. Dutton
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

959-121-001-663

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Ada

City of Meridian

No. R# II St.

Hospital

Registration District No. 11 File No. 33311

Primary Registration District No. 2008 Registered No.

FULL NAME OF CHILD Baby Riddell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	1	2	Yes	July 21 1915

FATHER	MOTHER
FULL NAME Oscar F. Riddell	FULL MAIDEN NAME Carrie V. Hoefs
RESIDENCE Meridian R# II	RESIDENCE Meridian R# II
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 28 (Years)	AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Miss	BIRTHPLACE Ohio
OCCUPATION Rancher	OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12:10 A. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. F. Neal

Physician (Physician or midwife)

Address Meridian, Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Aug 20 1915 C. L. Sutton Registrar

S-Y CO. 24668

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

17

295-121-001-713

PLACE OF BIRTH

County of Ada

City of Nampa

No. R# 1 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 33312

Primary Registration District No. 2003 Registered No.

FULL NAME OF CHILD Eugene Oliver Kindred

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	1	3	yes	July 21 1915

	FATHER	MOTHER
FULL NAME	Chas D. Kindred	Mary L. Pollard
RESIDENCE	Nampa R# 11	Nampa R# 11
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	34	28
BIRTHPLACE	Mo	Mo
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9:15 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. F. Neal

Physician
(Physician or midwife)

Address Meridian Ida

Given names added from a supplemental report.

.....19.....

Filed Aug 20 19 15 C. L. Sutton
Registrar

.....
Registrar

8-Y CO. 24695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

864-213-001-213

PLACE OF BIRTH

Amended 7/8/76

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of

No. Near Hillsdale School

Hospital

Registration District No. 11

Primary Registration District No. 2003

File No. 33313

Registered No.

FULL NAME OF CHILD Noletia Cecil Houk

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	— and —	—	yes	Aug 13th 1913

FATHER	MOTHER
FULL NAME: H. Archibald Houk	FULL MAIDEN NAME: Annie Rosie Baskus
RESIDENCE: Near Hillsdale School	RESIDENCE: Near Hillsdale School
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 31 (Years)	AGE AT LAST BIRTHDAY: 29 (Years)
BIRTHPLACE: Nebraska	BIRTHPLACE: Oregon
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 2nd

Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 10 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Taylor M.D.
(Physician or midwife)

Address Boise Idaho

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed Aug 27 1913

L. Sutton
Registrar

S-Y CO. 24688

778/76

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of .....
County of ..... } ss. JUL 8 1 57 PM '76

Certificate No. 33313

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Nobita Cecil Houk (Name on Original Certificate) who was born (Was Born or Died) on August 13, 1915 (Date of Event)
in Ada County (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Nobita Cecil Houk	Noletia Cecil Houk

Subscribed and sworn to before me this 6th day of
July, 19 76

Notary Public, residing at Boise, Idaho
My commission expires 7-1-78
(Seal)

Signed X Helen Vickers
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

X 1618 Vermont Boise, Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of .....
County of ..... } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....day of
....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

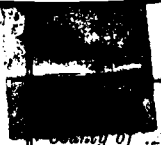
.....
(Street Address, City, State)

Sandra Kay Stredder born June 20, 1937 in Boise, Idaho. S.F.#257650 lists Mother as Noletia Houk. Viewed by V.S.

JUL

Social Security Card #544-22-9349 was issued to Noletia Cecil Stredder. Viewed by V.S.

Property Deed signed by Paul S. Boyd, Attorney at Law on May 2, 1955 gives name as Noletia Cecil Stredder. Viewed by V.S.



868-213-028-263

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

33314

County of Kootenai

City of Coeur d'Alene

No. 931 - 7 St.

Hospital

Registration District No. 29 File No. 3

Primary Registration District No. 1050 Registered No. 39

FULL NAME OF CHILD Dorothy Elizabeth Hayes

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	T	5th	yes	6 13 1915

FATHER		MOTHER	
FULL NAME	George Wesley Hayes	FULL MAIDEN NAME	Mary Kork
RESIDENCE	Rathdrum & Coeur d'Alene Ida.	RESIDENCE	Coeur d'Alene Idaho.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	North Dakota
OCCUPATION	Farmer	OCCUPATION	Farmers wife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report.

Sept 30 1915 Address 8

Maya. Dorland Registrar

Filed Sept 30 1915 Maya Dorland Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 2 8 1969

S-65-122-028-366

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33315

County of Kootenai

City of Coeur d'Alene

Registration District No. 29 File No. 3

No. ..... St.

Primary Registration District No. 1050 Registered No. 40

Hospital .....

FULL NAME OF CHILD Joseph Wilburn Voellmeck Jr.

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	1		1	Yes	8 (Month) 20 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Joseph Wilburn Voellmeck	FULL MAIDEN NAME	Grace Alice Cronquist.
RESIDENCE	Coeur d'Alene	RESIDENCE	Coeur d'Alene Ida.
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Ohio.	BIRTHPLACE	Minn.
OCCUPATION	Bookkeeper	OCCUPATION	Hw.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 2. P. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Shepherd.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed Sept 30 1915 Max A. Dorland.

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

951.105.028-759

PLACE OF BIRTH

County of Kootenai

City of Post-Falls

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33316

Registration District No. 29 File No. 3

Primary Registration District No. 1050 Registered No. 41

FULL NAME OF CHILD Albert Gerard Reavis

Sex of Child	~~Twin, Triplet~~ or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	1	1	yes	Sept. (Month) 5 (Day) 1915 (Year)

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Albert Pierce Reavis	Tasie Phyllis Gerard
RESIDENCE	Post-Falls.	Post-Falls.
COLOR	W.	W.
AGE AT LAST BIRTHDAY	35 (Years)	17 (Years)
BIRTHPLACE	Powico Mo.	Kimberly Minnesota
OCCUPATION	Laborer	House wife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1:00 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. F. Campbell

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address .....

Filed 9/30 1915 Max A. Dorland Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

817-125-028-451

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Kootenai

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33317

City of _____ Registration District No. 29 File No. 3

No. _____ St. Primary Registration District No. 1060 Registered No. 42

Hospital _____

FULL NAME OF CHILD Archie Joseph Yager

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.	/	/	Yes	Sept. 25 1915

	FATHER	MOTHER
FULL NAME	Peter J. Yager	FULL MAIDEN NAME Edna M. Read
RESIDENCE	Rural Post-Falls,	RESIDENCE Rural Post-Falls,
COLOR	W.	COLOR W.
AGE AT LAST BIRTHDAY	48 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE	Milwaukee, Wis.	BIRTHPLACE Elyrian, Minn.
OCCUPATION	Rancher	OCCUPATION House-wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. F. Campbell M.D.

(Physician or midwife)

Address _____

Given names added from a supplemental report

_____ 19____

_____ Registrar

Filed 9/30 1915 May A. Dorland Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

122-127-028-793

PLACE OF BIRTH

County of Kootenai

City of

No. St.

Hospital

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33318

Registration District No. 29 File No. 3

Primary Registration District No. 1050 Registered No. 43

FULL NAME OF CHILD Donald Giles Asbury

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	T	6	Yes	9 27 1915

FATHER		MOTHER	
FULL NAME	Charley N. Asbury	FULL MAIDEN NAME	Bessie Giles
RESIDENCE	Spokane Bridge Wash.	RESIDENCE	Spokane Bridge Wash
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	55 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Iowa
OCCUPATION	Farmer.	OCCUPATION	Hw.

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 55 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Stuart Stafford

(Physician or midwife)

Address

Given names added from a supplemental report.

19

Registrar

Filed 9/30 19 15 Mary A. Dorland

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

MAY 25 1949

389-130-028 959

PLACE OF BIRTH

County of Kootenai

City of Post Falls

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33319

Registration District No. 29 File No. 3

Primary Registration District No. 1050 Registered No. 44

FULL NAME OF CHILD Carl Frederick Thiele Jr.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.	1	1	Yes.	Sept. 30 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Carl Frederick Thiele	Mildred Reid
RESIDENCE	Post-Falls	Post-Falls
COLOR	W.	W.
AGE AT LAST BIRTHDAY	27 (Years)	18 (Years)
BIRTHPLACE	Arlosen Germany	Shoshone, Ida.
OCCUPATION	Foreman in lumber yard	House-wife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B F Campbell M.D.

(Physician or midwife)

Address .....

Given names added from a supplemental report

..... 19.....

Filed 9/30 1915 Max A. Dorland

Registrar

..... Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 17 1942

STATE OF IOA
BUREAU OF VITAL ST

CERTIFICATE OF BI

PLACE OF BIRTH

8/2

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33320

City of Gifford

Registration District No. 92.

File No. 3

No. ..... St.

Primary Registration District No. 2170

Registered No. 34.

Hospital .....

FULL NAME OF CHILD Elma Lavern Berreman

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
F	T	2	yes	9/17 (Month) (Day) 191.5 (Year)

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME: Geo.W.Berreman	FULL MAIDEN NAME: Gertie Hassinger
RESIDENCE: Summit	RESIDENCE: Summit
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 32 (Years)	AGE AT LAST BIRTHDAY: 34 (Years)
BIRTHPLACE: Missouri	BIRTHPLACE: Germany
OCCUPATION: farmer	OCCUPATION: houdewife

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born living (Born alive or stillborn) at 3/20 P.M on the date above stated.

E.E.Watts
(Signature) .....

(Physician or midwife)

Address .....

Filed 9/17 1915 E.E.Watts
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

S-Y CO. 24695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 6 1944

DECEASED

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

2-9:217.035-812

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33321

County of Nez Perce

City of Gifford

No. ..... St.

Hospital .....

Registration District No. 92 File No. 3

Primary Registration District No. 2170 Registered No. 33

FULL NAME OF CHILD Velma Fern Berreman

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	T	1	yes	9 / 17 / 191 5

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	George W. Berreman	FULL MAIDEN NAME	Gertie Hassinger
RESIDENCE	Summit	RESIDENCE	Summit
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Germany
OCCUPATION	farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born living (Born alive or stillborn) at 3/10 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Watts,

(Physician or midwife)

Address .....

Given names added from a supplemental report.

..... 19....

Filed 3/17 19 15 E. E. Watts

Registrar

Registrar

8-Y CO. 24655

APR 6 1944

155-211-003

Form V. S. No. 11-C—25m-1-1-18

PLACE OF [redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bancroft

City of Bancroft

Registration District No. 84

File No. 38323

No. ..... St.

Primary Registration District No. 2161

Registered No. .....

Hospital .....

FULL NAME OF CHILD ~~XXXXXXXX~~ WANDA GENEVIA Jensen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
f		Yes	Aug 11 1915

FATHER		MOTHER	
FULL NAME	Miller Jensen	FULL MAIDEN NAME	Thora J. Rasmussen
RESIDENCE	Bancroft	RESIDENCE	Bancroft
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Denmark	BIRTHPLACE	Denmark
OCCUPATION	Farming	OCCUPATION	—

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1 a M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. R. J. Smith

(Physician or midwife)

Given names added from a supplemental report.

Address Bancroft Ida.

..... 19....

D. R. J. Smith Registrar

Filed 10/4 1915

D. R. J. Smith Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Nebraska }
County of Boone } ss.

Certificate No. 33323

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Wanda Genevia Jensen (Birth or Death) for Mae Jensen (Name on Original Certificate) who was born (Was Born or Died) on August 11, 1915 (Date of Event) in Bannock County, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by family record (Bible Record, Insurance Policy, Etc.) prepared on August 11, 1915 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Mae	Wanda Genevia Jensen

Subscribed and sworn to before me this 27th day of March, 1943.

Earl Hasselbalch

Notary Public, residing at St. Edward, Nebr.

My commission expires April 21, 1943.
(Seal)

Signed Thos Jensen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

St. Edward, Nebr.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Nebraska }
County of Boone } ss.

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th day of March, 19 43.

Earl Hasselbalch

Notary Public, residing at St. Edward, Nebr.

My commission expires April 21, 1943.
(Seal)

Signed C M Jensen
(Signature of Any Credible Person Other Than Previous Year)

St. Edward, Nebr.
(Street Address, City, State)

APR 7 1943

APR 8 1943

168-129 1003-215

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Bancroft

No. ..... St.

Hospital .....

Registration District No. 84 File No. 23324

Primary Registration District No. 716 1 Registered No. .....

FULL NAME OF CHILD William F. Johnson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	Aug 29 1915

FATHER		MOTHER	
FULL NAME	Joseph A. Johnson	FULL MAIDEN NAME	Lu Retta Banks
RESIDENCE	Bancroft	RESIDENCE	Bancroft
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. A. J. Smith

(Physician or midwife)

Address Bancroft Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Aug 31 19 15 Dr. A. J. Smith Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JUL 23 1945

APR 18 1968

DECEASED

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

389-218 1003-413

Form V. S. No. 11-C—25m-1-18

PLACE OF BIRTH

County of Bannock

City of Bancroft

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 84 File No. 33325

Primary Registration District No. 7161 Registered No. .....

FULL NAME OF CHILD Joyce Ellen Rhiem

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	(To be answered only in event of plural births)		Yes	Oct 18 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Percie L. Rhiem	Betsy Dalton
RESIDENCE	Bancroft	Bancroft
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	30	23
BIRTHPLACE	Illinois	Illinois
OCCUPATION	Station Agent	—

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. R. J. Smith
(Physician or midwife)

Address Bancroft Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Sept 26 19 15 Dr. R. J. Smith
Registrar

S-Y CO. 24655

JUN 25 1957

745-110-003-745

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33326

County of Bannock

City of Bancroft

No. ..... St.

Hospital .....

Registration District No. 84 File No. 4

Primary Registration District No. 7161 Registered No. .....

FULL NAME OF CHILD Levane Gunnell

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		no	Sept 10 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Lionel Maughan	FULL MAIDEN NAME	Laura Gunnell
RESIDENCE	Wellsville, Utah	RESIDENCE	Alexander, Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	—

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 8 a. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. R. J. Smith

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Bancroft, Ida

Filed Sept 26 1915 Dr. R. J. Smith

Registrar Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

DUP OF 15-328324

133.125.003.168

PLACE OF BIRTH

County of Bannock

City of Bancroft

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33827

Registration District No. 84 File No. .....

Primary Registration District No. 2161 Registered No. .....

FULL NAME OF CHILD Stephen Lewis Alley

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M				Yes	Sept 25 1915

FATHER		MOTHER	
FULL NAME	George Alley	FULL MAIDEN NAME	Henrietta Johnson
RESIDENCE	Bancroft	RESIDENCE	Bancroft
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	General Mdse	OCCUPATION	—

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 1 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) W. J. Smith

(Physician or midwife)

Address Bancroft Ida

Filed Oct 4 1915 W. J. Smith Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

719-130-003-857

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33328

County of Bannock

City of Bancroft

No. ..... St.

Hospital .....

Registration District No. 84 File No. 6

Primary Registration District No. 261 Registered No. .....

FULL NAME OF CHILD Russell Parry

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
m		Yes	Sept 30 1915

FATHER		MOTHER	
FULL NAME	Thomas E. Parry	FULL MAIDEN NAME	Mary Heglar
RESIDENCE	Lava	RESIDENCE	Lava
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Tennessee
OCCUPATION	Section Foreman O.S.L.	OCCUPATION	—

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5:15 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) D. A. J. Smith

..... (Physician or midwife)

Address Bancroft

Filed 10/4 1915 D. A. J. Smith Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

454 119 023966

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Gem

City of Ola

Registration District No. 13

File No. 33329

No. ....., ... St.

Primary Registration District No. .....

Registered No. .....

Hospital .....

FULL NAME OF CHILD J. H. Hemasters

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) Sep (Day) 19 (Year) 1915
Boy		yes	

FATHER		MOTHER	
FULL NAME	J H Hemasters	FULL MAIDEN NAME	Bowman
RESIDENCE	Ola Idaho	RESIDENCE	Ola Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. Vadney M.D.

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Sweet Idaho

Filed Sep 21 1915 E. Vadney

Registrar

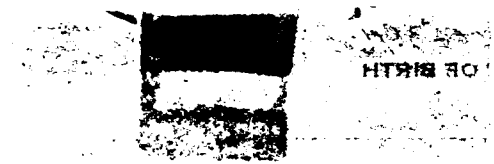
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

556-125-023-279

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

33330

County of Gem

City of Monture

Registration District No. 13 File No.

No. , St.

Primary Registration District No. Registered No.

Hospital

FULL NAME OF CHILD Ernest Albert Newell

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
Male		yes	Sep. 25, 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wm Newell	FULL MAIDEN NAME	Meadia Spillings
RESIDENCE	Monture	RESIDENCE	Monture
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Mo	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6-29 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E Vadney M.D.

(Physician or Midwife)

Given names added from a supplemental report

, 19

Address Sweet Idaho

Filed Sep 30 1915 E Vadney

Registrar

Registrar

S-Y CO., 16670

APR 24 [redacted]

152-119-014-462

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-15

[redacted] OF IDAHO
[redacted] VITAL STATISTICS
[redacted] CERTIFICATE OF BIRTH

County of Canyon

City of Payette

No. _____ St.

Hospital _____

Registration District No. 4

Primary Registration District No. 1008

File No. 33331

Registered No. 631/2

FULL NAME OF CHILD _____

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	X		1	Yes	9-19-15 191

(To be answered only in event of plural births)

FATHER

FULL NAME: Elmer A. Ansen

RESIDENCE: Payette

COLOR: White

AGE AT LAST BIRTHDAY: 32 (Years)

BIRTHPLACE: Ia.

OCCUPATION: Cook

MOTHER

FULL MAIDEN NAME: Florence Moss

RESIDENCE: Payette

COLOR: White

AGE AT LAST BIRTHDAY: 29 (Years)

BIRTHPLACE: Idaho

OCCUPATION: H.W.

Number of child of this mother, including present birth: 6

Number of children of this mother now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3-45 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C.A. Barton

P.& S. (Physician or midwife)

Address Payette

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed 9-26-15 19____ J.C. Woodward Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Defts Ex 5

363-131-201-745

PLACE OF BIRTH

STATE OF IDAHO
BU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 324 Washington St.

Hospital

Registration District No. 2

Primary Registration District No. 1004

File No. 33332

Registered No. 49

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Female			Yes	7-31-15 (Month) (Day) (Year) 191

FATHER		MOTHER	
FULL NAME	Roy Cotrell	FULL MAIDEN NAME	Lenora Green
RESIDENCE	Barber	RESIDENCE	Barber
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Neb.	BIRTHPLACE	Missouri
OCCUPATION	Laborer	OCCUPATION	H.W.

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7-40 a. m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. Allen Calloway
Physician
Boise, Ida.
(Physician or midwife)

Address

Given names added from a supplemental report.

19

Registrar

Filed 8-20-15 19

M.S. Parker
Registrar

S-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

128-1011040-253

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

[redacted] OF IDAHO
[redacted] VITAL STATISTICS

CERTIFICATE OF BIRTH

33333

County of Shoshone

City of Kellogg

No. ..... St.

Hospital .....

Registration District No. 2201 File No. 99

Primary Registration District No. 123 Registered No. .....

FULL NAME OF CHILD — Frank K. Ashby

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	2	Yes	Sept 1 1915

FATHER		MOTHER	
FULL NAME	Frank Ashby	FULL MAIDEN NAME	Glen Bellows
RESIDENCE	Kellogg	RESIDENCE	Kellogg
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Ill	BIRTHPLACE	Ill.
OCCUPATION	Janitor	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ethel Lindsay

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Kellogg Idaho

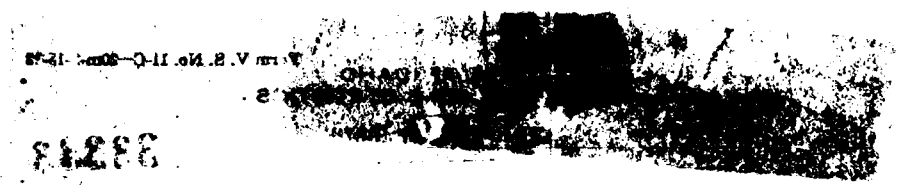
Filed 9/18 1915 Geo. T. Lesher Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



DUP OF 15-306148

968-110090-466

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Shoshone

City of Kellogg

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33335

Registration District No. 2201 File No. 97

Primary Registration District No. 123 Registered No. .....

FULL NAME OF CHILD — — Royce

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	4	Yes	Sept 10 1915

FATHER		MOTHER	
FULL NAME	Benj Royce	FULL MAIDEN NAME	Edna May Moore
RESIDENCE	Kellogg	RESIDENCE	Kellogg
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Kansas	BIRTHPLACE	Colo
OCCUPATION	Teamster	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W C Lindsay

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Kellogg Idaho

Filed Sep 15 1915 Geo S Leshee Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

493.211.840-177

PLACE OF BIRTH

County of Shoshone

City of Kellogg

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33336

Registration District No. ..... File No. 96

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Rosa Lee Mitchell

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
female	4	yes	Sept 11 1915

FATHER		MOTHER	
FULL NAME	Walter J Mitchell	FULL MAIDEN NAME	Hannah Apple
RESIDENCE	Kellogg	RESIDENCE	Kellogg
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	North Carolina	BIRTHPLACE	North Carolina
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11 56 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. C. Lindsay M. D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Kellogg Idaho

Filed Sep 18 1915 Geo. D. Lesher Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

153-112-040-412

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Shoshone

City of Kellogg

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33337

Registration District No. ..... File No. 95

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD — — Anttilla Lea Alexander

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of Birth
Male.	6 (To be answered only in event of plural births)	Yes	Aug 12 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Aug Anttilla	FULL MAIDEN NAME	Hulda Maka
RESIDENCE	Kellogg	RESIDENCE	Kellogg
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Sweden
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W C Lindsay

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Kellogg

Filed Sep 18 1915 Geo S Lesher Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

7-10-41

155·120·040-845

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

33338

County of Shoshone

City of Wallace

No. ....., ... St.

Hospital Hope

Registration District No. 70

File No. .....

Primary Registration District No. 1011

Registered No. 45

FULL NAME OF CHILD Gordon Leonard Avery

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	8 20 1915

FATHER		MOTHER	
FULL NAME	Joseph Cyrus Avery	FULL MAIDEN NAME	Nila Hunt
RESIDENCE	Kingston, Ida	RESIDENCE	Kingston Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	New York	BIRTHPLACE	Nebraska
OCCUPATION	Lumberman	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leonard E. Hanson

M.D.

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Wallace Ida

Filed Aug 22 1910 G. Leo Linden

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

285-217-040-331

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Shoshone.

City of Wallace.

No. ..... St.

Hospital Wallace.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33339

Registration District No. 70 File No. .....

Primary Registration District No. 1011 Registered No. 44

FULL NAME OF CHILD Donna Margaret Sheridan.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes.	Aug. (Month) 17 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Nicholas L. Sheridan.	FULL MAIDEN NAME	Zoia Clark.
RESIDENCE	Wallace.	RESIDENCE	Wallace.
COLOR	White. AGE AT LAST BIRTHDAY 38 (Years)	COLOR	White. AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE	Calafornia.	BIRTHPLACE	Iowa.
OCCUPATION	Mining Eng.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 2. Number of children of this mother now living, including present birth 2.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 4 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. St. Jean M. D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed Aug 20 1915 F. Leo Tinder
Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

438-218-040-344

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Shoshone

City of Wallace

No. ..... St.

Hospital Providence

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 70 File No. 33340

Primary Registration District No. 7077 Registered No. 40

FULL NAME OF CHILD Mary Elizabeth McHarness

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	One	One	Yes	6 18 1915

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Earl McHarness	FULL MAIDEN NAME	Emma Ladoceur
RESIDENCE	Burke	RESIDENCE	Burke
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Mich	BIRTHPLACE	Wash
OCCUPATION	Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth One Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2 30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Chas. A. Dittman

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Registrar

Filed JUL 22 1915 19.....

H. Leo Tundey
Registrar

S-V-SO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 29 1971

791-103-040-018

PLACE OF BIRTH

County of [illegible]

City of [illegible]

No. ....., ... St.

Hospital [illegible]

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 70 File No. 33341

Primary Registration District No. 1011 Registered No. 42

FULL NAME OF CHILD HARRY ALLEN GRAFF

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	7 3 1915

FATHER		MOTHER	
FULL NAME	Allen Graff	FULL MAIDEN NAME	[illegible]
RESIDENCE	Gem	RESIDENCE	Gem
COLOR	White	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Ohio	BIRTHPLACE	Missouri
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was [illegible] (Born alive or stillborn) at 1:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed July 10 1915 [illegible]

Registrar Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

RECEIVED

922d-Agy

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH-BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of ....Idaho.....) Certificate No. 33341
)ss
County of....Shoshone.....) Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate

of ...birth.....for..Graff.(no given name)..who....born.....
(birth or death) (Name on original certificate) (was born or died)

on..July 3..1915.....in..Wallace.....are erroneous or were ommitted;
(Date of event) (Place of event)

and that, to the best of his knowledge, the true facts of the case as shown

by...personal knowledge.....prepared on....as parents.....are:
(Bible record, insurance plcy.etc.) (Give date)

FACTS TO BE CORRECTED (Name, birthdate,etc.)	FROM (As on original)	TO (The correct facts)
Name	no name given	Harry Allen Graff

Subscribed and sworn to before me this 26 day of September 1941

Signed Lucretia Graff (Mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Anna Battick
Notary Public
Residing at Wallace Idaho

Burke Idaho
(Street address, City, State)

My commission expires Sept. 4 - 1945

(SEAL)

SUPPORTING AFFIDAVIT OF A SECOND PERSON
(Both affidavits must be completed)

State of..Idaho.....)
)ss
County of.Shoshone.....)

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26 day of September 1941

Signed Allen Graff (Father)
(Signature of any credible person other than the previous affiant.)

Anna Battick
Notary Public
Residing at Wallace Idaho

Burke Idaho
(Street address, City, State)

My commission expires Sept. 4 1945
(SEAL)

249-111-040-438

Form 7, S. No. 11-C—25m-1-1-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33343

County of Shoshone

City of Wallace

Registration District No. _____ File No. _____

No. _____ St.

Primary Registration District No. _____ Registered No. 41

Hospital Providence

FULL NAME OF CHILD Joseph Harold Burns

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
M	One	1st	Yes	July 11 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FULL NAME	FATHER	FULL MAIDEN NAME	MOTHER
	John Harold Burns		Margaret McHugh
RESIDENCE	Wallace Idg	RESIDENCE	Wallace, Idg.
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Minn	BIRTHPLACE	Idaho
OCCUPATION	R.R. Ticket Agent	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 39 M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Drs. Mowery

Physicians
(Physician or midwife)

Given names added from a supplemental report.

Address Wallace

JUL 15 1915

_____ 19____ Registrar

Filed _____ 19____ _____ Registrar

5-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Shoshone }

Certificate No. 33343

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Joseph Harold Burns (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on July 11, 1915 (DATE OF EVENT)
in Wallace (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by birth certificate (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Father's name	Harry	John Harold Burns

Subscribed and sworn to before me this 12th
day of February, 19 43

Martin Nicholson

Notary Public, residing at Wallace, Idaho

My commission expires Dec. 19, 1945
(SEAL)

Signed Mary Margaret McHugh Burns
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

5 Canyon Ave., Wallace, Idaho,
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of, 19

Notary Public, residing at

My commission expires
(SEAL)

Signed
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on By
(REGISTRAR'S SIGNATURE)

JUN 25 1958

FEB 17 1943

863-128-021-262

PLACE OF BIRTH

[redacted] No. 11-C—25m-1-1-13

County of Franklin

City of Preston

No. ..... St.

Hospital .....

Registration District No. 27 File No. 33344

Primary Registration District No. 2119 Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	8 (Month) 28 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Marvin Hollingsworth	FULL MAIDEN NAME	~~Bonnie~~ Bosworth
RESIDENCE	Preston, Ida.	RESIDENCE	Preston, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Omaha Neb.	BIRTHPLACE	Salt Lake City, Utah.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 1:a. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R Cutler

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Preston, Ida.

Filed 9/10 1915 D A R Cutler
Registrar

Registrar

B-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

318-223-021-315

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

No. ..... St.

Hospital .....

Registration District No. 27 File No. 33345

Primary Registration District No. 2119 Registered No. 917

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			Yes	8 23 1915

FATHER	MOTHER
FULL NAME: Geo. Q. Taylor.	FULL MAIDEN NAME: Florence E. Lane
RESIDENCE: Preston, Idaho.	RESIDENCE: Preston, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 38 (Years)	AGE AT LAST BIRTHDAY: 30 (Years)
BIRTHPLACE: ~~Kaysville, Utah~~	BIRTHPLACE: Hooper, ~~Idaho~~ Utah
OCCUPATION: Farmer	OCCUPATION: Housewife.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 1:30 A. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R. Rutter

Physician (Physician or midwife)

Address Preston, Idaho.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 9/10 1915 Allen R. Rutter Registrar

B-Y CO. 24668

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 1 5 1973

652-219-021-454

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Glendale

No. ..... *St.*

Hospital .....

Registration District No. 27 **File No.** 33346

Primary Registration District No. 2119 **Registered No.** .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	8 (Month) 19 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	S.J. Webster	FULL MAIDEN NAME	Ada Louisa Medenhall
RESIDENCE	Glendale, Idaho	RESIDENCE	Glendale, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	49 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Franklin, Idaho.	BIRTHPLACE	Franklin, Idaho.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) 11:45 p.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19 ..... Address Preston, Idaho.

..... Registrar Filed ..... 19 [signature] Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

693-121-021-693

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33347

County of Franklin

City of Preston

No. ..... St.

Hospital .....

Registration District No. 27 File No. .....

Primary Registration District No. 2119 Registered No. 216

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	8 (Month) 21 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Alfred E. Willmore	FULL MAIDEN NAME	Mamie Jane Williams
RESIDENCE	Preston, Idaho.	RESIDENCE	Preston, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	England	BIRTHPLACE	Logan Utah,
OCCUPATION	Miller	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9:30 A. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alfred R. Butler

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Preston, Idaho

Filed 9/10 1915 Alfred R. Butler Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

249-B1-021-593

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33348

County of Franklin

City of Preston

No. ..... St.

Hospital .....

Registration District No. 27 File No. .....

Primary Registration District No. 2119 Registered No. 215

FULL NAME OF CHILD Rulon Nichols Smith

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	8 (Month) 21 (Day) 1915 (Year)

FATHER	MOTHER
FULL NAME James Geo. Smith	FULL MAIDEN NAME Ada Irene Nichols
RESIDENCE Preston, Ida.	RESIDENCE Preston, Ida.
COLOR White AGE AT LAST BIRTHDAY 25 (Years)	COLOR White AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Preston, Ida	BIRTHPLACE Rexburg, Ida.
OCCUPATION Merchant	OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 11:15 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R Culter

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19..

Address .....

Filed 9-10 1915 Dr A R Culter
Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

155126021-E[redacted]

PLACE OF BIRT[redacted]STICS

Form V. S. No. 11-C—25m-1-1-13

33349

County of Fran[redacted]

City of Preston

No. ..... St.

Hospital .....

Registration District No. 27

File No. .....

Primary Registration District No. 2119

Registered No. 214

FULL NAME OF CHILD Delbert Hale Jensen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes.	8 (Month) 26 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Hans A. Jensen	FULL MAIDEN NAME	Dale V. ~~Hale~~ Hale
RESIDENCE	Preston, Ida.	RESIDENCE	Preston, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Lago Ida.	BIRTHPLACE	Ogden Utah
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 5:10 A. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R Cutler

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 9/10 1915 [signature]

Registrar

Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Franklin }

Certificate No. 33349

Date Filed April 14, 1942

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for unnamed (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on August 23, 1915 (DATE OF EVENT)
in Preston, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Father (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on April 13, 1942 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	unnamed	Delbert Hale Jensen

Subscribed and sworn to before me this 13th
day of April, 1942.

Fay A. Bright
Notary Public residing at Preston, Idaho
My commission expires Nov. 15, 1943
(SEAL)

Signed H. G. Jensen
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Franklin }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13
day of April, 1942

Fay A. Bright
Notary Public, residing at Preston, Idaho
My commission expires 7-18-1945
(SEAL)

Signed Hans C. Jensen
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Preston, Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on 4-13-1942 By Effie W. Branson
(REGISTRAR'S SIGNATURE)

APR 21 1942

632-219-021-266

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33350

County of Franklin

City of Clifton

No. _____ St.

Hospital _____

Registration District No. 27 File No. _____

Primary Registration District No. 2119 Registered No. 213

FULL NAME OF CHILD Millard

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	8 (Month) 19 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	F.D. Olson,	FULL MAIDEN NAME	Mary A. Kofoed
RESIDENCE	Clifton, Idaho	RESIDENCE	Clifton, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Millard Co. Utah,	BIRTHPLACE	Levan Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 12:30P. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R Cutler

Physician
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Preston, Idaho

Filed 9/10 1915 Allen R. Cutler
Registrar

Registrar

5-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

168-103-021-299

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

No. ..... St.

Hospital .....

Registration District No. 7 File No. 13351

Primary Registration District No. 2119 Registered No. 212

FULL NAME OF CHILD EARL WALLACE JOHNSON

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	8 3 1915

FATHER	MOTHER
FULL NAME: Wallace James Johnson	FULL MAIDEN NAME: Emma P. Bright,
RESIDENCE: Preston, Idaho	RESIDENCE: Preston, Idaho.
COLOR: White	COLOR: white
AGE AT LAST BIRTHDAY: 23 (Years)	AGE AT LAST BIRTHDAY: 19 (Years)
BIRTHPLACE: Preston, Idaho.	BIRTHPLACE: Franklin, Idaho
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 1

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2:30 AM on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R Curtis

Physician (Physician or midwife)

Address Preston, Idaho

Given names added from a supplemental report.

..... 19.....

Filed 9/10 1915 Allen R Curtis

..... Registrar

S-Y CO. 24655 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Franklin } ss.

Certificate No. 33351
Date Filed March 7, 1942

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Earl Wallace Johnson (Name on Original Certificate) who Born (Was Born or Died) on August 3, 1915 (Date of Event)
in Preston (Place of Event) Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed	Earl Wallace Johnson

Subscribed and sworn to before me this 7 day of Mar., 1942.

Notary Public, residing at Preston Ida

My commission expires
(Seal)

Signed Wallace Johnson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.) Father

Preston Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Ida. }
County of Franklin } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7 day of Mar 1942.

Notary Public, residing at Preston Ida

My commission expires May 1 - 1944
(Seal)

Signed Hulda Newbold
(Signature of Any Credible Person Other Than Previous Year)

Preston Ida.
(Street Address, City, State)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[illegible] 08-021-299

Form V. S. No. 11-C—20m-2-15-12

[illegible] BIRTH

[illegible] klin

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

City of Preston

Registration District No. 27 File No. 33352

No. ..... St.

Primary Registration District No. 2119 Registered No. 208

Hospital Home

FULL NAME OF CHILD Donna Workman

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		yes	Aug. 8 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	William Larence Workman	FULL MAIDEN NAME	Sarah Edith Kirkham
RESIDENCE	Preston	RESIDENCE	Preston
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Park City Utah	BIRTHPLACE	Bountiful Utah.
OCCUPATION	Mine Foreman	OCCUPATION	Homekeeper

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 7:30 a. M. on the date above stated.

(Born alive [illegible])

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fanny McQueen

([illegible] midwife)

Given names added from a supplemental report

..... 19.....

Address Preston Franklin Co. Ida

Filed 9/10 1915 [illegible] Cutler

Registrar

Registrar

S-Y CO. 20174

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 33352

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Workman (girl child) (Name on Original Certificate) who was born (Was Born or Died) on Aug. 8, 1915 (Date of Event) in Preston, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Donna Workman

Subscribed and sworn to before me this 15 day of [illegible], 19[illegible]

[illegible]

Notary Public, residing at [illegible]

My commission expires [illegible] 1968

(Seal)

Signed Earl H. Goodland

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

271 E 2 S Kaysville, Ut

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

.....

(Street Address, City, State)

FORM DH 60-155

In Office 2-15-65.

L.D.S. Church Cert. of Baptism and Confirmation, Mar. 7, 1926 gives full name as Donna Workman, daughter of Wm. L. Workman and Sarah Kirkham, born Aug. 8, 1915 at Preston, Idaho - viewed by V.S.

FEB 1 5 1965

Social Security Card, dated Dec. 24, 1936 gives full name as Donna Workman, #518-09-0077 - viewed by V.S.

114-222-021-114

PLACE OF BIRTH

Form V. S. No.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33353

County of Franklin

City of Fairview

No. _____ St.

Hospital _____

Registration District No. 27 File No. _____

Primary Registration District No. 2119 Registered No. 210

FULL NAME OF CHILD Ida Virginia Jamison

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
give		yes	June 22 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wm H Jamison	FULL MAIDEN NAME	Mary A Jamison
RESIDENCE	Fairview	RESIDENCE	Fairview
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Wellsville Utah	BIRTHPLACE	Virginia
OCCUPATION	Farming	OCCUPATION	House wife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 6 am M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ellen Morgan

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Franklin Ida

Filed Sept. 18 1915 [signature]

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 1 1 1972

343.110-021-814

PLACE OF BIRTH Amended 1/19/79

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Franklin

No. _____ St.

Hospital _____

Registration District No. 27 File No. 33354

Primary Registration District No. 2119 Registered No. 209

FULL NAME OF CHILD Alvin H. Cutler

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
boy	one	8	yes	July 10 1915

FATHER		MOTHER	
FULL NAME	T J Cutler	FULL MAIDEN NAME	Adela Hampton
RESIDENCE	~~Preston~~	RESIDENCE	Preston Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Pennsylvania	BIRTHPLACE	Franklin Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9 a.m. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ellen Morgan
Franklin
(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Address Franklin Ida

Filed Sept. 10, 19 15 T. C. Cutler Registrar

S-Y CO. 24695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____ }

Certificate No. 33354
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of Birth

for Unnamed Cutler (Name on Original Certificate) who was born (Was Born, Died, etc.) on 7/10/15 (Date of Event)

in Franklin, Idaho (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Name	Unnamed Cutler	Alvin H. Cutler
~~Date~~	~~XXXXXX~~	~~XXXXX~~

Subscribed and sworn to before me this 5th day of January, 19 79

Notary Public, _____

Residing at Cambridge, Idaho

My commission expires 11-18-79

(Seal)

_____
Signature of Applicant

_____
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Birth certificate of daughter Carol Pauline Cutler born 8/9/39 gives name of father as Alvin H. Cutler.

Grade school diploma from Idao gives name as Alvin Cutler dated May 15,1931 Blaine County. viewed by V. S.

JAN 19 1979

965.201.02L466

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

No. 4th ward St.

Hospital

Registration District No. 27 File No. 33355

Primary Registration District No. 2119 Registered No. 207

FULL NAME OF CHILD Edris Roe

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		yes	Aug (Month) 1 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Watkin Lomax Roe	FULL MAIDEN NAME	Gwen Mowers
RESIDENCE	Preston, Idaho	RESIDENCE	Preston, Idaho
COLOR	W. AGE AT LAST BIRTHDAY 24 (Years)	COLOR	W AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Printer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8:20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Curtis Bland

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Preston Idaho

Filed 9/10 1915 Dr. A. K. Cutler Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF OHIO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

291-212-008-849

PLACE OF BIRTH

STATE OF [redacted]
BUREAU OF VITA[redacted]S
CERTIFICATE [redacted]

County of Boise

City of Harris Creek Saw Mill

Registration District No. 12 File No. 33356

No. St.

Primary Registration District No. 2019 Registered No. 70

Hospital

FULL NAME OF CHILD Katherine Margaret Branson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	Aug (Month) 12 (Day) 1915 (Year)

	FATHER		MOTHER
FULL NAME	Joseph David Branson	FULL MAIDEN NAME	Leona Belinda Hurt
RESIDENCE	Harris Creek Saw Mill	RESIDENCE	Harris Creek Saw Mill
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Colorado	BIRTHPLACE	Idaho.
OCCUPATION	Day Laborer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. G. Fitz

Physician (Physician or midwife)

Given names added from a supplemental report

19

Address Placerville Ida

Filed Sept 10 1915 May Fitz Deputy Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

STATE OF
UREAU OF VIT
CERTIFICATE

366-102-023-643

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

No. 11—25m-1-1-13

County of ~~Emmett~~ Gem

City of Emmett County

Registration District No. 4 File No. 33357

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Arthur Alvin Coonrod

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Sept (Month) 2 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	O.C. Coonrod	FULL MAIDEN NAME	Somie Fulton
RESIDENCE	Emmett	RESIDENCE	Emmett
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Cherokee Co Kans	BIRTHPLACE	Emmett Idaho
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. N. Cummings
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Emmett

Filed 9-13 1915 J. L. Reynolds
Registrar

Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Gem

Certificate No. 33359
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of _____ (Birth or death)

for _____ (Name on original certificate) who _____ (Was born or died) on _____ (Date of event)

in _____ (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by _____ (Bible record, insurance policy, etc.) prepared on _____ (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	no middle given	Arthur Alvin Conrad

Subscribed and sworn to before me this 28th day of October, 1941

Elsa Salskov
Notary Public, residing at Emmett Idaho

My commission expires March 14, 1945
[SEAL]

Signed Sonnie Conrad
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Emmett. Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19____

Notary Public, residing at _____

My commission expires _____
[SEAL]

Signed _____
(Signature of any credible person other than the previous affiant.)

_____
(Street Address, City, State)

Received for filing on _____ By _____
(Registrar's signature)

FEB 21 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

~~N2~~ 108·023-993

PLACE OF BIRTH

Form V. S. No. 11—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33358

County of Gem

City of Emmett

Registration District No. 6 File No.

No. St.

Primary Registration District No. Registered No.

Hospital

FULL NAME OF CHILD Richard LeRoy Pass

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Sept 8 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Richard LeRoy Pass	FULL MAIDEN NAME	Rachel B Rickold
RESIDENCE	Emmett Idaho	RESIDENCE	Emmett Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Muncy Penn	BIRTHPLACE	Muncy Penn
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10:30 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R N Cummings

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Emmett

Filed 9-13 1915 J L Reynolds Registrar

Registrar

B-Y CO. 24656

[redacted]

238-206-023-214

PLACE OF BIRTH

Form V. S. No. 11—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gem

City of Emmett County

No. ..... St.

Hospital .....

Registration District No. 6

File No. 33359

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD ELLEN Agnes Schneider

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	9 (Month) 6 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Ernesh Schneider	FULL MAIDEN NAME	Jennie Sams
RESIDENCE	Emmett Idaho	RESIDENCE	Emmett
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Switzerland	BIRTHPLACE	Emmett Idaho
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 11 30 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. N. Cummings
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Emmett Idaho

Filed 9-13 1915 J. L. Reynolds
Registrar

Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO DEC 2 1942

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 33359

County of Gem } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Ellen Agnes Schneider (Name on Original Certificate) who was born (Was Born or Died) on Sept. 6 1915 (Date of Event)

in Emmett (Place of Event) ~~[illegible]~~ or were omitted; and that, to the best of his knowledge, the true facts are shown by school census (Bible Record, Insurance Policy, Etc.) prepared on Sept. 1, 1922 (age 6yrs) (Give Date) are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Agnes	Ellen A. Schneider

Subscribed and sworn to before me this 1st day of December, 1942

Margaret Smoke

Notary Public, residing at Emmett, Idaho

My commission expires Oct. 13, 1944

(Seal)

Signed Ernest Schneider father

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rt 2 Emmett, Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.

County of G.

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st day of December, 1942

M. L. [illegible]

Notary Public, residing at Probate Judge, Gem County, Idaho.

My commission expires

(Seal)

Signed Alma L. Dolphin

(Signature of Any Credible Person Other Than Previous Year)

School Supt.

Emmett, Idaho

(Street Address, City, State)

284-105-023-249

Form V. S. No. 11—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gem

City of Emmett Registration District No. 6 File No. 33360

No. _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Vincent Eugene Shurtleff

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Sept (Month) 5 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Frank Shurtleff	FULL MAIDEN NAME	Agnes Smith
RESIDENCE	Emmett	RESIDENCE	Emmett
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Salt Lake City - Utah	BIRTHPLACE	Salt Lake City - Utah
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 4 20 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. N. Cummings
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Emmett Idaho

Filed 9-13-1915 J. L. Reynolds
Registrar

Registrar

8-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

215-222-023-243

Form V. S. No. 11—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 33361

County of Gem

City of Emmett *Registration District No.* 4 **File No.**

No. ..... *St.*

Hospital ..... *Primary Registration District No.* ..... **Registered No.**

FULL NAME OF CHILD Helen Eugene Sanders

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Aug 22 1915

FATHER	MOTHER
FULL NAME: Frank Leslie Sanders	FULL MAIDEN NAME: Anna Luella Bullard
RESIDENCE: Emmett Idaho	RESIDENCE: Emmett
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 26 (Years)	AGE AT LAST BIRTHDAY: 21 (Years)
BIRTHPLACE: Hartley Iowa	BIRTHPLACE: Emmett Ida
OCCUPATION: Rancher	OCCUPATION: Housewife

Number of child of this mother, including present birth: 2

Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. M. Cummings

(Physician or midwife)

Address Emmett

Given names added from a supplemental report.

..... 19.....

..... *Registrar*

Filed 9-13-1915 J. F. Reynolds *Registrar*

8-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
OF VITAL STATISTICS

155-114-023-691

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gem

City of Pearl

No. ..... St.

Hospital .....

Registration District No. 6 File No. 33362

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Dallas Cummings Jensen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
male			yes	8 (Month) / 14 (Day) / 1915 (Year)

	FATHER	MOTHER
FULL NAME	John Christian Jensen	FULL MAIDEN NAME Irene Elizabeth Frandson
RESIDENCE	Pearl Idaho	RESIDENCE Pearl
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	48 (Years)	AGE AT LAST BIRTHDAY 40 (Years)
BIRTHPLACE	Ephraim Utah	BIRTHPLACE Gram Denmark
OCCUPATION	Rancher	OCCUPATION Housewife

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 20 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L R Cummings

(Physician or midwife)

Emmett

Address .....

Given names added from a supplemental report.

..... 19.....

Filed 9-13-1915 J. T. Reynolds Registrar

..... Registrar

S-Y CO. 24656

693 2 28 23-365

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Gem

City of Sweet County

Registration District No. 6

File No. 3363

No. ....., ... St.

Primary Registration District No. .....

Registered No. .....

Hospital .....

FULL NAME OF CHILD Not named ALICE TERESA WILLIAMS

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	other	6th	yes	aug 28 19[illegible]

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	William R. Williams	FULL MAIDEN NAME	Teresa Connaughton
RESIDENCE	Sweet	RESIDENCE	Sweet
COLOR	W	AGE AT LAST BIRTHDAY (Years)	50
COLOR	W	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Wisconsin	BIRTHPLACE	Placerville Ida
OCCUPATION	Rancher	OCCUPATION	Wife

Number of child of this mother, including present birth .....

Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. L. Skipsey

Physician

(Physician or Midwife)

Address Sweet

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed [illegible] 19[illegible]5 J. T. Reynolds Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUN 8 1942

MAY 5 1975

532-206-004-813

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form [illegible] 15-12

[redacted]

County of Bear Lake

City of Montpelier

Registration District No. 52

File No. 33364

No. ..... *St.*

Primary Registration District No. 2126

Registered No. .....

Hospital .....

FULL NAME OF CHILD LAURA ANNETTE ECKLOFF

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	June 6 1915 (Month) (Day) (Year)

	FATHER		MOTHER
FULL NAME	R Eckloff	FULL MAIDEN NAME	Wilma Dalton
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Washington D.C.	BIRTHPLACE	Springville, Utah
OCCUPATION	Labor	OCCUPATION	Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo F Ashley

Montpelier
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Idaho

Filed 9/1/ 1915 H H King MD
Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bear Lake }

Certificate No. 33364
Date Filed June 14th 1941

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for Unnamed Eckloff (Name on original certificate) who was born (Was born or died) on June 6th 1915 (Date of event)
in Montpelier Idaho. (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by L.D.S. Church Record (Bible record, insurance policy, etc.) prepared on June 14-1941 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Ecklof	Laura Annette Eckloff
DDate of birth	June 15, 1915	June 6, 1915

Subscribed and sworn to before me this 11th day of October, 1941.

Albert W Jones
Notary Public, residing at Montpelier Ida

My commission expires Notary Public, Residing at Montpelier, Idaho
[SEAL] My Commission Expires April 14, 1944

Signed Mrs F. E. Dalton
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

P. O. Box 15, Montpelier, Ida.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bear Lake }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11th day of October, 1941.

Albert W Jones
Notary Public, residing at Montpelier Ida

My commission expires Notary Public, Residing at Montpelier, Idaho
[SEAL] My Commission Expires April 14, 1944

Signed Lila Brookshire
(Signature of any credible person other than the previous affiant.)

Montpelier, Idaho
(Street Address, City, State)

Received for filing on ..... By .....
(Registrar's signature)

OCT 15 1941

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bear Lake }

Certificate No. 33364
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of the birth (Birth or death)
for Laura Annette Eckloff (Name on original certificate) who was born (Was born or died) on June 6th 1915 (Date of event)
in Montpelier, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by L. D. S. Church Record (Bible record, insurance policy, etc.) prepared on June 14-1915 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Sex	Male	Female
mother's birthplace	Montpelier	Springville, Utah
Mother's name	W. A. Dalton	Wilma Dalton

Subscribed and sworn to before me this 24th day of June, 1915.

Albert W. Jones
Notary Public, residing at Montpelier
My commission expires April 14, 1916
[SEAL]
Notary Public, Residing at Montpelier, Idaho
My Commission Expires April 14, 1944

Signed Mrs L. H. Dalton
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

P. O. Box 73, Montpelier Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bear Lake }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th day of June, 1915.

Albert W. Jones
Notary Public, residing at Montpelier Ida.
My commission expires April 14, 1916
[SEAL]
Notary Public, Residing at Montpelier, Idaho
My Commission Expires April 14, 1944

Signed Lila Brookshire
(Signature of any credible person other than the previous affiant.)

Montpelier, Ida.
(Street Address, City, State)

Received for filing on By
(Registrar's signature)

689-121-004-749

Form U. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier

Registration District No. 52

File No. 3335

No. ..... St.

Primary Registration District No. 2136

Registered No. .....

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		Yes	June 21 1915 (Month) (Day) (Year)

	FATHER		MOTHER
FULL NAME	James Whinham	FULL MAIDEN NAME	C. A. Gunnick
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Fr England	BIRTHPLACE	Montpelier
OCCUPATION	Labor	OCCUPATION	Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo F Ashley

Montpelier (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Idaho

Filed 9/1 1915

H H Kingman
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

365-103-004-693

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier

Registration District No. 52

File No. 33366

No. ..... St.

Primary Registration District No. 2136

Registered No. .....

Hospital .....

FULL NAME OF CHILD Lamont Welker Loveday

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		Yes	July (Month) 3 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Kim Loveday	FULL MAIDEN NAME	E. C. Welker
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Birmingham	BIRTHPLACE	Birmingham
OCCUPATION	Labor	OCCUPATION	Wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 9 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. F. Ashley

Montpelier (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Idaho

Filed 9/1/ 1915 H. H. King Jr. Registrar

Registrar

R-Y CO. 23174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

DEC 9 1971

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
DEC 8 9 55 AM '76

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of .....

Certificate No. 33366

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Loveday (Male) (Name on Original Certificate) who was born (Was Born or Died) on July 3, 1915 (Date of Event)

in Montpelier, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Lamont Welker Loveday

Subscribed and sworn to before me this 23 day of November, 1976

Fern K. Galloway

Notary Public, residing at Bern, Idaho

My commission expires June 1, 1977

(Seal)

Signed [illegible]

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

[illegible]

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bear Lake

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23 day of November, 1976

Fern K. Galloway

Notary Public, residing at Bern, Idaho

My commission expires June 1, 1977

(Seal)

Signed Mary L. Spiers

(Signature of Any Credible Person)

Bennington Idaho

(Street Address, City, State)

FORM DH 60-155 CL 12/9/71 nm

DEC 17 1976

Membership record from KE LDS Church gives name as Lamont Welker Loveday born July 3, 1915 birth place as Montpelier, Idaho. Father's name as Kem Loveday and mother's name as Deliah Eliza Welker. blessed Aug 1, 1915 and Baptized Oct 11, 1923. viewed by V. S.

Certof birth from California for own child'gives name as Gary Leon Loveday born Oct 11, 1947 and father's name as Lamont Welker Loveday and mother name as Inez Lavin. viewed by V. S.

445·203·004-245

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier

No. ..... *St.*

Hospital .....

Registration District No. 52

Primary Registration District No. 2136

File No. 33367

Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		Yes	July (Month) 3 (Day) 1915 (Year)

	FATHER		MOTHER
FULL NAME	Thomas Mangford	FULL MAIDEN NAME	May Brown
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	52	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Salt Lake City	BIRTHPLACE	Coalmans Mont
OCCUPATION	Farmer and Sheepman	OCCUPATION	None

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 9 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo F Carley

Montpelier
(Physician or midwife)

Idaho

Given names added from a supplemental report

..... 19.....

Address .....

Filed 9/11 1915 H H Hoting Reg
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

753-206-004-235 MOTHER'S MAIDEN NAME AMENDED 9-20-2010 CMW

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier

No. ..... St.

Hospital .....

Registration District No. 52 File No. 33368

Primary Registration District No. 2136 Registered No. .....

FULL NAME OF CHILD Ruby Gladys Petereit

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl		Yes	July 23 1915

FATHER		MOTHER	
FULL NAME	Otto Petereit	FULL MAIDEN NAME	EMMA STEFFENHAGEN
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Germany	BIRTHPLACE	Loyall Wlath
OCCUPATION	Baker	OCCUPATION	W

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo F Ashley

Montpelier (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Idaho

Filed 9/1/ 1915 H H King MD Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JUN 5 1944

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 33368

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	none given	Ruby Gladys Petereit
birthdate	July 3	July 6 1915

Subscribed and sworn to before me this .....
day of ....., 19....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed Emma Petereit
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bear Lake } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd
day of June, 1944

Notary Public, residing at Montpelier, Idaho

My commission expires My Commission Expires Mar. 29, 1948
(Seal)

Signed Frank Letherwood Williams
(Signature of Any Credible Person Other Than Previous Year)

Montpelier, Idaho
(Street Address, City, State)

JUN 6 1944

Sister's cert gives mother's name as
Steffenhagen

SEP 1 - 2010

IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF HEALTH POLICY AND VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho
County of Bannock } SS

Certificate No. 1915-33368
Date Filed 09/01/1915

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth, Death, Marriage, etc.)

For Ruby Gladys Peteriet (Name on Original Certificate) who was born (Was Born, Died, etc.) on 07/06/1915 (Date of Event)

in Montepelier (Bear Lake Co), Id (Place of Event)
are erroneous or were omitted.

ITEMS TO BE CORRECTED	FROM	TO
Mother's full maiden name	Emma Stennham	Emma Steffenhagen

Subscribed and sworn to before me this 10th day of September, 2010

Notary Public Jeaneane Huth
Residing at [illegible], IDAHO
My commission expires 7-9-15
(Seal)

JEANEANE HUTH NOTARY PUBLIC STATE OF IDAHO

Ruby Peteriet
Signature of Applicant

3440 E. Center St Preston ID
Street Address, City, State and Zip

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ☐)
(is not necessary ☒)

State of
County of } SS

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, _____

Notary Public, _____

Residing at _____

My commission expires _____
(Seal)

_____
Signature of Applicant

_____
Street Address, City, State and Zip

September 8, 2010

IDAHO BIRTH CERTIFICATE #1911 D69-0723 EARL ALBERT PETEREIT
BORN 5-1-1911 MOTHER'S MAIDEN NAME: EMMA STEFFENHAGEN VIEWED BY VS
IDAHO DEATH CERTIFICATE #1992-06686 EARL ALBERT PETEREIT DIED
11-22-1992 MOTHER'S MAIDEN NAME: EMMA STEFFENHAGEN VIEWED BY VS

286-106-004-689

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier

Registration District No. 52

File No. 33369

No. ..... St.

Primary Registration District No. 2136

Registered No. .....

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	July 6 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Geo Shaper	FULL MAIDEN NAME	M. A. Whitmore
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	O.	BIRTHPLACE	Montpelier
OCCUPATION	O S & Emp	OCCUPATION	W

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 3 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo F Ashley

Montpelier
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Idaho

Filed 9/1/ 1915 H H King MD

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SCHOPER

DUP OF 1915 - 327522

Amended 1-13-60

PLACE OF BIRTH

452-11-8042

County of Bear Lake

City of Montpelier

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 52 File No. 33370

Primary Registration District No. 2136 Registered No. .....

FULL NAME OF CHILD Lloyd Richard Messerly
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy		Yes	July 11, [redacted] 1915

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

FATHER	MOTHER
FULL NAME: Robert Messerly	FULL MAIDEN NAME: Eliza Kunz
RESIDENCE: Montpelier	RESIDENCE: Montpelier
COLOR: W. AGE AT LAST BIRTHDAY: 40 (Years)	COLOR: W. AGE AT LAST BIRTHDAY: 36 (Years)
BIRTHPLACE: Germany	BIRTHPLACE: Germany
OCCUPATION: Carpenter	OCCUPATION: Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 5 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

..... Registrar.

(Signature) Geo. F. Ashley

Physician
(Physician or midwife)

Address Montpelier, Idaho

Filed 9-1-1915 [redacted] H.H.King, M.D.
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECEASED

Documents listed on back -

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 33370

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Messerly (Name on Original Certificate) who born (Was Born or Died) on July 11, 1915 (Date of Event) in Montpelier, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Lloyd Richard Messerly
Full Maiden Name of Mother	Mary King	Eliza ~~King~~ Kunz
Full Name of Father		Robert Messerly

Subscribed and sworn to before me this 8 day of [illegible], 19[illegible]

[illegible]

Notary Public, residing at [illegible]

My commission expires June 25, 19[illegible]

(Seal)

Signed Lloyd R. Messerly
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Soda Springs Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bear Lake }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8 day of [illegible], 19[illegible]

[illegible]

Notary Public, residing at Montpelier, Ida.

My commission expires June 25, 19[illegible]

(Seal)

Signed [illegible]
(Signature of Any Credible Person)

427 N. 4th St. Montpelier Ida
(Street Address, City, State)

FORM DPH 55.155 CL 12-4-59. nm

Own Child's Birth Cert. on file, #52-5364 gives father's full name as Lloyd Richard Messerly - viewed by V.S.

L.D.S. Church Record of Sealing - June 11, 1924 -
gives parents names as Robert Messerly and Eliza Kunz, also lists one of the children's names as Lloyd Richard Messerly, born July 11, 1915 at Montpelier, Idaho - viewed by V.S.

Another child's birth cert. on file, #99835 gives parents names as Robert Messerly and Eliza Kunz - viewed by V.S.

249-112-004-855

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier

Registration District No. 52

File No. 33371

No. ..... St.

Primary Registration District No. 2136

Registered No. .....

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		Yes	July 12 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Geo Smith	FULL MAIDEN NAME	Eliza Hauchi
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Montpelier	BIRTHPLACE	Germany
OCCUPATION	Laborer	OCCUPATION	W

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ~~Alive~~ Alive (Born alive or stillborn), at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo F Ashley

Montpelier (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address ..... Idaho

Filed 9/1 1915 H H King Mon

Registrar

Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

295-112-004-523

Form V. S. No. 11-O—[illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier

Registration District No. 52 **File No.** 33372

No. ..... *St.*

Primary Registration District No. 2136 **Registered No.** .....

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		Yes	July 12 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Jack Kinny	FULL MAIDEN NAME	L. E. Eschler
RESIDENCE	Bear	RESIDENCE	Bear
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Bear	BIRTHPLACE	Raymond
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth ..... 1 ..... Number of children of this mother now living, including present birth ..... 1 .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 12 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Montpelier

Geo. G. Ashley
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Idaho

Filed 9/1 19 15 H. H. Kinny [illegible]
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

286-122-004-299

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier

No. ..... St.

Hospital .....

Registration District No. 52

File No. 33373

Primary Registration District No. 2136

Registered No. .....

FULL NAME OF CHILD Shirley B. Short

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		Yes	July 22 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Harry Short	FULL MAIDEN NAME	Emma Seymour
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Montpelier	BIRTHPLACE	Geo Town
OCCUPATION	O. S. L. R. R.	OCCUPATION	Wife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 29 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo F Ashley

Montpelier (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Idaho

Filed 9/1 1915 H H Rung Regist

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 2 7 1975

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Wyoming } ss.
County of Sublette }

Certificate No. 33373

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Short (Male) (Name on Original Certificate) who was born (Was Born or Died) on July 22, 1915 (Date of Event)
in Montpelier, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Shirley Betsy Short

Subscribed and sworn to before me this 1st day of April, 19 75

Helen Atwood

Notary Public, residing at Big Piney, Wyo. 83113

My commission expires Oct 1, 1976

(Seal)

Signed Miranda Short
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires

(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155 CL 3/27/75

Certi.f of Baptism and Confirmation from the LDS Church gives name as Shirley Short daughter of Harry Short and Amanda L. Shhort. born July 22, 1915 at Monpelier, Idaho. Was Baptized Aug. 31, 1924. viewed by V. S.

JUN 19 1975

Membership record from the LDS Church gives name as Shirley Betsy Luce born July 22, 1915 at Monpelier, Idaho. father's name given as Harry Shortm, Jr and mother's name as Amand Sizemore. Blessed Sept. 5, 1915 and Baptized Au. 20, 1924. viewed by V. S.

443-122.004-796

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 52 File No. 33374

Primary Registration District No. 2136 Registered No. .....

FULL NAME OF CHILD Robert William Mulica Jr

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes.	Aug 22nd 1915

FATHER		MOTHER	
FULL NAME	R. W. Mulica	FULL MAIDEN NAME	Olive Groom
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	R. R. Conductor	OCCUPATION	wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H H King MD

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Montpelier Ida

Filed 9/1 1915 H H King MD Registrar

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

631-104-004-415

Form V. S. No.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Canyon

Amended 7/6/76

CERTIFICATE OF BIRTH

City of Nampa

Registration District No. 7

File No. 33375

No. ✓ St.

Primary Registration District No. 1006

Registered No.

Hospital —

FULL NAME OF CHILD James Joseph Flaherty

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Boy	X		X	yes	Aug 4 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Jno Joseph Flaherty	FULL MAIDEN NAME	Dessie M Davis
RESIDENCE	Nampa Idaho	RESIDENCE	Nampa Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Penna	BIRTHPLACE	Wyoming
OCCUPATION	Conductor	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Minnay

M.D.
(Physician or midwife)

Given names added from a supplemental report.

Address Nampa Idaho

19

Filed Aug 10 1915 Dr S D Calonge Registrar

Registrar

Anna Hatfield Deputy Reg

S-Y CO. 24656

[redacted]

JAN 5 1947

JUN 4 1976

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Oregon } ss.
County of Clackamas }

Certificate No. 33375

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for John James Flaherty (Name on Original Certificate) who was born (Was Born or Died) on Aug 4, 1915 (Date of Event)

in Nampa, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on August 4, 1915 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	John James Flaherty	James Joseph Flaherty

Subscribed and sworn to before me this 16 day of June, 1976

Lillian Myers

Notary Public, residing at Clackamas County, Ore

My commission expires Sept 8, 1976

(Seal)

Signed X Electa M. Flaherty

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

P.O. Box 243 Clackamas, Or. 97015

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th day of June, 1976

Gloria Page

Notary Public, residing at Boise, Idaho

My commission expires 4/12/79

(Seal)

Signed Mary J. Fennin

(Signature of Any Credible Person)

2001 Crystal Way - Boise, Idaho 83706

(Street Address, City, State)

FORM DH 60-155

CL 6/3/76

Certif eate of Discharge from CCC gives name as James J. Flaherty at time of enlistment July 10, 1934. viewed by V.S.

JUL 6 1976

Ontario High School dip oma dated 17 May 1934 gives name as James J. Flaherty. viewed by V.S.

285·165·014-249

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. Lake View Terrace St.

Registration District No. 7 File No. 35376

Primary Registration District No. 1006. Registered No.

Hospital

FULL NAME OF CHILD Richard Joseph Shepard.

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	X		X	yes	Aug 5 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Lawson O Shepard	FULL MAIDEN NAME	Anna Rose Smith
RESIDENCE	Nampa Ida	RESIDENCE	Nampa Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Colo	BIRTHPLACE	Colo.
OCCUPATION	Fireman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3:30 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Anna Smith
midwife (Per Reg)
(Physician or midwife)

Given names added from a supplemental report.

Address Nampa Ida

19

Filed Sept 2 1915 Dr S D Calouse
Registrar

Registrar

Anna Hatfield Deputy

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 17 1966

691-109-014-313

PLACE OF BIRTH

Form V. S. No. 11—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. 417 15 Ave S. St.

Hospital

Registration District No. 7

File No. 33377

Primary Registration District No. 1006

Registered No.

FULL NAME OF CHILD George H. Oram, Jr.

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Boy	x		x	Yes	Aug 9 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	George H Oram	FULL MAIDEN NAME	Mina Cote
RESIDENCE	Nampa Idaho	RESIDENCE	Nampa Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Iowa
OCCUPATION	R.R. Conductor	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 12 35 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Murray M.D.
(Physician or midwife)

Given names added from a supplemental report.

Address Nampa Idaho

19

Filed Aug 10 1915 Dr S D Calonge Registrar

Registrar

Anna Hatfield Deputy

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Iowa } ss.
County of Linn }

Certificate No. 33377

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for Unnamed Oram (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on Aug. 9, 1915 (DATE OF EVENT)
in Nampa, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Father (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on July 15-1942 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed Oram	George H. Oram, Jr.

Subscribed and sworn to before me this 15
day of July, 19 42
Louise Fishel
Notary Public, residing at Cedar Rapids, Ia
My commission expires July 4 - 1945
(SEAL)

Signed G.H. Oram
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Iowa } ss.
County of Linn }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15
day of July, 19 42
Louise Fishel
Notary Public, residing at Cedar Rapids Ia
My commission expires July 4 - 1945
(SEAL)

Signed H.W. Nies
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

1802 4th Ave SE Cedar Rapids Iowa
(STREET ADDRESS, CITY, STATE)

Received for filing on By
(REGISTRAR'S SIGNATURE)

JUL 13 1960

AUG 20 1945

692-112-014-364

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

Registration District No. 7 File No. 33379

No. ..... St.

Primary Registration District No. 2006 Registered No. .....

Hospital .....

FULL NAME OF CHILD Ernest Fike Jr.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Aug 12 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	George Ernest Fike	FULL MAIDEN NAME	Helen Louderbaugh
RESIDENCE	South of Nampa	RESIDENCE	South of Nampa
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Misouri	BIRTHPLACE	Kansas
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12:15 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Clyde E. Watson

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Nampa Ida

Filed Aug 13 1915 Dr. S. D. Calonge Registrar

Anna Hatfield Deputy

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

285-217-014-495

Amended 8/10/78

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. — St.

Hospital —

Registration District No. 7

File No. 33380

Primary Registration District No. 1006

Registered No.

FULL NAME OF CHILD X Mary Ellen Shenk

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Girl	X		X	yes	Aug 17 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	R. J. Shenk	FULL MAIDEN NAME	Myrtle Dietz
RESIDENCE	Nampa Idaho	RESIDENCE	Nampa Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Ohio
OCCUPATION	Teamster	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10 15 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Murray M.D.
(Physician or midwife)

Given names added from a supplemental report.

Address Nampa Idaho

19

Filed Aug 20 1915 Dr S D Colonge
Registrar

Registrar

Anna Hatfield Deputy

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

5/24/78

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss. Certificate No. 33380

County of ..... JUL 11 11 28 AM '78 Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Shenk (Name on Original Certificate) who was born (Was Born or Died) on Aug. 17, 1915 (Date of Event)

in Nampa, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed Shenk	Mary Ellen Shenk

Subscribed and sworn to before me this 30th day of June, 1978

[illegible]

Notary Public, residing at Kamiah

My commission expires June 27 1981

(Seal)

Signed [illegible]

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.

County of .....

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this [illegible] day of [illegible], 1972

.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed [illegible]

(Signature of Any Credible Person)

[illegible]

(Street Address, City, State)

FORM DH 60-155

lcc pd. Rec.#06137

Marriage ~~lx~~ license from Ohio gives names as David Bowers and Mary Ellen Shenk dated Jan. 14, 1939. viewed by V. S.

AUG 10 1978

~~Child~~
child's hospital record gives father's name as David Nathaniel Bowers and mother's name as Mary Ellen Shenk. viewed by V. S.

264 123-014-695

Form V. S. No. 11—25m-1-1-18

PLACE OF BIRTH

County of Canyon

City of Nampa

No. 8 Ave So. St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 33381

Primary Registration District No. 1006 Registered No.

FULL NAME OF CHILD Lloyd L. Bow

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
boy	X	X	yes	Aug. 23 1915

FATHER		MOTHER	
FULL NAME	Nelson T. Bow	FULL MAIDEN NAME	Viola B. Wambgler
RESIDENCE	Nampa Ida	RESIDENCE	Nampa Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Kansas	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. P. Rose

Physician

(Physician or midwife)

Address Nampa Idaho

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed Sept. 19 15

Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

6 1949

356-1241014-386

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

Registration District No. T

File No. 33382

No. _____ St.

Primary Registration District No. 1006

Registered No. _____

Hospital Nampa General

FULL NAME OF CHILD Drexel Lewis

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	Aug 24 1915

FATHER		MOTHER	
FULL NAME	William Lewis	FULL MAIDEN NAME	Stella Thompson
RESIDENCE	4 mi South E. of Nampa	RESIDENCE	South of Nampa
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Iowa	BIRTHPLACE	West Va
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8:30 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Clyde E. Watson

Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Nampa Ida

_____ 19__

Filed Sept 1 1915 Dr S D Colonge

Registrar

Anna Hatfield Deputy Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MAR 23 1966

DECEASED

456125 1014-967

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Canyon

City of Nampa

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 93383

Primary Registration District No. 1006 Registered No. .....

FULL NAME OF CHILD George Alexander Meffan Jr.

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	/		/	yes	Aug 25 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Geo. Alexander Meffan	FULL MAIDEN NAME	Edna Marie Rogers Rogers
RESIDENCE	Nampa, Ida	RESIDENCE	Nampa Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Canada	BIRTHPLACE	Idaho
OCCUPATION	Clerical & Stenographer	OCCUPATION	Housewife

Number of child of this mother, including present birth One Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8:30 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Clyde E. Watson
Physician
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Nampa Ida

Filed Sept 1 1915 Dr. S. D. Calonge
Registrar
Anna Hatfield Deputy.

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified copy issued Feb. 28, 1941. E.W.

APR 1 1943

JUN 28 1971

469-127014-153

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of North of Nampa

Registration District No. 7 **File No.** 33384

No. ..... *St.*

Primary Registration District No. 2006. **Registered No.** .....

Hospital .....

FULL NAME OF CHILD [illegible]

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Aug (Month) 27 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Herbert Lynn Marks	FULL MAIDEN NAME	Ida Del Jett
RESIDENCE	R.F.D. Nampa Ida	RESIDENCE	Nampa Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	South Dakota
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Clyde E. Watson

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Nampa Ida

Filed Sept 1 1915 Dr S D Calonge Registrar

Anna Hatfield Deputy

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

433-128109-433

PLACE OF BIRTH

Form V. S. No. 11—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. ..... St.

Hospital .....

Registration District No. 7

Primary Registration District No. 1006

File No. 33385

Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy	×		×	Yes	Aug 28 1915

FATHER		MOTHER	
FULL NAME	E. E. McCurdy	FULL MAIDEN NAME	Daisy McCoy
RESIDENCE	Nampa Idaho	RESIDENCE	Nampa Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Kansas
OCCUPATION	Brakeman	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) J. P. Murray M. D.

(Physician or midwife)

Address Nampa Idaho

Filed Sept 2 1915 Dr. L. D. Calonge Registrar

Anna Hatfield Deputy.

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

256-129-014-155

Form V. S. No. 11—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. 1 St.

Hospital

Registration District No. 7

File No. 33386

Primary Registration District No. 1006

Registered No.

FULL NAME OF CHILD Gayle Miller Sewell

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Boy	X		X	Yes	Aug 29 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	W. P. Sewell	FULL MAIDEN NAME	Henrietta Jensen
RESIDENCE	Nampa Idaho	RESIDENCE	Nampa Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Utah
OCCUPATION	Grocer Clerk & Delivery	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 6 24 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Murray
M D
(Physician or midwife)

Given names added from a supplemental report.

Address Nampa Idaho

Filed Sept 2 1915 Dr S D Calonge
Registrar

Anna Hatfield Deputy

19

Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Own childs birth certificate gives fathers name as Gayle Miller Sewell.
Dated August 6, 1951, IDAHO DEPARTMENT OF HEALTH File #51-9244.

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 33386

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for unnamed (Name on Original Certificate) who was born (Was Born or Died) on August 29, 1915 (Date of Event)

in Nampa, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name of child	unnamed	Gayle Miller Sewell

Subscribed and sworn to before me this [illegible] day of [illegible], 19[illegible]

[illegible]

Notary Public, residing at [illegible]

My commission expires [illegible]

(Seal)

Signed J. H. Murray M.D.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25 day of Sept, 1962

K. B. Baker

Notary Public, residing at Boise, Idaho

My commission expires Dec 8, 1963

(Seal)

Signed Stewart Mason
(Signature of Any Credible Person)

24 Mesa Drive Boise, Ida.
(Street Address, City, State)

FORM DH 60-155

Insurance Policy gives name as Gayle Miller Sewell dated September 16, 1955.
Viewed by V.S.

SEP 28

418-230-014-386

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. R.R. D. St.

Hospital —

Registration District No. [illegible] File No. 33387

Primary Registration District No. 2006 Registered No.

FULL NAME OF CHILD Susie Adeline Day

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Girl	X		X	Yes	Aug 30 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Frank Day	FULL MAIDEN NAME	Emily Thomas
RESIDENCE	Nampa Idaho	RESIDENCE	Nampa Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10:30 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Murray M.D.
(Physician or midwife)

Given names added from a supplemental report.

Address Nampa Idaho

.....19.....

Filed Sept 2 1915 Dr S D Calonge Registrar

Anna Hatfield Deputy

Registrar

S-Y CO. 24852

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 10 1952

MAY 16 1974

648-131-014236

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa R.F.D.

No. ..... St.

Hospital .....

Registration District No. 7 File No. 33388

Primary Registration District No. 2006 Registered No. .....

FULL NAME OF CHILD Harold Wilford Fuhriman

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Boy	x		x	yes	Aug 31 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	George Fuhriman	FULL MAIDEN NAME	Mary L Kloepfer
RESIDENCE	Nampa Idaho	RESIDENCE	Nampa Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2:26 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Murray M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Nampa Idaho

Filed Sept 2 1915 Dr S D Calonge Registrar

Anna Hatfield Deputy

Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PRESERVING [illegible]

LASTING AND PERMANENT RECORD

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

4-1[illegible]-54

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 33388

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for unnamed (Name on Original Certificate) who was born (Was Born or Died) on Aug. 31, 1915 (Date of Event)

in Nampa, Canyon Co. (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
childs name	Unnamed	Harold Wilford Fuhriman

Subscribed and sworn to before me this 7th day of May, 1966

[illegible]

Notary Public, residing at Nampa Idaho

My commission expires 8-25-67

(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

[illegible] Edgar

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Canyon }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7th day of May, 1966

[illegible]

Notary Public, residing at Nampa Idaho

My commission expires 8-25-67

(Seal)

Signed Elizabeth R. Stevens
(Signature of Any Credible Person)

[illegible] Nampa

(Street Address, City, State)

FORM DH 60-155

1 copy paid rec #15699

Childs birth certificate gives name as Harold Wilford Fuhriman. Child born in Nampa, Idaho on Aug. 22, 1953 # 53-9888.

Viewed by V. S. MAY 8 1964

Certificate of Baptism issued Sept. 20, 1923 give name as Harold Wilford Fuhriman. Issued by Elder Frank W. Fuhriman and Geo W. Fuhriman, Bishop.

Viewed by V. S.

386-122-[illegible]3-753

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of P Salem

No. ..... St.

Hospital .....

Registration District No. 100 File No. 33389

Primary Registration District No. 2178 Registered No. 155

FULL NAME OF CHILD HEBER Russell Thornock

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	✓		✓	yes	Mar 22 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Heber W. Thornock	FULL MAIDEN NAME	Wanda Peterson
RESIDENCE	Salem Ida.	RESIDENCE	Ida Salem
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Idaho.	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2nd Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11:15 P M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H A Erismon MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Rexburg Idaho

Filed 9-1 1915 G G Espe

Registrar

Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO JAN 15 1943

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Canyon }

Certificate No. 33389

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth - - - - - (BIRTH OR DEATH)
for Russel Thornock - - - - (NAME ON ORIGINAL CERTIFICATE) who Born (WAS BORN OR DIED) on 22nd of March, 1915 (DATE OF EVENT)
in Salem, Idaho - - - - (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Family Bible (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on 3-22-1915 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Russell	Heber Russell Thornock

Subscribed and sworn to before me this 15th - -
day of January - - - - 1943

Notary Public, residing at Caldwell, Idaho.
My commission expires 7-18-1944
(SEAL)

Signed L. Thornock
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
103 Dearborn Street, Caldwell, Idaho.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
(SEAL)

Signed
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on By
(REGISTRAR'S SIGNATURE)

299-104-035-365

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

Registration District No. 100 File No. 33390

Primary Registration District No. 2178 Registered No. 156

FULL NAME OF CHILD DANIEL GARRON BRIAN

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	✓		✓	Yes.	April 4 1915

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	William J. Brian	FULL MAIDEN NAME	Leah Pearl Long
RESIDENCE	Rexburg, Ida.	RESIDENCE	Rexburg
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Utah	BIRTHPLACE	Idaho.
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 3rd. Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5:45 A M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N. A. Crism Md.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Rexburg, Ida.

Filed 9-1 1915 G. G. Espe

Registrar

Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 26 1943

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho
County of Bannock } ss.

Certificate No. 33390

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Garrone Daniel Brian (Name on Original Certificate) who Born (Was Born or Died) on April 4, 1915 (Date of Event) in Rexburg Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on April 4, 1915 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Daniel Garron Brian
Garrone Daniel Brian		

Subscribed and sworn to before me this 24th day of June, 1943

[illegible]

XXXXXXX, residing at CLERK OF THE PROBATE COURT OF BANNOCK COUNTY

My commission expires (Seal)

Signed [illegible]
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Georgetown, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bannock } ss.

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th day of June, 1943

[illegible]

XXXXXXX, residing at

My commission expires (Seal)

Signed [illegible]
(Signature of Any Credible Person Other Than Previous Year)

1025 So. 4th---, Pocatello, Idaho
(Street Address, City, State)

JUN 29 1943

236-207-033-793

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 33391

Primary Registration District No. 2178 Registered No. 157

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	✓		✓	Yes	May (Month) 7 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Archibald W. Stoddard	FULL MAIDEN NAME	Eliza A. Gilbert
RESIDENCE	Rexburg	RESIDENCE	Rexburg
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 5th Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4:20 PM. M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N. A. Erismon M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Rexburg, Idaho

Filed 9-1 1915 G. G. Espe

Registrar Registrar

S-Y CO. 24695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

D

STATE
BUREAU OF
CERTIFICATE

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the [illegible] of each, in order of birth stated.

299-129-022-231

PLACE OF BIRTH

Fremont

Teton

No. ..... St.

Hospital .....

Form V. S. No. 11-C-[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33392

Registration District No. 100 File No. .....

Primary Registration District No. 2178 Registered No. 158

FULL NAME OF CHILD Glen B. Briggs

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male			May 29 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	George G Briggs	FULL MAIDEN NAME	Eva Blackford
RESIDENCE	Teton	RESIDENCE	Teton
COLOR	AGE AT LAST BIRTHDAY 37 (Years)	COLOR	AGE AT LAST BIRTHDAY 37 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	England
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 20 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. K. Chupe

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 8-15 1915 G G Espe

Registrar Registrar

S-Y CO. 24655

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

Date of Birth

FULL

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
APR 26 11 54 AM '78

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of IDAHO
County of Fremont } ss.

Certificate No. 33392

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Briggs (Male) (Name on Original Certificate) who was born (Was Born or Died) on May 29, 1915 (Date of Event)
in Teton, Idaho (Fremont) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Certificate of Bless (Bible Record, Insurance Policy, Etc.) prepared on 5 Sept. 1915 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Glen Blackford Briggs

Subscribed and sworn to before me this 25th. day of April, 1978

Notary Public, residing at St. Anthony, Idaho
My commission expires Jan. 6, 1980.
(Seal)

Signed [signature] (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

[signature] (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO
County of Fremont } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25th. day of April, 1978.

Notary Public, residing at St. Anthony, Idaho
My commission expires Jan. 6, 1980
(Seal)

Signed [signature] (Signature of Any Credible Person)

[signature] (Street Address, City, State)

FORM DH 60-155

CL 4/19/78

Baptismal record from the LDS church gives name as Glen B. Briggs son of George Albert Briggs and Eva Blackford born May 29, ~~1916~~ 1915 at Teton, Idaho. Baptized June 5, 1926. viewed by V. S.

MAY 16 1978

Certif of Blessing from the LDS Church gives name as Glen B. Briggs son of George Albert Briggs and Eva Blackford. Born May 29, 1915 at Teton, Idaho. Blessed Sept 5, 1915. viewed by V. S.

JAN 30 1981

231-131-033-141

[redacted] OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Sugar

No. ..... St.

Hospital .....

Registration District No. 100

File No. 33393

Primary Registration District No. 2178

Registered No. 159

FULL NAME OF CHILD Dean Warren Blake

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			5-31-1915

FATHER		MOTHER	
FULL NAME	Warren Blake	FULL MAIDEN NAME	Pearl Adams
RESIDENCE	Sugar	RESIDENCE	Sugar
COLOR	W. AGE AT LAST BIRTHDAY 26 (Years)	COLOR	AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE	~~Carpenter~~ Ut	BIRTHPLACE	Utah
OCCUPATION	Utah Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 4 20 a M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. B. Shupe

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed 8-15 1915 G. G. Espe

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

15-703-033-593

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Sugar

No. ..... St.

Hospital .....

Registration District No. 100 File No. 33394

Primary Registration District No. 2178 Registered No. 160

FULL NAME OF CHILD .....

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? | Date of Birth 6-3 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ed Lardue	FULL MAIDEN NAME	Mary Vickery
RESIDENCE	Sugar	RESIDENCE	Sugar
COLOR	W. AGE AT LAST BIRTHDAY 32 (Years)	COLOR	AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 15 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Shupe

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed 8-15 1915 G. G. Espe

Registrar Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

719-2081033-141

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Sugar

No. ..... St.

Hospital .....

Registration District No. 100 File No. 33395

Primary Registration District No. 2178 Registered No. 161

FULL NAME OF CHILD .....

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? | Date of Birth 6 (Month) - 8 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	George Parker	FULL MAIDEN NAME	Ada L. Adams
RESIDENCE	Sugar	RESIDENCE	Sugar
COLOR	W. AGE AT LAST BIRTHDAY 23 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Kentucky
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9 05 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. A. Shupe

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed 8-15 1915 G. G. Espe

Registrar

Registrar

S-Y CO. 24668

815-42-033154

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Burton

No. ..... St.

Hospital .....

Registration District No. 100 File No. 33396

Primary Registration District No. 2178 Registered No. 162

FULL NAME OF CHILD RUTH VIOLET HANSEN

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			6-12 1915

FATHER		MOTHER	
FULL NAME	John Hansen	FULL MAIDEN NAME	Mable Anderson
RESIDENCE	Burton	RESIDENCE	Burton
COLOR	W. AGE AT LAST BIRTHDAY 27 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8 45 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Shupe
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed 8-15 1915 G. G. Espe
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DECEASED

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

Certificate No. 33396

State of Idaho } ss.
County of Madison }

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for Ruth Violet Hansen (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on June 12 1915 (DATE OF EVENT)
in Rexburg, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by family record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on or or about birth date (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Ruth Violet Hansen

Subscribed and sworn to before me this 26
day of December, 19 42

Notary Public, residing at Rexburg, Idaho

My commission expires Mar. 27, 1943
(SEAL)

Signed Ruth Violet Hansen
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD: OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Thornton, Idaho.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Madison }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26th
day of December, 19 42

Notary Public, residing at Rexburg, Idaho

My commission expires Mar. 27, 1943
(SEAL)

Signed Mrs Ruth M Hansen
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Thornton, Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

DEC 3 1 1942

666-[redacted]22-128

PL[redacted]TH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of [redacted]nt

City of Teton

No. ..... St.

Hospital .....

Registration District No. 100

File No. 33397

Primary Registration District No. 2178

Registered No. 163

FULL NAME OF CHILD Edna D. Woolf

Sex of Child Female — Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth 6 (Month) 12 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Marion Wolfe	FULL MAIDEN NAME	Lily Ashcraft
RESIDENCE	Teton City	RESIDENCE	Teton
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Indiana
OCCUPATION	Laborer	OCCUPATION	

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5-50 p.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Shupe

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed 8-15 1915 G. G. Espe

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 7 1948

892 [redacted] 165

P[redacted]

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
[redacted]AU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33398

County of [redacted]

City of [redacted]9

No. [redacted] St.

Hospital [redacted]

FULL NAM[redacted] Grant. Charles Hibbard

Registration District No. 100 File No.

Primary Registration District No. 2178 Registered No. 164

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			6-15-1915

FATHER		MOTHER	
FULL NAME	Willis Hibbard	FULL MAIDEN NAME	Alice Jones
RESIDENCE	Hibbard Ward	RESIDENCE	Hibbard
COLOR	W. AGE AT LAST BIRTHDAY 23 (Years)	COLOR	AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5:29 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. P. Thupe

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed 8-15-1915 G. G. Espe

Registrar Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 33398

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	none given	Grant Charles Hibbard

Subscribed and sworn to before me this 26 day of Oct 43

Pauline Quibrad

Notary Public, residing at Boise

My commission expires 11/6/47
(Seal)

Signed Alice Hibbard
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

C0210 9th St Boise Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19 .....

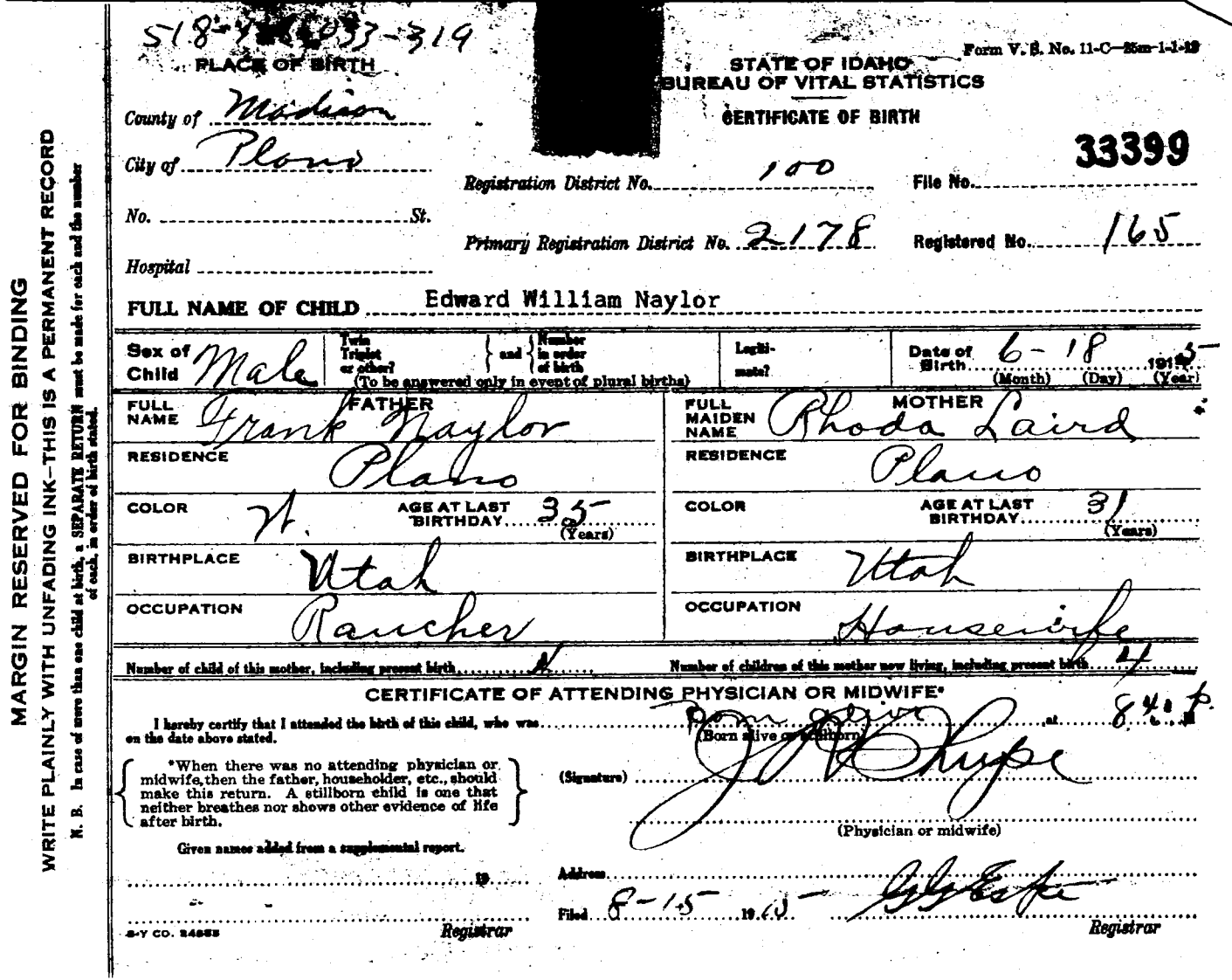
Signed .....
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at .....

My commission expires .....
(Seal)

(Street Address, City, State)

OCT 26 1943



MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

518-4[illegible]033-319

PLACE OF BIRTH

County of Madison

City of Plano

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33399

Registration District No. 100 File No. .....

Primary Registration District No. 2178 Registered No. 165

FULL NAME OF CHILD Edward William Naylor

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			6-18-1915

FATHER		MOTHER	
FULL NAME	Frank Naylor	FULL MAIDEN NAME	Rhoda Laird
RESIDENCE	Plano	RESIDENCE	Plano
COLOR	N. AGE AT LAST BIRTHDAY 35 (Years)	COLOR	AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8:40 p.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Phipe
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed 8-15 1915 G. G. Estes
Registrar

Registrar

S-Y CO. 24883

[redacted]

JAN 1 6 1976

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
FEB 3 40 PM '76

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Utah } ss.
County of Salt Lake }

Certificate No. 33399

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Naylor (Male) (Name on Original Certificate) who was born (Was Born or Died) on June 18, 1915 (Date of Event)
in Plano, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Edward William Naylor
place of birth	Plano	Dubois

Subscribed and sworn to before me this 12th day of February, 19 76

Notary Public, residing at Salt Lake City, Utah
My commission expires May 25, 1977
(Seal)

Signed [signature] (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed (Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

CL 1 15 76

Membership record from the LDS Church gives name as Edward William Naylor born June 18, 1915 at Plano, Idaho. father's name as Frank S. Naylor and mother's name as Rhoda Laird. Blessed Aug. 1, 1915. Baptized July 7, 1923. viewed by V. S.

Certif of Marriage from Utah gives name as Edward William Naylor as the groom and Jessie Kirkman Sheets as the bride. dated April 3, 1945. viewed by V. S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

331-2[illegible]

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of [illegible]

City of Teton

No. ..... St.

Hospital .....

Registration District No. 100 File No. 33400

Primary Registration District No. 2178 Registered No. 166

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female			6 (Month) 20 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Paul M. Clark	FULL MAIDEN NAME	Myrtle Stewart
RESIDENCE	Teton,	RESIDENCE	Teton,
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah,
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 12 11 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J R Shupe
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed 8-15 1915 G G Espe
Registrar

Registrar

S-Y CO. 24655

[redacted]

219-121-033-691

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Madison

City of Lyman

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33401

Registration District No. 100 File No. .....

Primary Registration District No. 2178 Registered No. 167

FULL NAME OF CHILD .....

Sex of Child: Male	Twin / Triplet / or other? ✓ and Number in order of birth ✓ (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth: June (Month) 21 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Alfred Glenn Bailey	FULL MAIDEN NAME	Clara Fransen
RESIDENCE	Lyman	RESIDENCE	Lyman
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (born alive or stillborn) at 12:15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N. A. Crismon M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Rexburg Idaho

Filed 9-1 1915 G. G. Eske

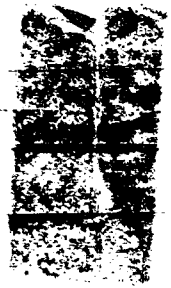
Registrar Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



C—25m-1-1-19

[redacted]

[redacted] 600 File No. .....

No. ..... Sex .....

Primary Registration District No. 2178 Registered No. 168

Hospital .....

FULL NAME OF CHILD .....

Sex of Child Male	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth 6 (Month) 21 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	W. H. Stewart	FULL MAIDEN NAME	Sarah Kelly
RESIDENCE	Teton	RESIDENCE	Teton
COLOR	W. AGE AT LAST BIRTHDAY 41 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Kansas
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11.50 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J R Shupe

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 8-15 1915 G G Espe

Registrar Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the [illegible] of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

1022-373

Form V. S. No. 11-C-2[illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Teton

No. ..... St.

Hospital .....

Registration District No. 100

Primary Registration District No. 2178

File No. 33403

Registered No. 169

FULL NAME OF CHILD HUBERT EDGAR HACKWORTH

Sex of Child Male	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth 6-22 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Edgar E. Hackworth	FULL MAIDEN NAME	Mamie D. Tuck
RESIDENCE	Teton City	RESIDENCE	Teton City
COLOR	W. AGE AT LAST BIRTHDAY 40 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 38 (Years)
BIRTHPLACE	Virginia	BIRTHPLACE	Virginia
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8 30 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. O. Shupe
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed 8-15 1915 G. G. Espe
Registrar

S-Y CO. 24655

MARGIN RESERVED [illegible]

WRITE PLAINLY WITH UNFADING INK—[illegible]

N. B. In case of more than one child at birth, a SEPARATE [illegible] of each, in order of birth stated.

K

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

RECEIVED
NOV 4 1969
Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 33403

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Hackworth (Name on Original Certificate) who was born (Was Born or Died) on June 22, 1915 (Date of Event)
in Teton, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name omitted	Unnamed Hackworth	Hubert Edgar Hackworth

Subscribed and sworn to before me this 31st day of October, 1969

Notary Public, residing at St. Anthony, Idaho

My commission expires Feb 2, 1973

(Seal)

X Signed Ramona J. Hackworth
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of
....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155 CL 10/27/69 nm

Certificate of M Blessing from Teton Ward, Fremont Stake LDS Church gives name as Hubert Edgar Hackworth born June 22, 1915 ro Edgar E. and Nannie Tuck Hackworth Dated Aug. 1. 1915. Signed by Jacob Johnston. Viewed by V. S. NOV 12 1969

Certificate of Baptism and Confirmation gives name as Hubert Edgar Hackworth born June 22, 1915. to E. E. Hackworth and Nannie Tuck. Dated Juen 30, 1923. Signed by W. W. Spiers Bishop. Viewed by V. S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

3-033-795

Form V. S. No. 11-C—25m-1-1-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33404

County of [illegible]

City of Salem

No. ..... St.

Hospital .....

Registration District No. 100 File No. .....

Primary Registration District No. 2178 Registered No. 171

FULL NAME OF CHILD .....

Sex of Child: Female / male — Twin / Triplet or other? Twin — and — Number in order of birth: Twin / Triplet — (To be answered only in event of plural births) — Legitimate? yes — Date of Birth 6-23 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	E B Loveland	FULL MAIDEN NAME	Laura Gray
RESIDENCE	Salem	RESIDENCE	Salem
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	48 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Twins-Born alive (Born alive or stillborn) at 1.25-9 M 1.35 on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J O Phupe

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 8-15 1915 G G Espe

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

MAY WITH UNFADING INK. THIS IS A PERMANENT RECORD

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

36ST-23-0331791

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Salem

No. ..... St.

Hospital .....

Registration District No. 100

File No. 33405

Primary Registration District No. 2178

Registered No. 170

FULL NAME OF CHILD Orville Gray Loveland

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
M	Twin	2nd	yes	6 (Month) 23 (Day) 1915

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	E. B. Loveland	FULL MAIDEN NAME	Laura Gray
RESIDENCE	Salem	RESIDENCE	Salem
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	48	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Wt	BIRTHPLACE	Ida
OCCUPATION	Rancher	OCCUPATION	

Number of child of this mother, including present birth 12 "

Number of children of this mother now living, including present birth 12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1,350 M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Shufer

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed 8-15 1915 G G Eske

Registrar

Registrar

S-Y CO. 24655

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

10-14-71

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
VITAL STATISTICS
NOV 20 4 07 PM '72

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Madison

Certificate No. 33405

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Loveland (Name on Original Certificate) who was born (Was Born or Died) on June 23, 1915 (Date of Event)
in Salem, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bank Record Church Record (Bible Record, Insurance Policy, Etc.) prepared on June 16, 1955 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	omitted	Orville Gray Loveland

Subscribed and sworn to before me this 15 day of November, 1972

Notary Public, residing at Rexburg, Idaho
My commission expires 12-18-74
(Seal)

Signed [signature]
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
266 West 3rd So. Rexburg, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

Certificate of Baptism and Confirmation from LDS Church gives name as Orval Gray Loveland son of Eldous Loveland and Laura Gray. Born June 23, 1915. Was Baptized June 23, 1923. Viewed by V. S.

DEC 29 1972

Application to United Benefit Life Insurance Company gives name as Orville Gray Loveland born June 23, 1915. Dated May 6, 1955. Viewed by V. S.

Record for Safe deposit box from a Bank gives name as Orville G. Loveland. dated 6-16-55. Viewed by V. S.

553-124-033-766

Form V. S. No. 11-C—[illegible]-1-1-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

~~City of~~ Moody Creek

No. ..... St.

Hospital .....

Registration District No. 100 File No. 33406

Primary Registration District No. 2178 Registered No. 172

FULL NAME OF CHILD FRANK NELSON

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	Twin		None	yes	6-24-1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Jake Nelson	FULL MAIDEN NAME	Ada Goff
RESIDENCE	Moody Creek	RESIDENCE	Moody Creek
COLOR	W. AGE AT LAST BIRTHDAY 42 (Years)	COLOR	AGE AT LAST BIRTHDAY 36 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Rancher	OCCUPATION	House wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Twins - Born alive 4+5 first ~~6-20~~ M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. O. Phipe
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed 8-15 1915 G. G. Espe
Registrar

Registrar

5-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Madison

Certificate No. 33406

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Frank Nelson (Name on Original Certificate) who Born (Was Born or Died) on June 24 - 1915 (Date of Event)
in Rigby City Ida (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Frank Nelson
Which twin is Frank - 1st or 2nd?	1st	

Subscribed and sworn to before me this 13
day of July, 1944

Notary Public, residing at Rigby Ida.
My commission expires Sept 8 - 1944
(Seal)

Signed Ada Nelson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record, or other credible person.)

Ririe Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

MAR 17 1944

553-124-033-766

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Moody Creek

No. _____ St.

Hospital _____

Registration District No. 100

File No. 33407

Primary Registration District No. 2178

Registered No. 173

FULL NAME OF CHILD _____

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
M	Twin	2nd	Yes	6 (Month) 24 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Jake Nelson	FULL MAIDEN NAME	Ada Goff
RESIDENCE	Moody Creek	RESIDENCE	Moody Creek
COLOR	W	COLOR	
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Wt	BIRTHPLACE	Wt.
OCCUPATION	Rancher	OCCUPATION	

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5:20 a.m. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Shupe

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address _____

Filed 8-15 1915 G. G. Espe

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

693.225-033-796

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Sugar

No. ..... St.

Hospital .....

Registration District No. 100 File No. 33408

Primary Registration District No. 2178 Registered No. 174

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				6-25-1915

FATHER		MOTHER	
FULL NAME	Ellis Hilding	FULL MAIDEN NAME	Myrle Grover
RESIDENCE	Sugar	RESIDENCE	Sugar
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 45 a. m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. O. Clyde

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed 8-15 1915 Gly Espe

Registrar

6-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

212-1261033-4571

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Sugar

No. ..... St.

Hospital .....

Registration District No. 100 File No. 33409

Primary Registration District No. 2178 Registered No. 175

FULL NAME OF CHILD .....

Sex of Child: Male	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth: 6 (Month) - 26 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	N. Sakota	FULL MAIDEN NAME	Saku Unai
RESIDENCE	Sugar	RESIDENCE	Sugar
COLOR	Dark	COLOR	Dark
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Laborer	OCCUPATION	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 3 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. V. Shupe
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed 8-15 1915 G. G. Espe
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

599-201-033-815

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Madison

City of Plano

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 33410

Primary Registration District No. 2178 Registered No. 176

FULL NAME OF CHILD Ethel Beatrice Virgin

Sex of Child Female	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth 7 (Month) 1 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Lehi Virgin	FULL MAIDEN NAME	Bergetta Hansen
RESIDENCE	Plano	RESIDENCE	Plano.
COLOR	W. AGE AT LAST BIRTHDAY 27 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Pancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive 10 10 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J V Shupe
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address _____

Filed 8-15 1915 G G Espe
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 33410

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Ethel Beatrice Virgin (Name on Original Certificate) who was born (Was Born or Died) on July 1, 1915 (Date of Event) in Plano, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by mother (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Ethel Beatrice Virgin

Subscribed and sworn to before me this 5 day of May, 1944

Notary Public, residing at Boise, Idaho

My commission expires 1/14/47
(Seal)

Signed X Bergetta Virgin
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

.....
(Street Address, City, State)

MAY 6 1944

653-101-033-993

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Sugar

No. ..... St.

Hospital .....

Registration District No. 100 File No. 33411

Primary Registration District No. 2178 Registered No. 177

FULL NAME OF CHILD Jesse Reed Welker

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			7 - 1 1915

FATHER		MOTHER	
FULL NAME	Samuel Welker	FULL MAIDEN NAME	Sophronia Ricks
RESIDENCE	Sugar	RESIDENCE	Sugar
COLOR	W. AGE AT LAST BIRTHDAY 28 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9 40 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. V. Phipe

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed 8-15 1915 G. G. Espe

Registrar Registrar

S-Y CO. 24659

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 12 1950

Amended 8-22-61

(Be sure the information is complete and accurate)

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 33412
Local Reg. No. 178
Reg. Dist. No. 100

1. PLACE OF BIRTH
a. COUNTY: Madison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sugar
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sugar
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Minnie
b. (Middle):
c. (Last): Meyers

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH (Month) (Day) (Year): August 4, 1915

FATHER OF CHILD

7. FULL NAME
a. (First): Henry
b. (Middle):
c. (Last): Meyers

8. COLOR OR RACE: W.

9. AGE (At time of this birth): 33 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): Utah

11a. USUAL OCCUPATION: Farmer

11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Mary
b. (Middle):
c. (Last): Hamilton

13. COLOR OR RACE: W.

14. AGE (At time of this birth): 34 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Utah

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?	c. How many children were stillborn (born dead after 20 weeks pregnancy)?
3	0	0

17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: J. R. Shupe

18b. ATTENDANT AT BIRTH: M. D. [X] MIDWIFE [ ] OTHER (Specify)

18c. ADDRESS:

18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.: 8-15-1915

20. REGISTRAR'S SIGNATURE: G.G. Espe

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

FOR MEDICAL AND HEALTH USE ONLY
(This section MUST be filled out)

22a. LENGTH OF PREG- | 22b. WEIGHT AT BIRTH | 23. ---

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physic or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this arti with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occ red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in s case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of bir Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by mu cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person char with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper cer cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, a upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

School Record, Sugar City, Idaho, school year 1932-33, grade 12 gives full name of student as Minnie Meyers, born Aug. 4, 1915, parents name is given as C.W. Meyers - viewed by V.S.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

other document listed on back -

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 33412

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Minnie Meyers (Name on Original Certificate) who was born (Was Born or Died) on July 4, 1915 (Date of Event)
in Sugar, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Date of Birth	July 4, 1915	August 4, 1915
Mother's Color	Not Given	W.

Subscribed and sworn to before me this 31 day of July, 1961

Notary Public, residing at Rexburg, Idaho
My commission expires March 6, 1963
(Seal)

Signed ..... (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

..... (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 31 day of July, 1961

Notary Public, residing at Rexburg, Idaho
My commission expires March 6, 1963
(Seal)

Signed ..... (Signature of Any Credible Person)

Sugar City, Idaho (Street Address, City, State)

FORM DH 60-155 CL 7-26-61. nm

L.D.S. Church Cert. of Membership, gives full name as Minnie Meyers (married name is Umber), born August 4, 1915 at Sugar City, Idaho to Charles H. Meyers and Mary Ann Hamilton - blessed Sept. 5, 1915 - viewed by V.S.

Another child's birth cert. on file: (Idaho Birth) #96297 gives mother's race or color as White - viewed by V.S.

119-2061033-421

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Sugar

No. ..... St.

Hospital .....

Registration District No. 100

File No. 33413

Primary Registration District No. 2178

Registered No. 179

FULL NAME OF CHILD Laura Shige Ajioka

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of Birth 7-6 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	S Ajioka	FULL MAIDEN NAME	Y. Ukawa
RESIDENCE	Sugar	RESIDENCE	Sugar
COLOR	Dark	COLOR	Dark
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12 30 p m on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. V. Chupe

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed 8-15 1915 G G Espe

Registrar

Registrar

S-Y CO. 24685

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

851-109-033-318

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Sugar

No. ..... St.

Hospital .....

Registration District No. 100

File No. 33414

Primary Registration District No. 2178

Registered No. 180

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			7-9-1915

FATHER		MOTHER	
FULL NAME	F. J. Heath	FULL MAIDEN NAME	Emma Cahoon
RESIDENCE	Sugar	RESIDENCE	Sugar
COLOR	W. AGE AT LAST BIRTHDAY 32 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 15 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. V. Shupe

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed 8-15 1915 G. G. Espe

Registrar

Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

419-2[redacted]3

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

Registration District No. 100 File No. 33416

Primary Registration District No. 2178 Registered No. 182

FULL NAME OF CHILD Effie May Marquess

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female	✓		✓	Yes	July 21 1915

FATHER		MOTHER	
FULL NAME	Antis Marquiss	FULL MAIDEN NAME	Violet Allington
RESIDENCE	Rexburg	RESIDENCE	Rexburg
COLOR	White	AGE AT LAST BIRTHDAY (Years)	22
COLOR	White	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Kentucky	BIRTHPLACE	Utah
OCCUPATION	Carpenter	OCCUPATION	H. W.

Number of child of this mother, including present birth 3rd

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9:15 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) W. O. Evenson M. D.

(Physician or midwife)

Address Rexburg, Idaho

Filed 9-1 1915 G. E. Espe Registrar

S-Y CO. 24655

962-123-33413

PLACE OF BIRTH

County of Madison

City of Sugar

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 33417

Primary Registration District No. 2178 Registered No. 183

FULL NAME OF CHILD Jay Roberts

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	✓		✓	Yes	July 23 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Henry Charles Roberts	FULL MAIDEN NAME	Lillie Fedra Dale
RESIDENCE	Sugar.	RESIDENCE	Sugar.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	~~Utah~~. Idaho.	BIRTHPLACE	Utah
OCCUPATION	Farmer.	OCCUPATION	H.W.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4:55 P M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N A Crismon M D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Rexburg Idaho

Filed 9-1 1915 G G Espe

Registrar Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Madison } ss.

Certificate No. 33417

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or ~~Death~~)
for Jay Roberts (Name on Original Certificate) who Born (Was Born or Died) on July 23 1915 (Date of Event)
in Sugar City, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Jay Roberts

Subscribed and sworn to before me this 14
day of March, 1944

Notary Public, residing at Sugar

My commission expires Oct 8 1944
(Seal)

Signed Lillie Dale Roberts
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Sugar Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

NOV 26 1956

MAR 17 1964

155-228'033-231

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Archer

No. ..... St.

Hospital .....

Registration District No. 100 File No. 33418

Primary Registration District No. 2178 Registered No. 184

FULL NAME OF CHILD Alvira Jeppson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	✓		✓	Yes	July 28 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Chas O. Jeppson	FULL MAIDEN NAME	Roxey L. Blackburn
RESIDENCE	Archer	RESIDENCE	Archer
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9th

Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3451 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N A Crismon M D

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Rexburg, Ida

Filed 9-1 1915 G G Espe

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 11 1959

MAY 12 1962

168-106033-632

PLACE OF BIRTH

County of Madison

City of Salem

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 33419

Primary Registration District No. 2178 Registered No. 185

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				8-6-1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Chris. Johnston	Amelia Olsen
RESIDENCE	Salem	Salem
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	37	32
BIRTHPLACE	Denmark	Utah
OCCUPATION	Farmer	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11:56 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. V. Thorpe

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed 8-15-19 15 G. V. Thorpe

Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

253-111-073-444

PLACE OF BIRTH

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 33420

Primary Registration District No. 2178 Registered No. 186

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	8 11 1910

FATHER		MOTHER	
FULL NAME	Eli Bell	FULL MAIDEN NAME	Mary Ann Dudley
RESIDENCE	Rexburg Ida	RESIDENCE	Rexburg Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	49	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Wt	BIRTHPLACE	Wt
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G G Gee

M D

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed 9-4 1910 G G Gee

Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

634-212-033-609

PLACE OF BIRTH

County of Madison

City of Archer

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 33421

Primary Registration District No. 2178 Registered No. 187

FULL NAME OF CHILD Helen Oldham

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			yes	8 12 1915

FATHER		MOTHER	
FULL NAME	Edward Oldham	FULL MAIDEN NAME	Lizzie Olney
RESIDENCE	Archer Ida	RESIDENCE	Archer Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Ut	BIRTHPLACE	Ut
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1 9 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G G Cooke

M D

(Physician or midwife)

Address .....

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 9-4 19 15 G G Cooke Registrar

8-Y CO. 24685

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 12 1945

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Utah } ss. Certificate No. 33421

County of Cache } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth ~~or Death~~)

for Helen Oldham (Name on Original Certificate) who (Was Born ~~or Died~~) on Aug. 12 - 1915 (Date of Event)

in Archer, Idaho (Place of ~~Event~~) ~~are erroneous~~ or were omitted; ~~and~~ that, to the best of his knowledge, the

true facts are shown by family record (Bible Record, Insurance Policy, Etc.) prepared on date of birth (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	none given	Helen Oldham

Subscribed and sworn to before me this 9th day of February, 1945

Simeon A. Dunn

Notary Public, residing at Hyrum Utah

My commission expires Dec. 30 - 1946

(Seal)

Signed Edw. P. Oldham

(Signature of parent or attendant if ~~correcting a~~ father birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Paradise Utah

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.

County of Cache }

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th day of February, 1945

Simeon A. Dunn

Notary Public, residing at Hyrum Utah

My commission expires Dec. 30 - 1946

(Seal)

Signed Ernest S. Olsen

(Signature of Any Credible Person)

Paradise Utah

(Street Address, City, State)

FEB 14 1945

155-1081033-313

PLACE OF BIRTH

Amended 12/8/75

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Salem

No. ..... St.

Hospital .....

Registration District No. 100 File No. 33422

Primary Registration District No. 2178 Registered No. 188

FULL NAME OF CHILD Mark Alfred Jensen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M			8 8 1915

FATHER		MOTHER	
FULL NAME	John H. Jensen	FULL MAIDEN NAME	Wanetta Callaway
RESIDENCE	Salem	RESIDENCE	Salem
COLOR	W. AGE AT LAST BIRTHDAY 22 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 50 a m on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Shupe

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 8-15 1915 G. G. Espe

Registrar Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 2 6 1975

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Montana } ss. Certificate No. 33422

County of Gallatin } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Jensen (Male) (Name on Original Certificate) who was born (Was Born or Died) on Aug 12, 1915 (Date of Event)

in Salem, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Mark Alfred Jensen
date of birth	Aug 12, 1915	Aug. 8, 1915
[redacted]	[redacted]	

Subscribed and sworn to before me this 4 day of December, 1975

Judith Ann Thompson

Notary Public, residing at NOTARY PUBLIC for the State of Montana Residing at Gallatin Gateway, Montana

My commission expires My Commission expires May 5, 1977

(Seal)

Signed [signature] (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rt 1 Box A56 (Street Address, City, State) Whitehall MT 59759

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Montana } ss.

County of Gallatin }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4 day of December, 1975

Judith Ann Thompson

Notary Public, residing at NOTARY PUBLIC for the State of Montana Residing at Gallatin Gateway, Montana

My commission expires My Commission expires May 5, 1977

(Seal)

Signed [signature] (Signature of Any Credible Person)

Box 407 Belgrade, MT 59714 (Street Address, City, State)

FORM DN 60-155 CL 11/26/75

Certif of Blessing from the LDS Church gives name as Mark Alfred Jensen son of John Jensen and Wanetta Calloway. Born Aug 8, 1915 at Salem,Idaho. Blessed March 4. 1917. viewed by V. S.

DEC 10 1975

Certif of Baptism and Confirmation ~~for~~ from the LDS Church gives name as Mark Alfred Jensen son of John C. Jensen and Juanita Calaway. born Aug 8, 1915. Baptized June 1, 1924. viewed by V. S.

666-213-033-235

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Sugar

No. ..... St.

Hospital .....

Registration District No. 100 File No. 33423

Primary Registration District No. 2178 Registered No. 189

FULL NAME OF CHILD ELSIE FLORA OFFELMAN

Sex of Child Female	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth 8-13 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Jacob Offelman Jr.	FULL MAIDEN NAME	Mary Klein
RESIDENCE	Sugar	RESIDENCE	Sugar
COLOR	AGE AT LAST BIRTHDAY 21 (Years)	COLOR	AGE AT LAST BIRTHDAY 18 (Years)
BIRTHPLACE	Russia	BIRTHPLACE	Russia
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 1 15 p.m. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed 8-15 1915 [signature]

Registrar Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Colorado
County of Weld } ss.

Certificate No. 33423

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for unnamed Offelman (Name on Original Certificate) who born (Was Born or Died) on Aug. 15, 1915 (Date of Event)
in Sugar City, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by insurance policy (Bible Record, Insurance Policy, Etc.) prepared on ~~1935~~ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
SurName	Uffeman	Offelman
Name	Unnamed	Elsie Flora Offelman

Subscribed and sworn to before me this 15th
day of June, 19 42.
Lloyd B Allenby
Notary Public, residing at Greeley
My commission expires My Commission Expires Jan. 30, 1945
(Seal)

Signed
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
713 13th St., Greeley, Colo.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Colorado
County of Weld } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15th
day of June, 19 42.
Lloyd B Allenby
Notary Public, residing at Greeley, Colo.
My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)
R. 1, Box 160
~~713 13th St.~~ Greeley, Colo.
(Street Address, City, State)

JUN 17 1942

JUN 2 2

295-214-033-893 V

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Burton

No. ..... St.

Hospital .....

Registration District No. 100

File No. 33424

Primary Registration District No. 2178

Registered No. 190

FULL NAME OF CHILD Thora Mary Siepert

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		yes	8 (Month) 14 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Thomas Henry Siepert	FULL MAIDEN NAME	Mary Jane Hill
RESIDENCE	Burton Ida	RESIDENCE	Burton Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Ida	BIRTHPLACE	Ut
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8:20 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G G Espe

M D
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 8-15 1915 G G Espe
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Madison } ss.

JN 20 10 57 AM '77

Certificate No. 33424

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Siepert (female) (Name on Original Certificate) who was born (Was Born or Died) on Aug 14, 1915 (Date of Event)
in Burton, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by father & records (Bible Record, Insurance Policy, Etc.) prepared on June 1, 1977 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Thora Mary Siepert

Subscribed and sworn to before me this 1st day of June, 1977

Notary Public, residing at RexburgIdaho

My commission expires Life

(Seal)

Signed [signature] (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rexburg, Idaho (Hibbard) (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires

(Seal)

Signed (Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155 CL 1135/76 nm

Marriage certif from Wyoming gives groom's name as Joseph B. Summer and the bride's name as Thora M. Siepert. dated June 25, 1952. viewed by V. S.

Temple recommend from the LDS Church gives name as Thora May Anderson married Nov 20, 1935. born Aug 14, 1915 at Rexburg Idaho. Baptized Mar 1, 1924. date issued May 26. 1947. viewed by V. S.

JUL 19 1977

962-11-41033649

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Sugar

No. ..... St.

Hospital .....

Registration District No. 100 File No. 33425

Primary Registration District No. 2178 Registered No. 191

FULL NAME OF CHILD John Daniel Roberts

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) 8 (Day) 14 (Year) 15
Male				

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Prentice Roberts	Henrietta Furnace
RESIDENCE	Sugar	Sugar
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	29	24
BIRTHPLACE	Utah	Wyoming
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9 15-a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. D. Burke

(Physician or midwife)

Address .....

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 8-15 1915 G. L. Espe Registrar

S-Y CO. 24695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 11 1967
JUN 4 1975

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
SEP 22 10 15 AM '75

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Madison } ss.

Certificate No. 33425

Date Filed 9-19-75

The undersigned does solemnly swear that certain facts on the certificate of birth for Unnamed Roberts (Male) who was born on Aug. 14, 1915
(Name on Original Certificate) (Was Born or Died) (Birth or Death) (Date of Event)

in Sugar, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)

true facts are shown by Family Record + Insurance prepared on 8-19-75, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	John Daniel Roberts

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of .....
County of ..... } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19th day of September, 1975

Notary Public, residing at Rexburg, Idaho

My commission expires Life
(Seal)

Signed [signature]
(Signature of Any Credible Person)

2235 9th South
Rexburg Idaho 83243
(Street Address, City, State)

FORM DH 60-155 CI. 8/7/75 nm

Insurance policy from Beneficial Life Ins. Co of Utah gives name as John Daniel Roberts. age 23. dated in 1938. viewed by V. S.

SEP 2 9 1975

Notification of Personnel Action ⊠ from U.S. Dept of Agriculture, Federal Extention Office gives name as John D. Roberts. born 8-14-1951 dated July 1, 1959. viewed by V. S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

492-215-033-318

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Sugar

No. ..... St.

Hospital .....

Registration District No. 100 File No. 33426

Primary Registration District No. 2178 Registered No. 192

FULL NAME OF CHILD Edith Lay Misseldine

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? | Date of Birth 8-15-1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Frank Misseldine	FULL MAIDEN NAME	Grace Lay
RESIDENCE	Sugar	RESIDENCE	Sugar
COLOR	W. AGE AT LAST BIRTHDAY 34 (Years)	COLOR	W AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE	England	BIRTHPLACE	England
OCCUPATION	Laborer	OCCUPATION	

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2 50 a M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Shupe

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 8-15 1915 G G Espe

Registrar Registrar

S-Y CO. 24695

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED AUG 1 1966 Bureau of Vital Statistics

State of IDAHO
County of BEAR LAKE } ss.

Certificate No. 33426

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Misseldine (female child) (Name on Original Certificate) who was born (Was Born or Died) on August 15, 1915 (Date of Event)
in Sugar, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Edith Lay Misseldine

Subscribed and sworn to before me this 28TH day of JULY, 19 66

Notary Public, residing at GEORGETOWN

My commission expires MAY 26, 1970

(Seal)

Signed ..... (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Georgetown Idaho (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO
County of BEAR LAKE } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28TH day of JULY, 19 66

Notary Public, residing at GEORGETOWN

My commission expires MAY 26, 1970

(Seal)

Signed ..... (Signature of Any Credible Person)

GEORGETOWN, IDAHO (Street Address, City, State)

FORM DH 60-155

CL 3-16-66. one copy pd. rec. #7060.

Own Child's Birth Cert. on file: (Idaho Birth) #320267 gives full maiden name of mother as Edith Misseldine - viewed by V.S.

L.D.S. Church Cert. of Record of Membership, blessed Nov. 7, 1915 and baptized May 2, 1925 gives full name as Edith Middeldine Payne (Payne is married name), born Aug. 15, 1915 at Sugar City, Idaho to Frank Middeldine and Grace F. Lay - viewed by V.S.

L.D.S. Church Certificate of Birth, entered on record Nov. 7, 1915 gives full name as Edith Lay Misseldine, born August 15, 1915 at Sugar City, Idaho to Frank Misseldine and Grace F. Lay - viewed by V.S.

799.116.033 144

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Salem

No. ..... St.

Hospital .....

Registration District No. 100 File No. 33427

Primary Registration District No. 2178 Registered No. 193

FULL NAME OF CHILD Austin James Price

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	8 16 1915

FATHER		MOTHER	
FULL NAME	Wilford J Price	FULL MAIDEN NAME	Ivie J Judy
RESIDENCE	Salem Ida	RESIDENCE	Salem
COLOR	W	AGE AT LAST BIRTHDAY (Years)	22	COLOR	W	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Ut	BIRTHPLACE	Ida
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G G Estes

M D (Physician or midwife)

Address .....

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 8-4 1915 G G Estes Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
MAY 13 9 12 AM '77

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of .....
County of .....

Certificate No. 33427

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Price (Male) (Name on Original Certificate) who was born (Was Born or Died) on Aug 16, 1915 (Date of Event)
in Salem, Idaho (Madison) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Austin James Price

Subscribed and sworn to before me this 3rd day of March, 19 77

Sylvia Gracy

Notary Public, residing at Idaho Falls, Idaho

My commission expires 11 April 1979

(Seal)

Signed Lorie J Price Mother

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

766 "I" St, Idaho Falls, Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bannock } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd day of March, 19 77

Sylvia Gracy

Notary Public, residing at Idaho Falls, Idaho

My commission expires 11 April 1979

(Seal)

Signed Ruth M Price
(Signature of Any Credible Person)

RT #2 Rexburg, Idaho
(Street Address, City, State)

FORM DH 60-155 CL 2/25/77

Membership record from the LDS Church gives name as Austin James Price born Aug 16, 1915 in Salem, Idaho. father's name as Wilford James Price and mother's name as Ivie Josephine Judy , Blessed Oct 30, 1915 and Baptized Sept 1, 1923. viewed by V. S. MAY 21 1977

Own daughter's birth certif on file in Idaho (#294343) gives name as Deaun Price born June 5, 1940 in Sugar City, Idaho. father's name as Austin James Price. mother's name as Rula Murri. viewed by V. S.

154125-033-144

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Salem

No. ..... St.

Hospital .....

Registration District No. 100 File No. 33428

Primary Registration District No. 2178 Registered No. 194

FULL NAME OF CHILD Harold Marvin Anderson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	8 25 1915

FATHER		MOTHER	
FULL NAME	Joseph E. Anderson	FULL MAIDEN NAME	Charlotte Juddy
RESIDENCE	Salem	RESIDENCE	Salem
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Wt	BIRTHPLACE	Ida
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6.05 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G G Espe

M D
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed 9-4 1915 G G Espe
Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss. 3 16 AM '77
County of .....

Certificate No. 33428

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Anderson (Male) (Name on Original Certificate) who was born (Was Born or Died) on Aug 25, 1915 (Date of Event)

in Salem, Idaho (Madison) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Harold Marvin Anderson

Subscribed and sworn to before me this 21st day of March, 1977

[signature]

Notary Public, residing at [illegible]

My commission expires 10 [illegible] 77

(Seal)

Signed [signature]

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

124 Northern Lights Blvd Kalispell Montana

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of .....

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21 day of March, 1977

[signature]

Notary Public, residing at Kalispell

My commission expires 12 10 78

(Seal)

Signed William E Bradford

(Signature of Any Credible Person)

1023 E. Idaho Kalispell Montana

(Street Address, City, State)

FORM DH 60-155

CL 2/22/77

Membership record from the LDS Church gives name as Harold Marvin Anderson ~~x~~ born Aug 25, 1915 at Salem, Idaho. father's name as Joseph E. Anderson and mother 's name as Charlotte,Judy. Blessed Oct 3, 1915 and Baptized Oct 6, 1923. v ewed by V.S.-

APR 22 1977

Family group record for Joseph Emanuel Anderson and Charlotte Judy. child's name as Harold Marvin Anderson.born Aug 25, 1915 at Salem, Idaho. Married to Bertha Wright on Sept 29, 1937. viewed by / V. S.

819-131-033-249

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Madison

City of Sugar

No. ..... St.

Hospital Sugar City

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33431

Registration District No. 100 File No. .....

Primary Registration District No. 2178 Registered No. 197

FULL NAME OF CHILD James Edwin Hartman

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	8 (Month) 31 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Don Hartman	FULL MAIDEN NAME	Edith Burke
RESIDENCE	Rexburg Ida	RESIDENCE	Rexburg
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Pa	BIRTHPLACE	~~Id~~ Mo
OCCUPATION	Pharmacist	OCCUPATION	—

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G G Espe

M D
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed 9-10 1915 G G Espe
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 7 1948

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

County of [illegible]

City of Teton

No. ..... St.

Hospital Home

[illegible]

CERTIFICATE OF BIRTH

33432

Registration District No. 100 File No. .....

Primary Registration District No. 2178 Registered No. 198

FULL NAME OF CHILD Lucile Clark

Sex of Child Female	Twin, Triplet or other? and Number in order of birth 3 (To be answered only in event of plural births)	Legitimate? yes	Date of birth August 31, 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Thomas Clark	FULL MAIDEN NAME	Celia Bird
RESIDENCE	Teton Idaho	RESIDENCE	Teton Idaho
COLOR	White AGE AT LAST BIRTHDAY 28 (Years)	COLOR	White AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE	Benson Utah	BIRTHPLACE	Teton Idaho
OCCUPATION	Farmer	OCCUPATION	House Keeper

Number of child of this mother, including present birth 3 Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3:45 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Sorensen

Mid Wife (Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed 9/7 1915 G G Espe

Registrar Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Form V. S. No. II-C—Mar-9-1-11

STATE OF IDAHO

Bureau

CERTI

3632

143

191

(Year)

Registrar

681-105-033

PLACE OF BIRTH [redacted] Amended 4/5/78

Form V. S. No. 11-C—25m-1-1-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33433

County of Madison

City of Lyman

Registration District No. 102 File No.

No. St.

Primary Registration District No. 2178 Registered No. 199

Hospital

FULL NAME OF CHILD Thomas Almont Wharton

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M				Yes	9 5 1915

FATHER		MOTHER	
FULL NAME	James M Wharton	FULL MAIDEN NAME	Elizabeth Swiftel
RESIDENCE	Lyman Ida	RESIDENCE	Lyman Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Mt	BIRTHPLACE	Mt
OCCUPATION	Blacksmith	OCCUPATION	

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 10A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G L Estes

M D
(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed 9-10 19 15 G L Estes

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
MAR 14 8 56 AM '78

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Franklin } ss.

Certificate No. 33433

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Wharton (Male) (Name on Original Certificate) who was born (Was Born or Died) on Sept 5, 1915 (Date of Event)
in Lyman, Idaho (Madison) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible (Bible Record, Insurance Policy, Etc.) prepared on Dec 27 1978 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Thomas Almont Wharton

Subscribed and sworn to before me this 27th day of December, 19 78

Notary Public, residing at Preston Idaho
My commission expires 8-27-81
(Seal)

Signed Naomi N. Lloyd
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

127 No 1st East Preston, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

CL 1/10/78

Birth certifcate from California (hospital record) gives name as Georgie Maria Wharton born Oct 18, 1936 in Westwood, Calif. father's name as Thomas Almont Wharton and mother's name as Myrtle Marie Salibury. viewed by V. S.

APR 6 1978

Membership record from the LDS Church gives name as Thomas Almont Wharton born Sept 5, 1915 in Lyman, Idaho, Father's name as James McBride Wharton and mother;s name as Elizabeth Zweifel. Blessed Nov 7, 1915. Baptized Apr. 5, 1924. Viewed by V. S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

593-2101033-31

PLACE OF BIRTH

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33434

Registration District No. 100 File No. .....

Primary Registration District No. 2178 Registered No. 200

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	9 10 1915

FATHER		MOTHER	
FULL NAME	Alfred Eichenberger	FULL MAIDEN NAME	Pauline Petersen
RESIDENCE	Rexburg Ida	RESIDENCE	Rexburg Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Switz.	BIRTHPLACE	Switz.
OCCUPATION	Laborer	OCCUPATION	

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. L. Eske

M D

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed 9-10 1915 G. L. Eske

Registrar

S-Y CO. 24655

267-226-014-433

PLACE OF BIRTH

Form V. S. No. 11—10m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Greenleaf

No. RR 1 St.

Hospital

Registration District No. 3

File No. 33435

Primary Registration District No. 2005

Registered No. 142

FULL NAME OF CHILD Mabel Irene Soper

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		yes	Aug (Month) 26 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Frank E. Soper	FULL MAIDEN NAME	Jessie E. McLean
RESIDENCE	Greenleaf Idaho	RESIDENCE	Greenleaf Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Fort Ridgely Minn	BIRTHPLACE	Lake Crystal Minn
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth Fourth

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. P. Smith D.O.

Caldwell Idaho (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Registrar

Address

Filed 8-27-1915 John J. Meyer Registrar

8-Y CO. 20175

...LY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11—10m-8-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

FEB 4 1965

County of

ution District N

Number
in order
in birth
ent of district

955·103·014-735

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Notus

No. ..... St.

Hospital No. yes.

Registration District No. 3 File No. 33436

Primary Registration District No. 2005 Registered No. 143

FULL NAME OF CHILD Henry Sigurd Iverson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	1	yes	Sept 9 1915

FATHER		MOTHER	
FULL NAME	Henry Iverson	FULL MAIDEN NAME	Pearl Glenn
RESIDENCE	Notus.	RESIDENCE	Notus.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Iowa.	BIRTHPLACE	S. Dak.
OCCUPATION	Teacher & Rancher	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10:50 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. R. M. Cole

(Physician or midwife)

Address Caldwell Ida

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 9-8- 1915 John D. Meyer Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

Certified Copy issued Nov. 22, 1940. E.W.

E e 11/8/40

CERTIFICATE OF BIRTH
BUREAU OF VITAL STATISTICS
STATE OF IDAHO

281-107-014-249

PLACE OF BIRTH

Form V. S. No. 11-C

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon.

City of Caldwell *Registration District No.* 3 **File No.**

No. ..... *St.* *Primary Registration District No.* 2005 **Registered No.**

Hospital No.

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	yes.	Sept 7 (Month) (Day)

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Lee Sharp.	Jennie Smith
RESIDENCE	Caldwell RD.	Caldwell
COLOR	W.	W
AGE AT LAST BIRTHDAY	31 (Years)	28 (Years)
BIRTHPLACE	Ills.	Mo.
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 7 a. m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. F. M. Cole M.D.
(Physician or midwife)

Address Caldwell Ida.

Given names added from a supplemental report

..... 19.....

Filed 9-8- 1915 John S. Meyer
Registrar

S-Y CO. 20174 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATIST
CERTIFICATE OF BIRTH

392-205-08-314
Amended 2-3-69

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell RD

Registration District No. 3 File No. 33438

No. ..... St.

Primary Registration District No. 2005 Registered No. 129

Hospital No.

FULL NAME OF CHILD Esther Ellen Tish

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	yes	Aug 5 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John B. Tish	FULL MAIDEN NAME	Edna Carey
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Neb.	BIRTHPLACE	Indiana
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5-25 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr F. M. Cole

RN

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Caldwell Ida

Filed 8-11- 1915 John S. Meyer
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 22 1969
FEB 3 1969

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

819-1071014-544

PLACE OF BIRTH

County of Canyon.

City of Caldwell.

No. ..... St.

Hospital No.

Form V. S. No. 11-C—20m-3-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 33439

Primary Registration District No. 2005 Registered No. 130

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	yes	Aug 7 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

	FATHER		MOTHER
FULL NAME	J. T. Haines	FULL MAIDEN NAME	Chloie Emmons
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	N. Dak.	BIRTHPLACE	Mo.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 9 25 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. F. M. Cole

PM.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Caldwell Ida

Filed 8-11- 1915 John S. Meyer
Registrar

Registrar

8-Y CO. 20174

Dup 2/1915-298411

NAME CHANGES
TO HARRIS

897-108 214-463

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. ....., ... St.

Hospital .....

Registration District No. 3 File No. 33440

Primary Registration District No. 2005 Registered No. 131

FULL NAME OF CHILD Cecil Laverne Hight

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Aug 8 1915

FATHER		MOTHER	
FULL NAME	Dean Hight	FULL MAIDEN NAME	Fern Dotson
RESIDENCE	Caldwell R.F.D.	RESIDENCE	Caldwell R.F.D.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Ills.	BIRTHPLACE	Iowa.
OCCUPATION	Farmer	OCCUPATION	H.W.

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6 30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. B. Farrer

Physician (Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Caldwell

Filed 8-14 1915 John S. Myers Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

STATE OF IDAHO

PLACE OF BIRTH

APR 4 1955

Amended 1/9/70
864-108-014-168

PLACE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

Hospital yes.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 33441

Primary Registration District No. 2005 Registered No. 132

FULL NAME OF CHILD FREDERICK PAUL HOUSTON

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	yes	Aug (Month) 8 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Fred Houston	FULL MAIDEN NAME	Ida Johnson
RESIDENCE	Nampa R.D.	RESIDENCE	Nampa R.D.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	55	AGE AT LAST BIRTHDAY (Years)	44
BIRTHPLACE	Wis.	BIRTHPLACE	Wis.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10 30 A.M. on the date above stated. Cesarean Operation

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. F. M. Cole

BM

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Caldwell Ida

Filed 8-21- 1915 John S. Meyer Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1-2-70

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 33441

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Huston (Name on Original Certificate) who was born (Was Born or Died) on Aug 8, 1915 (Date of Event)

in Caldwell, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
childs name	Unnamed	Frederick Paul Houston
father's name	Huston	Houston

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of [illegible] } ss.
County of [illegible] }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7th day of December, 1970

[illegible]

Notary Public, residing at Nampa, Idaho

My commission expires 11-3-1973

(Seal)

Signed [illegible]
(Signature of Any Credible Person)

RT #3 Caldwell, Idaho
(Street Address, City, State)

FORM DH 60-155

Own childs birth certificate on file with State of Idaho gives name as Frederick Paul Houston. Child born Oct. 3, 1948 in Caldwell, Idaho Certificate # 48-12094.
Viewed by V.S.

JAN 9 1970

Marriage Certificate of Father's gives his name as Frederick Houston married to Idell Johnson. Dated M April 7, 1888. Signed by A. Plummer, Justice of the Peace .
XXd Viewed by V. S.

Family Bible fives father's name as Frederick Houston bor April 1, 1860. Also gives son's name as Frederick Paul Houston born Aug. 8, 1915. Viewed by V. S.

415-112-014-569

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

Hospital yes.

Registration District No. 3 File No. 33442

Primary Registration District No. 2005 Registered No. 133

FULL NAME OF CHILD William August Davidson

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		0	yes	Aug (Month) 12 (Day) 1913 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Geo. Davidson	FULL MAIDEN NAME	Clara Minnie Voight
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Canada.	BIRTHPLACE	Ill.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1 10 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr F. M. Cole BM,

(Physician or midwife)

Address Caldwell Ida

Given names added from a supplemental report

..... 19.....

Filed 8-21- 1915 John L. Meyer

Registrar

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

12/5/40 L. B.

MAR 24 1942

294-112 1014-253

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33443

Registration District No. 3 File No. .....

Primary Registration District No. 1005 Registered No. 134

FULL NAME OF CHILD Simmonds ROSS NEAL SIMMONDS

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
M.	S.	1	yes	Aug 12 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Raleigh N. Simmonds	FULL MAIDEN NAME	Ethel Bell
RESIDENCE	Caldwell Id	RESIDENCE	Caldwell Idaho
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Cedar Kans	BIRTHPLACE	Lincoln Neb
OCCUPATION	Freight Clerk O.S.L.	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5:21 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Gue M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Caldwell Idaho

Filed 8-16- 1915 John S. Meyer Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATIS

CERTIFICATE OF BIRTH

SEP 10 1954

FEB 16 1953

693-213-014 419

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Canyon

City of Caldwell

No. ....., ... St.

Hospital .....

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH 33444

Registration District No. 3 File No. .....

Primary Registration District No. 2005 Registered No. 135

FULL NAME OF CHILD Alice — Hill.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes.	August 13 1915

FATHER	MOTHER
FULL NAME Sylvester Hill	FULL MAIDEN NAME Maggie Marsh
RESIDENCE Caldwell	RESIDENCE Caldwell —
COLOR White AGE AT LAST BIRTHDAY 30 (Years)	COLOR White AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Kansas,	BIRTHPLACE Kansas.
OCCUPATION Farmer	OCCUPATION H W.

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 6.30 P. M., on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Stover.

Physician
(Physician or Midwife)

Address Caldwell

Given names added from a supplemental report

....., 19.....

Filed 8-17-1915 John S. Meyer
Registrar

.....
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

MAY 26 1967
DEC 10 2003

212-114-014-314

PLACE OF BIRTH

Form V. S. No. 11-C—30m-1-1-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33445

County of Canyon

City of near Greenleaf 2d

No. ____ St.

Registration District No. 3

File No. ____

Primary Registration District No. 2004

Registered No. 136

Hospital ____

FULL NAME OF CHILD AMOS LaDEAN Bass

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.	S.		2	yes	Aug. 14 1915

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Sam B Bass	Dona Anna Tamplin
RESIDENCE	near Greenleaf 2d	near Greenleaf 2d
COLOR	W	W.
AGE AT LAST BIRTHDAY (Years)	27	23
BIRTHPLACE	Carlsville Mo	Portland Oregon
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2:15 P.M. on the date above stated.

(Signature) J. M. Gee M.D.

(Physician or midwife)

Address Caldwell Idaho

Filed 8-14- 1915 John S. Meyer Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon } ss. SEP 24 1942 Certificate No. 33445

County of Mult } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth or Death)

for (Name on Original Certificate) who (Was Born or Died) on (Date of Event)

in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Amos LaDean Bass

(Amos LaDean Bass is now known as Dean A. Repp)

Subscribed and sworn to before me this 25th day of August, 1942

Pearl Dolp

Notary Public, residing at Portland Ore.

Notary Public for Oregon

My commission expires (Seal)

My commission expires Sept. 7, 1945

Signed Anna Tamplin Repp

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

8217 - S.E. Insley, Portland, Ore.

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.

County of }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th day of August 1942

William V. Worrell

Notary Public, residing at 5650 S.E. 85th Ave Portland Oregon

My commission expires May 3, 1943 (Seal)

Signed O. K. Tamplin

(Signature of Any Credible Person Other Than Previous Year)

5[illegible] S.E. 89th Ave, Portland Ore.

(Street Address, City, State)

AUG 2 8 1973

239-214-014-766

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

Hospital No.

Registration District No. 3 File No. 33446

Primary Registration District No. 1005 Registered No. 137

FULL NAME OF CHILD FLORENCE ELIZABETH STRONG

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	yes	Aug (Month) 14 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	S. R. Strong.	FULL MAIDEN NAME	Mildred Goodrich.
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Iowa	BIRTHPLACE	Wis
OCCUPATION	Embalmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1:55 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr F. M. Cole

BM.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Caldwell Ida

Filed 8-21- 1915 John S. Meyer

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Ada } ss.

Certificate No. 33446

Date Filed Birth

The undersigned does solemnly swear that certain facts on the certificate of (Birth or Death)

for Unnamed Strong (Name on Original Certificate) who born (Was Born or Died) on Aug 14, 1915 (Date of Event)

in Caldwell, Ida. (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Parents (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Omitted	Florence Eliz. Strong

Subscribed and sworn to before me this 19 day of Mar 1942

A. L. Grover

Notary Public, residing at Boise

My commission expires 12/13/42 (Seal)

Signed Mildred Strong mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

616 No. 16 - Boise Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Ada } ss.

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19 day of March 1942

A. L. Grover

Notary Public, residing at Boise

My commission expires 12/13/42 (Seal)

Signed Stanley R. Strong father
(Signature of Any Credible Person Other Than Previous Affiant)

616 No. 16 - Boise Ida
(Street Address, City, State)

413-116-014-613

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

Registration District No. 3 File No. 33447

No. ....., ... St.

Primary Registration District No. 2005 Registered No. 138

Hospital .....

FULL NAME OF CHILD Donald Bruce McLeod

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Aug 16 1915

FATHER		MOTHER	
FULL NAME	William McLeod	FULL MAIDEN NAME	Winifred Wallace
RESIDENCE	Sheaville Oreg.	RESIDENCE	Sheaville Oreg.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Scotland	BIRTHPLACE	Kansas
OCCUPATION	Wool Grower	OCCUPATION	H.W.

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth 1st

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4:10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. D. Farrer

Physician (Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Caldwell Idaho

Filed 8-17- 1915 John S. Meyer Registrar

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

246-218-014-695

PLACE OF BIRTH

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-16m-8-7-41

County of Canyon

City of Caldwell

No. ....., ... St.

Hospital .....

Registration District No. 3 File No. 33448

Primary Registration District No. 2005 Registered No. 139

FULL NAME OF CHILD Genevive Kurwitzky

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	8/18 1915

FATHER		MOTHER	
FULL NAME	Robert J. Kurwitzky	FULL MAIDEN NAME	Hazel Winter
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Neb.	BIRTHPLACE	Mo
OCCUPATION	Bookkeeper	OCCUPATION	H.W.

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5 A. M., on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. L. Farrer

Physician (Physician or Midwife)

Address Caldwell Idaho

Filed 8-18- 1915 John J. Meyer Registrar

Given names added from a supplemental report

....., 19.....

..... Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

218-1191014-266

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Parma

Registration District No. 3

File No. 33449

No. ____, ____ St.

Primary Registration District No. 2005

Registered No. 140

Hospital ____

FULL NAME OF CHILD Athol Reed Sayre

Sex of Child	Twin, Triplet, or other?	Number in order of birth	Legitimate?	Date of birth
Male	other	1st	yes	Aug 19 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Lewis Sayre	FULL MAIDEN NAME	Minnie Bell Bowman
RESIDENCE	Parma Ida. (28)	RESIDENCE	Parma Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Kansas	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive or abovedate at 10:15 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Henry

Physician

(Physician or Midwife)

Given names added from a supplemental report

Address Glenwood Ida

, 19

Filed 8-30- 1915 John P. Meyer

Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

APR 2 8 1942

165-225-014-619

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

Hospital No.

Registration District No. 3

Primary Registration District No. 2005

File No. 33450

Registered No. 141

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	yes	Aug (Month) 25 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Roy. Jones.	FULL MAIDEN NAME	Ethel E. Farris
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Neb.	BIRTHPLACE	Kan.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7 15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. F. M. Cole

BM.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address Caldwell Ida.

Filed 9-8- 1915 John S. Meyer Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF RURAL REHABILITATION

819-126-003-513

PLACE OF BIRTH

Form V. S. No. 11-O—25m-1-1-19

[redacted] F IDAHO
BUREAU OF [redacted]TAL STATISTICS
[redacted]E OF BIRTH

County of Bannock

City of Downey

No. _____ St.

Hospital _____

Registration District No. 4

Primary Registration District No. 2046

File No. 33451

Registered No. 165

FULL NAME OF CHILD DONALD EDGAR Hartrigsen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		yes	8 26 1915

FATHER		MOTHER	
FULL NAME	Jaquam F Hartrigsen	FULL MAIDEN NAME	Ellen Eckertsen
RESIDENCE	Downey	RESIDENCE	Downey
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Norway	BIRTHPLACE	Norway
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth VI

Number of children of this mother now living, including present birth VI

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 59 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Casper Wand M.D.

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Eric Kurcly
Registrar

Address Downey, Idaho

Filed Sep 16 1915 Eric Kurcly
Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho
County of Bannock } ss.

Certificate No. 33451
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for (Name on original certificate) who born (Was born or died) on August 26, 1915 (Date of event)
in Downey, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by family knowledge (Bible record, insurance policy, etc.) prepared on ---- (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Louis Harvigsen	Donald Edgar Hartvigsen

Subscribed and sworn to before me this 12
day of December, 1941
Lester A Hartvigsen
Notary Public, residing at Pocatello, Idaho
My commission expires July 28, 1943
[SEAL]

Signed W. Ford M.D.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Carnson Bldg Pocatello, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bannock } ss.

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12th
day of December, 1941
Lester A Hartvigsen
Notary Public, residing at Pocatello, Idaho
My commission expires July 28, 1943
[SEAL]

Signed A. J. Hartvigsen, M. D.
(Signature of any credible person other than the previous affiant.)
314 So 10th Ave Pocatello, Ida
(Street Address, City, State)

Received for filing on [illegible] By
(Registrar's signature)

1941

285-126-003-389

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Bannock

City of Downey

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33452

Registration District No. 11 File No. _____

Primary Registration District No. 2046 Registered No. 164

FULL NAME OF CHILD Elliot Byington

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		yes	8 (Month) 26 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Royal E. Byington	FULL MAIDEN NAME	Ethel Christiansen
RESIDENCE	Downey	RESIDENCE	Downey
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Downey	BIRTHPLACE	Hooper, Ut.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 29 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Casper Wood M.D.

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Downey Idaho

Eric Kardy Registrar

Filed Sep 10, 1915 Eric Kardy Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

295·216·003-515

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Downey

No. _____ St.

Hospital _____

Registration District No. 11 File No. 33453

Primary Registration District No. 2046 Registered No. 163

FULL NAME OF CHILD Anna Belle Kingsford

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	Date of Birth 8 (Month) 16 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Wm C Kingsford	FULL MAIDEN NAME	Rozella Van Leuran
RESIDENCE	Downey	RESIDENCE	Downey
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Franklin Ida	BIRTHPLACE	Springville Ut
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 9 p M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Casper W Pond M.D.

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Downey, Idaho

Eric Kardy Registrar

Filed Sep 16, 1915 Eric Kardy Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

655-228-003-693

PLACE OF BIRTH

Form V. S. No. 1

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Downey

No. ..... St.

Hospital .....

Registration District No. 11

File No. 33454

Primary Registration District No. 2046

Registered No. 162

FULL NAME OF CHILD MARGUERITE ANITA WENCK Margarette Wenck

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
1		yes	6 28 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wm C Wenck	FULL MAIDEN NAME	Dorothy Wilson
RESIDENCE	Downey	RESIDENCE	Downey
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Medford, Wisc. ~~Spokane, Wash~~	BIRTHPLACE	Portland, Oregon ~~Spokane Wash~~
OCCUPATION	Merchant	OCCUPATION	Wife Merchant

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 8.9 M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Casper W Pauline

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Downey Ida

Eric Kaney
Registrar

Filed Sep 10, 1915 Eric Kaney
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Downey
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home: Home residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 23 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Downey
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state) Downey Idaho

4. FULL NAME OF CHILD [redacted]rguerite Anita Wenck

5. Date of Birth of Child (Month, day, year) June 25-1915

6. Sex girl

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Chas Wenck
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Medford (City or town) Wisc (State or foreign country)
14. Exact Occupation .....
15. Industry or Business Owner of small store

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Dorothy G Wilson
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Portland Ore. (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... (Born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by..... (First name) (Last name), who is related to this child as..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Wash
County of King } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 27 years, and that Dr Casper Pond (First name) (Last name), who attended this birth, cant locate (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs W. E. Wenck (Dorothy G) Signature
223 Howard No Seattle Wash P. O. Address

Subscribed and sworn to before me this 13 day of April, 19 37

(SEAL) Jamison Dodson Notary Public, residing at Seattle Wash

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Apr [illegible] by ..... Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

814-2261003-814

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Downey

No. ..... St.

Hospital .....

Registration District No. 11 File No. 33455

Primary Registration District No. 2046 Registered No. 161

FULL NAME OF CHILD Therma MATILDA Hadfield

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	Date of Birth 7 (Month) 26 (Day) 1915 (Year)
1			

FATHER		MOTHER	
FULL NAME	Jno H Hadfield	FULL MAIDEN NAME	Louisa Hadfield
RESIDENCE	Downey	RESIDENCE	Downey
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Syracuse, Ut	BIRTHPLACE	Downey Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 9 p M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Casper W Pond M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Downey Ida

Eric Kasely
Registrar

Filed Sep 10, 1915 Eric Kasely
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Utah }ss. Certificate No. 33455

County of Box Elder } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth or Death)

for Therma Matilda Hadfield who 26 July 1915 on (Date of Event)
(Name on Original Certificate) (Was Born or Died)

in Downey, Idaho, Cambridge Ward. are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)

true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Therma	Therma Matilda Hadfield
	O.K	O.K

Subscribed and sworn to before me this 23 day of June, 1942

James Brough

Notary Public, residing at Tremonton, Utah

My commission expires Oct 5 1945
(Seal)

Signed Louisa A. Hancock, Mrs John H. Hadfield Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Tremonton Utah
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah }ss.

County of Box Elder }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24 day of June, 1942

James Brough

Notary Public, residing at Tremonton, Utah

My commission expires Oct 5 1945
(Seal)

Signed Alice A Hadfield Buxton
(Signature of Any Credible Person Other Than Previous Year)

Tremonton, Utah
(Street Address, City, State)

JUN 29 1942

255-2191003-493

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Swan Lake

Registration District No. 11 File No. 33456

No. _____ St.

Primary Registration District No. 2046 Registered No. 160

Hospital _____

FULL NAME OF CHILD ~~Baby~~ Grace Kendall

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
f		yes	7 19 1915

FATHER		MOTHER	
FULL NAME	Wm Edw. Kendall	FULL MAIDEN NAME	Ethel Julia Millard
RESIDENCE	Swan Lake	RESIDENCE	Swan Lake
COLOR	w	COLOR	w
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Oxford, Ida	BIRTHPLACE	Preston, Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 1 9 M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Casper W. Pond M.D.
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Eric Kandl
Registrar

Address Downey, Ida

Filed Sep 10 1915 Eric Kandl
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 24 1966

266-108-003-759

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bannock

City of Downey

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 33457

Primary Registration District No. 2046 Registered No. 159

FULL NAME OF CHILD ~~Baby~~ ~~Bowman~~ HARRIS JOHNSON BOWMAN

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
m		yes	7 8 1915

FATHER		MOTHER	
FULL NAME	Parley P. Bowman	FULL MAIDEN NAME	Ethel Perdetta Bowman
RESIDENCE	Downey	RESIDENCE	Downey
COLOR	w	COLOR	w
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Richmond, Ut	BIRTHPLACE	Springville, Ut
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Casper W Ford

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Downey Ida

Eric Kasey
Registrar

Filed Sep 19 1915 Eric Kasey
Registrar

S-Y CO. 20174

TE OF IDAHO
F VITAL STATISTICS

CERTIFICATE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH ~~OR DEATH~~

State of Idaho }
County of Bannock } ss.

Certificate No. 33457

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or ~~Death~~)
for Harris Johnson Bowman (Name on Original Certificate) who July 8 (Was Born or ~~Died~~) on 8, 1915 (Date of Event)
in Mowsley (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Insurance Policy (Bible Record, Insurance Policy, Etc.) prepared on May 1, 1940 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	David Bowman	Harris Johnson Bowman

Subscribed and sworn to before me this 14th day of August, 1943
Frank G. Fuller
Notary Public, residing at 425 W. Wyeth - Pocatello
My commission expires Aug. 19, 1943
(Seal)

Signed [signature]
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)
McCammon Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14th day of August, 1943
Frank G. Fuller
Notary Public, residing at 425 W. Wyeth, Pocatello
My commission expires Aug. 19, 1943
(Seal)

Signed Lowell Hall
(Signature of Any Credible Person Other Than Previous Year)
1325 So. 3rd Ave. Pocatello Ida.
(Street Address, City, State)

AUG 18 1943

612-212-003-758

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Downey

No. ..... St.

Hospital .....

Registration District No. 11 File No. 33458

Primary Registration District No. 2046 Registered No. 158

FULL NAME OF CHILD ~~Baby~~ Ruth Wakley

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
X		Yes	7 12 1915

FATHER		MOTHER	
FULL NAME	Jas Henry Wakley	FULL MAIDEN NAME	Celia Gehring
RESIDENCE	Downey	RESIDENCE	Downey
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	52	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Canada	BIRTHPLACE	Downey
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4 p. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Casper W Pond

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Downey

Eliskarey Registrar

Filed Sep 10, 1915 Eliskarey Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AGE OF BIRTH

169-101-003-669

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Oxford

No. ——— St.

Hospital ———

Registration District No. 11

File No. 33459

Primary Registration District No. 2046

Registered No. 166

FULL NAME OF CHILD Weldon Jorgensen

Sex of Child	Twin, Triplet, or other?	Number in order of birth	Legitimate?	Date of birth
Boy	one	3	Yes	Sept 1, 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Eric Jorgensen	FULL MAIDEN NAME	Minnie Jane Forbs
RESIDENCE	Oxford	RESIDENCE	Oxford
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Denmark	BIRTHPLACE	Fort Collins Colo
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Sept 1 1915 (Born alive or stillborn) at 4 30 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Elizabth Oxford Idaho

(~~Physician or~~ Midwife)

Given names added from a supplemental report

Address Elizabth Kendall

Filed Sept 1 19 15 Eric Karcey Registrar

Eric Karcey Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

243-102-003-692

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Chesterfield

No. ..... St.

Hospital .....

Registration District No. 82 File No. 33460

Primary Registration District No. 3161 Registered No. 168

FULL NAME OF CHILD Owen Varrel Butterfield

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
m		Yes	Aug 2 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	David E. Butterfield	FULL MAIDEN NAME	Annie Sisam
RESIDENCE	Chesterfield	RESIDENCE	Chesterfield
COLOR	w	COLOR	w
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Mfd

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. R. J. Smith

(Physician or midwife)

Given names added from a supplemental report.

Address Bancroft Ts

..... 19.....

Ellis Kanly
Registrar

Filed Sep 10 1915 Ellis Kanly
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

555-306-003-179

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 33461
Local Reg. No.
Reg. Dist. No. 11

Amended 12/1/75

1. PLACE OF BIRTH
a. COUNTY: Bannock
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Central
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Central
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Gladys
b. (Middle): Venetta
c. (Last): Neville

4. SEX: F
5a. THIS BIRTH: SINGLE ____ TWIN ____ TRIPLET ____
5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____
6. DATE OF BIRTH (Month) (Day) (Year): Aug. 6, 1915

FATHER OF CHILD

7. FULL NAME
a. (First): Heber
b. (Middle): J.
c. (Last): Neville

8. AGE (At time of this birth): 31 YEARS
9. BIRTHPLACE (State or foreign country) (City or Town): Utah
10. USUAL OCCUPATION: Faming
11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Zella
b. (Middle):
c. (Last): Birmingham

13. AGE (At time of this birth): 30 YEARS
14. BIRTHPLACE (State or foreign country) (City or Town): Utah
15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 3
b. How many OTHER children were born alive but are now dead?
c. How many children were stillborn (born dead after 20 wks. pregnancy?)
16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Dr. R. J. Smith
18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____
19. ADDRESS: Bancroft, Ida.
20. DATE SIGNED:
21. DATE REC'D BY LOCAL REG.: Sept. 10, 1915
22. REGISTRAR'S SIGNATURE: Ellis Kackley
23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS
WEIGHT AT BIRTH ____ LBS. ____ OZS. TIME: 2:45 AM
RACE OR COLOR OF FATHER: W
RACE OR COLOR OF MOTHER: W
METHOD OF DELIVERY:
Was 1% Silver Nitrate Used to prevent blindness? YES ____ NO ____

BIRTH INJURY TO INFANT
____ YES IF YES, DESCRIBE
____ NO

CONGENITAL MALFORMATIONS OF INFANT
____ YES IF YES, DESCRIBE
____ NO

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
BUREAU OF
VITAL STATISTICS
NOV 28 8 45 AM '75

State of California
County of Los Angeles } ss.

Certificate No. 33461

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Zella Neville (Name on Original Certificate) who was born (Was Born or Died) on Aug 6, 1915 (Date of Event)
in Central, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Baptismal Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Zella Neville	Gladys Venetta Neville

OFFICIAL SEAL
AMELIA BLANCET
NOTARY PUBLIC - CALIFORNIA
PRINCIPAL OFFICE IN
LOS ANGELES COUNTY
My Commission Expires Dec. 9, 1976

Subscribed and sworn to before me this 14th day of November 19 75

Amelia Blancet
Notary Public, residing at Downey, California
My commission expires Dec. 9, 1976
(Seal)

Signed Laura E. Tully (Mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

9519 Ardine St, Downey, Calif
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California
County of Los Angeles } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14th day of November 19 75

Amelia Blancet
Notary Public, residing at Downey, California
My commission expires December 9, 1976
(Seal)

OFFICIAL SEAL
AMELIA BLANCET
NOTARY PUBLIC - CALIFORNIA
PRINCIPAL OFFICE IN
LOS ANGELES COUNTY
My Commission Expires Dec. 9, 1976

Signed J. C. Tully
(Signature of Any Credible Person)

9519 Ardine St Downey Cal
(Street Address, City, State)

40-41

FORM DH 60-155 CL 11/3/75

Certif of Baptism and Confirmatin from the LDS Church gives name as Gladys Venetta Neville daughter of Herber. J. Neville and Zella Barmingham. born Aug 6, 1915 at Central, Idaho. Baptized Oct. 6, 1928. viewed by V. S.

Insurance policy from The Prudential Ins Co. of America gives names Gladys V. Neville age next birth date 18. Policy No. 93 888 300. dated Jan 30, 1933. viewed by V. S.

463-204003-691

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Bannock

City of Pebble

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 8 2 File No. 33462

Primary Registration District No. 3161 Registered No. 169

FULL NAME OF CHILD Dorothy Rae Wolbeer

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	Aug 4 1915

FATHER		MOTHER	
FULL NAME	Fred J. Wolbeer	FULL MAIDEN NAME	Myrtle Neal
RESIDENCE	Pebble	RESIDENCE	Pebble
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Lime Kiln Works, Manager	OCCUPATION	None

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2 a. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

(Signature) Dr. H. J. Smith

(Physician or midwife)

Address Pocatello Ida

Filed Sept 10 1915

Registrar

9-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

154205 03-493

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Lund

No. ..... *St.*

Hospital .....

Registration District No. 82 **File No.** 33463

Primary Registration District No. 3161 **Registered No.** 170

FULL NAME OF CHILD Helen Margaret Anderson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
f		Yes	Sept 5 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ole Anderson	FULL MAIDEN NAME	Margaret Miller
RESIDENCE	Lund	RESIDENCE	Lund
COLOR	w	COLOR	w
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Sweden	BIRTHPLACE	Germany
OCCUPATION	Farming	OCCUPATION	Wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9:10 p. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. R. J. Smith

(Physician or midwife)

Address Bancroft, Ida.

Given names added from a supplemental report.

..... 19....

Edis Karey
Registrar

Filed Sep 10, 1915 Edis Karey
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 19 1972

419-112-003-294

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Bunch

City of Seda Springs

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 33464

Primary Registration District No. 2048 Registered No. 171

FULL NAME OF CHILD James Dort

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	—		—	yes	Aug 12, 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	James Dort	FULL MAIDEN NAME	Lillian Simmons
RESIDENCE	Seda Springs	RESIDENCE	Seda Springs
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Wyo.	BIRTHPLACE	Nebraska
OCCUPATION	Laborer	OCCUPATION	Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at 11P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Eric Kardy

(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Eric Kardy
Registrar

Address Seda Springs

Filed Sep 10, 1915 Eric Kardy
Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

419-115-003-689

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Robin

No. ..... St.

Hospital .....

Registration District No. 11 File No. 33465

Primary Registration District No. 2046 Registered No. 157

FULL NAME OF CHILD Thomas Whiting Marley

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Aug 15 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Josiah George Marley	FULL MAIDEN NAME	Maud Belle Whiting
RESIDENCE	Robin Idaho	RESIDENCE	Robin
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Arizona
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth Six Number of children of this mother now living, including present birth five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Nancy E. Marley

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Robin Idaho

Eric Kaney Registrar

Filed Sep 10, 1915 Eric Kaney Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 1 9 1971

JUN 2 2 1942

155-219-003-466

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Robin

No. ..... St.

Hospital .....

Registration District No. 11 File No. 33466

Primary Registration District No. 2046 Registered No. 156

FULL NAME OF CHILD Lavina J Enkins

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	Aug. (Month) 19 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	William Jenkins	FULL MAIDEN NAME	Mary Elizabeth Mower
RESIDENCE	Robin	RESIDENCE	Robin
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Nancy E. Marley

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Robin, Idaho.

Eric Kelly Registrar

Filed Sep 19 1915 Eric Kelly Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

AGE OF BIRTH

813-106-003-264

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of McCammon

No. _____ St.

Hospital _____

Registration District No. 11 File No. 33467

Primary Registration District No. 2047 Registered No. 155

FULL NAME OF CHILD John Hall

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Sept (Month) 6 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Elwin Hall	FULL MAIDEN NAME	Ora Southworth
RESIDENCE	McCammon	RESIDENCE	McCammon
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Portage Utah	BIRTHPLACE	Montpelier Idaho
OCCUPATION	Farmer	OCCUPATION	Farmers Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at 6 A M on the date above stated.

(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs W W Lewis

(~~Physician~~ or midwife)

Given names added from a supplemental report.

_____ 19__

Address McCammon Idaho

Elis Kasey
Registrar

Filed Sep 10 1915 Elis Kasey
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

212-221-003-964

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Lago

No. Idaho St.

Hospital Norma

Registration District No. 11 File No. 33468

Primary Registration District No. 2048 Registered No. 154

FULL NAME OF CHILD Marjorie Barrett

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
girl		Yes	Aug. 21 1915

FATHER		MOTHER	
FULL NAME	Harold L Barrett	FULL MAIDEN NAME	Ruby Rodabeck
RESIDENCE	Lago Idaho	RESIDENCE	Lago
COLOR	wh AGE AT LAST BIRTHDAY 32 (Years) 1715	COLOR	wh AGE AT LAST BIRTHDAY 26 (Years) 1715
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	farmer	OCCUPATION	[illegible]

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 7 a M on the date above stated.
(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary A Turner

(~~Physician~~ or midwife)

Given names added from a supplemental report.

..... 19....

Address Lago Idaho

Eris Kaley
Registrar

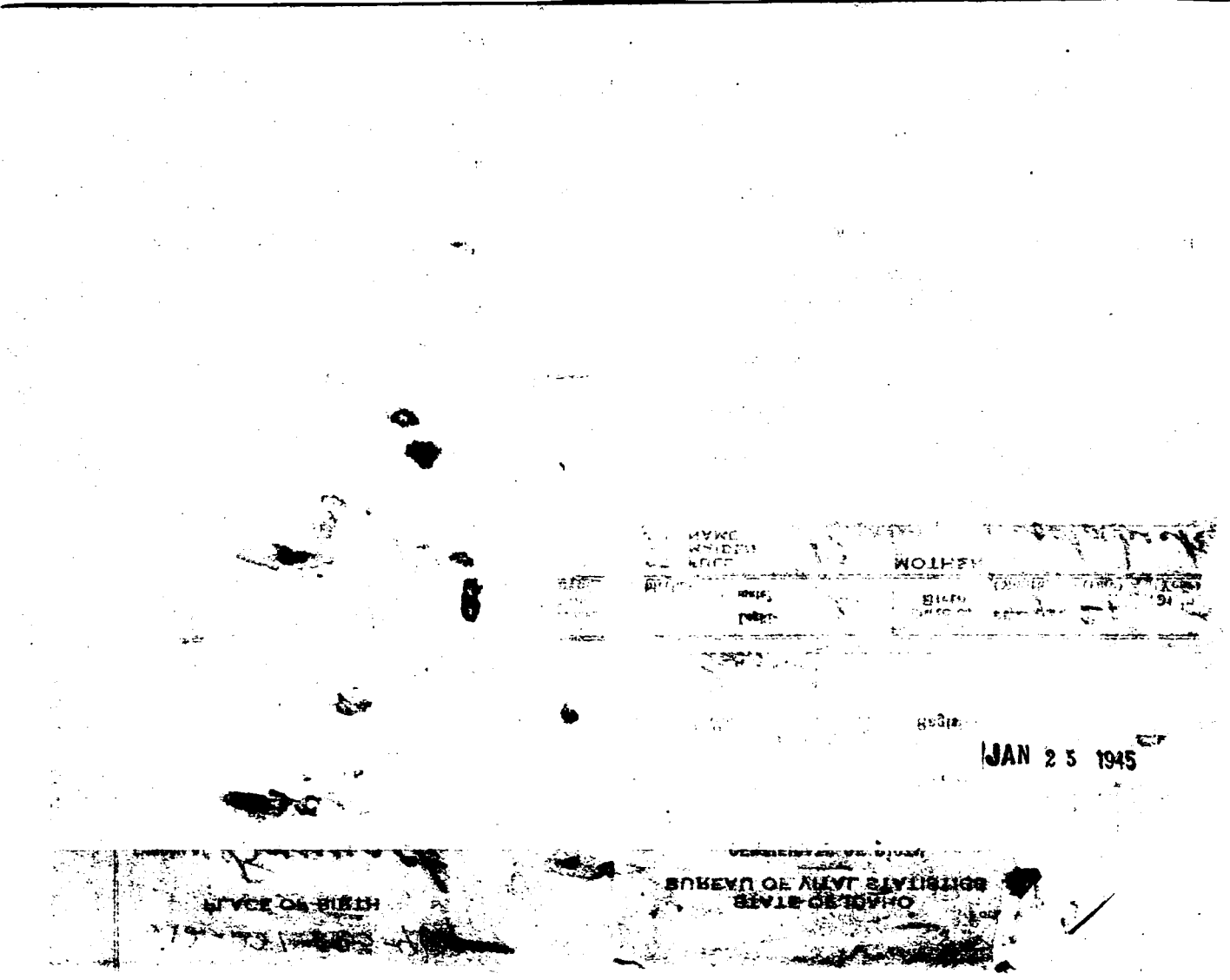
Filed Sep 10, 1915 Eris Kaley
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.


JAN 2 5 1945

385-230-003-132

[redacted]

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Soda Springs

No. ....., ... St.

Hospital .....

Registration District No. 11 File No. 33469

Primary Registration District No. 2048 Registered No. 153

FULL NAME OF CHILD ~~Birth Lynch~~ LUCY EDITH LYNCH

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	Aug. ~~20~~ 30th 1915

FATHER		MOTHER	
FULL NAME	James M. Lynch	FULL MAIDEN NAME	Christina ~~Alberson~~ Albiston
RESIDENCE	Soda Springs	RESIDENCE	Soda Springs
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	New York	BIRTHPLACE	Utah
OCCUPATION	Rancher	OCCUPATION	Wife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Russell Tigret

Physician (Physician or Midwife)

Given names added from a supplemental report

....., 19....

Address Soda Springs

Eric Kane Registrar

Filed Sep 10, 1915 Eric Kane Registrar

SYMS - YORK CO., PTRS. & SDRS 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. ..... File No. .....

PLACE OF BIRTH

APR 6 1949

SIN RESERVED FOR BINDING

THE UNFADING INK—THIS IS A PERMANENT RECO

States
ment of Commerce
of the Census

(Be sure the information is complete and accurate)

APR 5 1943

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No. 82-2159

PLACE OF BIRTH:

a) County Bannock (b) City
c) Street address or R. F. D. No. Soda Springs
d) Name of Hospital or Maternity Home:
e) Mother's stay BEFORE delivery:
In Hospital or Maternity Home ..... Days
In THIS county years months days

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City
(d) Street address or R. F. D. No. Soda Springs
(e) How long has MOTHER lived in Idaho? ..... yrs.
(f) Mother's mailing address (For registration notice):
Dead
(Street or R. F. D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Dead

FULL NAME OF CHILD Lucy Edith Lynch

5. DATE OF BIRTH (Month, day, year) Aug. 30, 1915

Sex F

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

FULL NAME James M. Lynch

Color or Race White

12. Age at time of THIS birth 32 yrs.

Birthplace New York
(City or Town) (State or foreign country)

Exact Occupation Farmer

Industry or Business Farm

MOTHER OF CHILD

16. FULL MAIDEN NAME (Tight) Christina Albiston

17. Color or Race White

18. Age at time of THIS birth 21 yrs.

19. Birthplace Logan, Utah
(City or Town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Own home

Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol

Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

(c) Born alive and now dead 0 (d) Stillborn 0

HEREBY CERTIFY That I attended the birth of this child, who was Born alive at 3 M. on the date
(born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by Christina Lynch, who is
(First name) (Last name)

related to this child as mother
(Mother, etc.)

(a) ..... (b) .....
(Date received) (Registrar's signature)

Given name added on ..... by .....
(Registrar's signature)

25. Attendant's OWN signature Russell Tight M. D.
(P. O. Midwife—see)

and address Soda Springs, Idaho Date 4-2-43

This certificate is made to correct one filed in 1915, which appears to be incorrect or incomplete.

Russell Tight

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the d attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother o nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent o private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the f birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary i and signature to make proper certificate of birth: Provided, That in cities, the certificate of birth shall be fil interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blan purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any ot charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refu proper certificate of birth with the local registrar, within the time required by this article, shall be deemed misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of _____

_____

_____

(b) Labor: Complications: _____

_____

_____ Induced? _____

_____

(c) State all operations for delivery _____

_____

_____

(d) Did baby have any:

(1) Congenital Malformation? _____

Describe: _____

(2) Birth Injury? _____

Describe: _____

(3) Was mother given a Wasserman befor

Yes_____ No_____ Pos._____ N

(e) Signature of Physician:

_____

693130-003289

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Bannock

City of Soda Springs

Registration District No. 11 File No. 33470

No. ....., ... St.

Primary Registration District No. 2048 Registered No. 15-2

Hospital .....

FULL NAME OF CHILD TERRY RAYMOND WILLIAMS

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Aug 30th 1915

FATHER		MOTHER	
FULL NAME	Raymond H. Williams	FULL MAIDEN NAME	Florence Byington
RESIDENCE	Lava Hot Springs	RESIDENCE	Lava Hot Springs
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Iowa	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	Wife

Number of child of this mother, including present birth 1 Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Russell Tigret

Physician (Physician or Midwife)

Given names added from a supplemental report

....., 19....

Address Soda Springs

Ellis Kaney Registrar

Filed Sep 10, 1915 Ellis Kaney Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

K

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss. Certificate No. 33470

County of Plumas } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Terry Raymond Williams (Name on Original Certificate) who Born (Was Born or Died) on Aug 30th 1915 (Date of Event)

in Soda Springs Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Mothers affidavit (Bible Record, Insurance Policy, Etc.) prepared on June 14th 1942 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Raymond	Terry Raymond Williams

Subscribed and sworn to before me this Seventh day of July, 1942

J. Imelda L. Winn

Notary Public, residing at Portola Calif

My commission expires NOV-7-1944 (Seal)

Signed Florence Byington Williams

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

B 21

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.

County of }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this

day of , 19

Notary Public, residing at

My commission expires (Seal)

Signed

(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

JUL 14 1942

JUL 15 19

346-201-003-786

Amended 7-28-67

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 33471
Local Reg. No 151
Reg. Dist. No. 11

1. PLACE OF BIRTH

a. COUNTY: Bannock

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Soda Springs

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho

b. COUNTY: Bannock

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Soda Springs

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME *(Type or print)*

a. (First): Catherine

b. (Middle):

c. (Last): Cross

4. SEX: Female

5a. THIS BIRTH: SINGLE X TWIN ___ TRIPLET ___

5b. IF TWIN OR TRIPLET (This child born): 1st ___ 2nd ___ 3rd ___

6. DATE OF BIRTH (Month) (Day) (Year): Sept. 1, 1915

FATHER OF CHILD

7. FULL NAME

a. (First): Daniel

b. (Middle):

c. (Last): Cross

8. AGE (At time of this birth): 26 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): England

10. USUAL OCCUPATION: Rancher

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Louise

b. (Middle):

c. (Last): Ivory

13. AGE (At time of this birth): 12 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Iowa

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 0

b. How many OTHER children were born alive but are now dead? 0

c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Russell Tigert

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ___ OTHER (Specify) ___

19. ADDRESS: Soda Springs, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: Sept. 10, 1915

22. REGISTRAR'S SIGNATURE: Ellis Kackley

23. DATE ON WHICH GIVEN NAME ADDED BY ___ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ___ NO ___ DATE ___

Was a standard serological test for syphilis performed? YES ___ NO ___ APPROXIMATE DATE ___

or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address ISION OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
JUN 27 1967
Bureau of Vital Statistics

State of Idaho } ss.
County of Caribou

Certificate No. 33471
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for June Cross (Name on Original Certificate) who born (Was Born or Died) on Sept. 1, 1915 (Date of Event) in Soda Springs (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	June Cross	Catherine Cross

Subscribed and sworn to before me this 26th day of June, 1967

S. C. Matthews
Notary Public, residing at Soda Springs, Idaho
My commission expires July 1st, 1968
(Seal)

Signed [signature]
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
No. 80 W. 2nd So., Soda Springs, Idaho 83276
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Caribou

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26th day of June, 1967

S. C. Matthews
Notary Public, residing at Soda Springs, Idaho
My commission expires July 1st, 1968
(Seal)

Signed Elaine Sibbett
(Signature of Any Credible Person)
220 E. 2nd N., Soda Springs, Ida. 83276
(Street Address, City, State)

FORM DPH 55. 155

NNCL 3-17-58 1 copy paid

Application for Insurance to Beneficial Protective Ass., dated Feb. 25, 1942 gives full name of insured as Catherine Moore, born Sept. 1, 1915 - beneficiary is given as Walter J. Moore, husband - viewed by V.S.

Statement from Ellis L. Williams, Superintendent, Joint School District No. 150, Soda Springs, Idaho - dated May 16, 1967 states "This is to certify that according to the records in our office Catherine Cross, a daughter of Dan Cross, was born September 1, 1915 in Soda Springs, Idaho." - viewed by V.S.

419-119-003-819

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of McCammon

Registration District No. 11 **File No.** 33472

No. ..... *St.*

Primary Registration District No. 2048 **Registered No.** 150

Hospital .....

FULL NAME OF CHILD George Marley

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	—		—	Yes	8 (Month) 19 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Geo. E. Morley	FULL MAIDEN NAME	Mary E. Harrolson
RESIDENCE	McCammon, Ida	RESIDENCE	McCammon, Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Elberton, Ga
OCCUPATION	Local Freight ag't	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2:45 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. H. Cooper

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address McCammon, Ida

Eric Kardy Registrar

Filed Sep 16, 1915 Eric Kardy Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 27 2004

453-102-603-255

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Armis, Ida

No. ..... *St.*

Hospital .....

Registration District No. 11 **File No.** 33473

Primary Registration District No. 2048 **Registered No.** 149

FULL NAME OF CHILD WOODROW JENNINGS ~~Robert~~ Meehan

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
M. —	—	—	Yes	8 (Month) — 2 (Day) — 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Hyrum Meecham	FULL MAIDEN NAME	Florence Kendricks
RESIDENCE	Armis, Ida	RESIDENCE	Armis, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Riverdale - Ida	BIRTHPLACE	Manchester, England
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Ap- at 4 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G H Cooper

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address McCammon, Ida

Eric Karles
Registrar

Filed Sep 19 1915 Eric Karles
Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 33473

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)

for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)

in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Robert	Woodrow Jennings Mecham

Subscribed and sworn to before me this .....

day of ....., 19.....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Franklin }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd

day of June, 1942

J. P. Rasmussen

Notary Public, residing at Preston, Idaho

Probate Judge

My commission expires .....
(Seal)

Signed Bertha M. Wurstem
(Signature of Any Credible Person Other Than Previous Year)

138 South Stke, Preston, Idaho
(Street Address, City, State)

JUN 4 1942

APR 8 1965

JUN 5 1942

289-122003-368

PLACE OF BIRTH

County of Bannock

City of Lava Hot Springs Registration District No. 11 File No. 33474

No. ..... St. Primary Registration District No. 2047 Registered No. 146

Hospital .....

FULL NAME OF CHILD Darrell Lawrane Byington

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Boy	1	2	yes	July (Month) 22 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John Earnest Byington	FULL MAIDEN NAME	Della May Tolman
RESIDENCE	Lava Hot Springs Idaho	RESIDENCE	Lava Hot Springs Della May Tolman
COLOR	White	COLOR	white
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Amy L. Toone

Midwife (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Lava Hot Springs, Ida

Eric Kaer Registrar

Filed Sep 10, 1915 Eric Kaer Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 17 1953

JAN 23 1959

FEB 6 1959

JAN 14 1944

APR 15 1959

PLACE OF BIRTH Amended March 7, 1957

289-109 603-319

County of BANNOCK

City of SODA SPRINGS

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 33475

Primary Registration District No. 2048 Registered No. 147

FULL NAME OF CHILD ARIEL ARDELL BYINGTON

(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
MALE				YES	AUGUST 9, 1915

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 9

FATHER

FULL NAME: JAMES HENRY BYINGTON

RESIDENCE: LAVA HOT SPRINGS

COLOR: WHITE AGE AT LAST BIRTHDAY (Years): 50

BIRTHPLACE: IDAHO

OCCUPATION: RANCHER

MOTHER

FULL MAIDEN NAME: SARAH MARIAH CARR

RESIDENCE: LAVA HOT SPRINGS

COLOR: WHITE AGE AT LAST BIRTHDAY (Years): 43

BIRTHPLACE: UTAH

OCCUPATION: WIFE

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192....

Ellis Kackley
Registrar.

(Signature) RUSSELL TIGERT

PHYSICIAN
(Physician or midwife)

Address SODA SPRINGS

Filed Sept 10, 1915 Ellis Kackley
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Lincoln } ss.

Certificate No. 33475

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for William Byington (Name on Original Certificate) who was born (Was Born or Died) on August 9, 1915 (Date of Event)
in Soda Springs, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Credit Card (Bible Record, Insurance Policy, Etc.) L.D.S. Boy Scout Troop prepared on February 29, 1956 (Give Date) May 7, 1953, are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	William	Ariel Ardell Byington

Subscribed and sworn to before me this 6th day of March 1956.
Notary Public, residing at Hamdall
My commission expires June 10-59
(Seal)

Signed Archie D. Byington
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Ada } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7 day of March, 1957.
Notary Public, residing at Eagle Idaho
My commission expires Sept 26, 1960
(Seal)

Signed Jay Byington
(Signature of Any Credible Person)

Marsing Idaho
(Street Address, City, State)

FORM DPH 55. 155

249-131-003-651

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of McCammon

Registration District No. 11 **File No.** 33476

No. ..... *St.*

Primary Registration District No. 2048 **Registered No.** 148

Hospital .....

FULL NAME OF CHILD HARRY MITCHELL BURNS

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	yes	7-3-1915

	FATHER		MOTHER
FULL NAME	Geo. Burns	FULL MAIDEN NAME	Lillian Wack
RESIDENCE	McCammon, Ida	RESIDENCE	McCammon, Ida
COLOR	W. AGE AT LAST BIRTHDAY 27 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Lemmi, Ida
OCCUPATION	Baggage Clerk	OCCUPATION	House wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2 a M on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G H Cooper

McCammon, Ida (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Physician

Eric Kurtz Registrar

Filed 4/19 1915 Eric Kurtz Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California
County of Los Angeles } ss.

Certificate No. 33476
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Har Mitchell Burns (Name on original certificate) who Born (Was born or died) on July 31st 1915 (Date of event)
in Mc Cammon Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Baptismal Record (Bible record, insurance policy, etc.) prepared on September 7th 1924 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Lester Burns	Harry Mitchell Burns

Subscribed and sworn to before me this 8th
day of December, 19 41

Notary Public, residing at 4716 E. Olympic Blvd

My commission expires Febr. 7th 1944
[SEAL]

Mother.
Signed Charlotte Lillian Burns Ward
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

709 Hillview, Los Angeles Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
[SEAL]

Signed
(Signature of any credible person other than the previous affiant.)

(Street Address, City, State)

Received for filing on By
(Registrar's signature)

359-119-028-613

PLACE OF BIRTH

County of Kootenai

City of Post-Falls,

No. ..... St.

Hospital .....

[redacted] V. S. No. 11-C—20m-2-15-12

STATE [redacted]

BUREAU [redacted] STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 29 File No. 33477

Primary Registration District No. 1050 Registered No. 36

FULL NAME OF CHILD Eugene William Terway

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	1		1	Yes.	March 19 1915

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Peter Terway	FULL MAIDEN NAME	Mary Louese Walker
RESIDENCE	Rural Post-Falls	RESIDENCE	Rural Post-Falls
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Holland	BIRTHPLACE	Bellwood Penn.
OCCUPATION	Mill-man	OCCUPATION	Housewife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 8 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. F. Campbell M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Registrar

Address .....

Filed July 30 1915 Dr Max A. Dorland

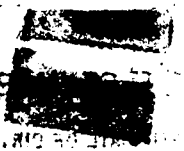
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



SEP 10 1942

JAN 21 1943

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

199-1041028-418

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene Ida

Registration District No. 29 File No. 33478 3

No. ..... St.

Primary Registration District No. 1050 Registered No. 35

Hospital .....

FULL NAME OF CHILD Joseph John Drus.

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	one	one	Yes	July 4 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Joseph H Drus	FULL MAIDEN NAME	Laura Romelda Mayer
RESIDENCE	Coeur d'Alene	RESIDENCE	Coeur d'Alene
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Canada	BIRTHPLACE	Minnesota
OCCUPATION	Optometrist	OCCUPATION	Housewife

Number of child of this mother, including present birth Two

*Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 30 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W H Holden

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed July 30 1915 Max A. Dorland Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

236-209-028344

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Kootenai

City of C. D. A.

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33479

Registration District No. 29 File No. .....

Primary Registration District No. 1050 Registered No. 34

FULL NAME OF CHILD Lois Alene Stockton

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fe			Leg.	July 9 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Roy E. Stockton	Cora Rumpee.
RESIDENCE	C. D. A.	Same.
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	30	27.
BIRTHPLACE	Clifton. S. Dak.	Versailles. Mo.
OCCUPATION	Rancher.	H. W.

Number of child of this mother, including present birth 2. Number of children of this mother now living, including present birth 2.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was 9-30 P.M. M (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Elwood

(Physician or midwife)

Address C. D. A. Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed July 30 1915. Maya Dorland Registrar

8-Y CO. 24655

663-216-028-493

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Kootenai

City of Cd Alene.

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

33480

CERTIFICATE OF BIRTH

Registration District No. 29 File No. 33480

Primary Registration District No. 1050 Registered No. 33

FULL NAME OF CHILD Lucille Bernadine Foley

Sex of Child	Single, Twin, Triplet or other?	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F.		5.	Yes.	July 15 1915

	FATHER	MOTHER
FULL NAME	Stanley F Foley.	FULL MAIDEN NAME Ethel Miller
RESIDENCE	Cd Alene	RESIDENCE Cd Alene.
COLOR	W.	COLOR W.
AGE AT LAST BIRTHDAY	27. (Years)	AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE	Mich.	BIRTHPLACE Oregon.
OCCUPATION	Mill man.	OCCUPATION Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 10 P M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Max A Worland

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

..... Registrar

Filed July 30 19 15 M A Worland Registrar

S-Y CO. 24655

AUG 15 1974

JAN 12 1972

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth, stated.

NOT TO THE STATE BOARD OF HEALTH.

719-220-
040-389

PLACE OF BIRTH

County of Shokane

City or Town of Fairfield

Registration Dist. No. 29

IDAHO

[redacted] STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Record No. 33481

File No. 33481 3

Registered No. 32

(No. ....., ... St.; ..... Ward)

FULL NAME OF CHILD EDNA LOUISE GARDNER — If child is not yet named, make supplemental report, as directed.

Sex of Child fm | Twin, Triplet or other? and Number in order of birth | Legitimate? Yes | Date of Birth 7 (Month) — 20 (Day) 1915 (Year)

FATHER	MOTHER
Full Name Geo. Gardner	Full Maiden Name Freda C.M. Thiessen
Residence P.O. is Fairfield Wn lives in Kootenai Co Ida	Residence
Color White — Age at last Birthday 42 (Years)	Color White — Age at last Birthday 28 (Years)
Birthplace (State or Country) Wis.	Birthplace (State or Country) Ohio
Occupation farmer	Occupation house wife

Number of child of this mother ..... Number of children, this mother, now living .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was born alive / stillborn † *and that it occurred on* July 20, 1915, at P M.

(Signature) Geo Ensley

Phys.

(Physician or Midwife)

Address Fairfield Wn

Filed July 30, 1915 Max A. Dorland

Registrar.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report.

Registrar.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington }
County of Spokane } ss.

Certificate No. 33481

Date Filed MAY 27 1942

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Edna Louise Gardner (Name on Original Certificate) who Born (Was Born or Died) on July 20 - 1915 (Date of Event)
in Benewah County, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on Aug 3 - 1915 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Edna Louise Gardner

Subscribed and sworn to before me this 25
day of May, 1942.

Notary Public, residing at FAIRFIELD

My commission expires
(Seal)

Signed Frieda (C. M.) Gardner mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19 .

Notary Public, residing at

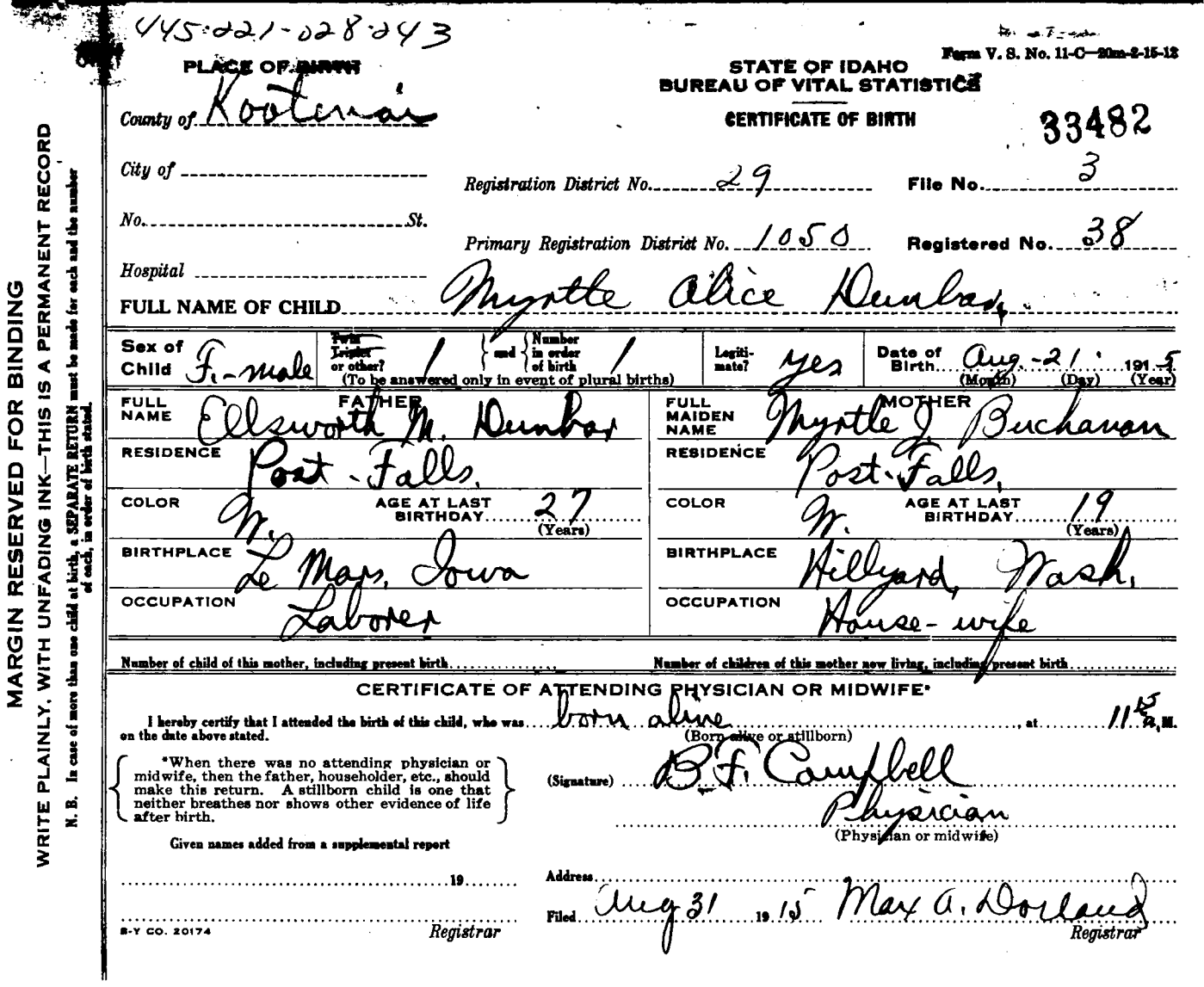
My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

MAY 27 1947

MAY 29 1942



445-221-028-243

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33482

County of Kootenai

City of

No. St.

Hospital

Registration District No. 29 File No. 3

Primary Registration District No. 1050 Registered No. 38

FULL NAME OF CHILD Myrtle Alice Dunbar

Sex of Child	~~Twin Triplet~~ or other?	and Number in order of birth	Legitimate?	Date of Birth
F.-male	1	1	yes	Aug. 21 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Ellsworth M. Dunbar	FULL MAIDEN NAME	Myrtle J. Buchanan
RESIDENCE	Post-Falls,	RESIDENCE	Post-Falls,
COLOR	W. AGE AT LAST BIRTHDAY 27 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE	Le Mars, Iowa	BIRTHPLACE	Hillyard, Wash.
OCCUPATION	Laborer	OCCUPATION	House-wife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 15 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. F. Campbell

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed Aug 31 1915 Max A. Dorland Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

JAN 31

JUN 13 1956

AUG 11 1970

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

235-223-028-454

PLACE OF BIRTH

STATE [redacted]
BUREAU OF [redacted]
CERTIF[redacted] 33483

County of Kootenai

City of Cd Alene

No. ..... St.

Hospital .....

Registration District No. 29

Primary Registration District No. 105 Q

File No. 3

Registered No. 37

FULL NAME OF CHILD Frances Stevens

Sex of Child	Twin-Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
F	1	1	Yes	Aug 23 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Frank Stevens	FULL MAIDEN NAME	Edith Medcalf
RESIDENCE	Cd Alene	RESIDENCE	Cd Alene
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Wis.	BIRTHPLACE	Mo.
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 8½ A M on the date above stated.

(Born alive or [redacted])

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Max A Dorland

(Physician or [redacted])

Given names added from a supplemental report.

..... 19.....

Address .....

Filed Aug 31 1915 Max A. Dorland Registrar

..... Registrar

S-Y CO. 24655

MAY 13 1953

515-117-001-318

PLACE OF BIRTH

County of Ada

City of Eagle R.D.

No. ..... St.

Hospital .....

STATE OF I[redacted]
BUREAU OF VITAL STATISTICS
CERTIFICATE

1-C—25m-1-1-18

Registration District No. 16

Primary Registration District No. 2002

File No. 33484

Registered No. 46

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
			7 17 1915

FATHER

FULL NAME Ezra M. Van Dreyne

RESIDENCE Eagle R.D.

COLOR W. AGE AT LAST BIRTHDAY 29 (Years)

BIRTHPLACE Ill.

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Edith Taylor

RESIDENCE .....

COLOR W. AGE AT LAST BIRTHDAY 31 (Years)

BIRTHPLACE Colo

OCCUPATION Hw.

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 12:45 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. Allen Cullumber

Physician
(Physician or midwife)

Address Boise Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

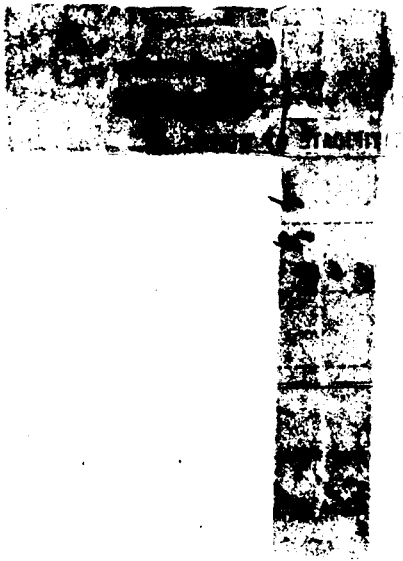
Filed 7-29 1915 L B Harris
Registrar

S-Y CO. 24698

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



469418001-791

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Eagle School District

Registration District No. 8 16th

File No. 33485

No. ..... St.

Primary Registration District No. ~~2044~~

Registered No. 47 ~~49~~

Hospital .....

FULL NAME OF CHILD Francis Wilburn Morrison

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	July (Month) 18 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	D. B. Morrison	FULL MAIDEN NAME	Mamie ~~Lalie~~ F Granger
RESIDENCE	Eagle School District	RESIDENCE	Eagle School District
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	51 (Years)	AGE AT LAST BIRTHDAY	41 (Years)
BIRTHPLACE	Ind.	BIRTHPLACE	Pa.
OCCUPATION	plasterer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN ~~OR MIDWIFE~~

I hereby certify that I attended the birth of this child, who was Born alive at 2.30 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Baick

(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19....

Address Boise Idaho

Filed July 1915 M. S. Pasher

Registrar

Registrar

Date 9-10-15 L. B. Harris

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

165-231-223-545

PLACE OF BIRTH

STATE OF [illegible]
BUREAU OF VITAL STAT[illegible]
CERTIFICATE OF BI[illegible]

No. 11—25m-1-1-13

33486

33486

County of Gem

City of Montour

Registration District No. 13 File No. Four

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Vara Margarita Jones

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	7 (Month) 31 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Howard A. Jones	FULL MAIDEN NAME	Ida M Emerson
RESIDENCE	Montour	RESIDENCE	Montour
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Competition Mo.	BIRTHPLACE	Lebanon Mo
OCCUPATION	Raucher	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2.05 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R N Cummings

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Emmett

Filed 9-12 1915 E Vadney

Registrar Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

FEB 27 1974

915-117-008-756

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

PLACE OF BIRTH

County of Boise

City of High Valley

No. ..... St.

Registration District No. 13 File No. Three

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Alvin Emanuel Randall

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	July 17 1915

FATHER		MOTHER	
FULL NAME	Earl E Randall	FULL MAIDEN NAME	Virginia George
RESIDENCE	High Valley	RESIDENCE	High Valley
COLOR	White	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Elroy Wis	COLOR	White
OCCUPATION	Rancher	AGE AT LAST BIRTHDAY (Years)	21
		BIRTHPLACE	Buckeye W Va
		OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8:30 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) R. A. Cummings

(Physician or midwife)

Address Emmett

Filed 8-12 1915 E Vachey Registrar

S-Y CO. 24655

OCT 15 1947

MAY 8 1959

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

314229-023522

PLACE OF BIRTH

[redacted]

CERTIFICATE OF BIRTH

County of Gem

City of Sweet

Registration District No. 13 File No. Five

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Elisabeth J Campbell

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
girl		yes	8 (Month) 29 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Charles F. Campbell	FULL MAIDEN NAME	Elisabeth C Ekstrom
RESIDENCE	Sweet Idaho	RESIDENCE	Sweet Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 2-30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E Vadney

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19.....

Address Sweet Idaho

Filed 8-30 1915 E Vadney

Registrar

Registrar

S-Y CO. 24656

DUP 001915-377292

168-118-004-485

PLACE OF BIRTH

County of Bear Lake

City of Ovid

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—20m-3-15-12

33489

Registration District No. 53 **File No.** .....

Primary Registration District No. 2132 **Registered No.** .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		Yes	July 18 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Arnold Johnly	FULL MAIDEN NAME	Emma Myers
RESIDENCE	Ovid	RESIDENCE	Ovid
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	50	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Henry	BIRTHPLACE	Ovid
OCCUPATION	Labor	OCCUPATION	W

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo F Ashley

Mrs Fisher (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Idaho

Filed 9-6-1915 R J Sutton Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT R

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the ... of each, in order of birth stated.

APR 13 1966

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

418-123-004-271

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Dingle

Registration District No. 33

File No. 33490

No. ..... St.

Primary Registration District No. 2132

Registered No. .....

Hospital .....

FULL NAME OF CHILD Dello G. Dayton

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		Yes	July 23 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Edna Dayton Dayton	FULL MAIDEN NAME	Sarah Sparks
RESIDENCE	Dingle	RESIDENCE	Dingle
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	48 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Dingle	BIRTHPLACE	Dingle
OCCUPATION	Farmer	OCCUPATION	wife

Number of child of this mother, including present birth 9

Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo F Ailey

Midwife (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Idaho

Filed 9-6- 1915 J. J. Sutton Registrar

Registrar

S-Y CO. 20174

SEP 11 1952

415-22-0004-418

Amended 7-31-74

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 33491
Local Reg. No. 2132
Reg. Dist. No. 33

1. PLACE OF BIRTH
a. COUNTY: Bear Lake
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Dingle
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bear Lake
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Dingle
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Derris
b. (Middle): J.
c. (Last): Davis

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF BIRTH (Month) (Day) (Year)
Male	SINGLE X TWIN ____ TRIPLET ____	1st ____ 2nd ____ 3rd ____	July 22, 1915

FATHER OF CHILD

7. FULL NAME
a. (First): Nelson
b. (Middle): William
c. (Last): Davis

8. AGE (At time of this birth)	9. BIRTHPLACE (State or foreign country) (City or Town)	10. USUAL OCCUPATION	11. KIND OF BUSINESS OR INDUSTRY
29 YEARS	Paris, Idaho	Farmer	Farming

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Edna
b. (Middle): Elizabeth
c. (Last): Dayton

13. AGE (At time of this birth)	14. BIRTHPLACE (State or foreign country) (City or Town)	15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?	c. How many children were stillborn (born dead after 20 wks. pregnancy?)
26 YEARS	Dingle, Idaho	5	0	0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: George F. Ashley
19. ADDRESS: Montpelier

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____
20. DATE SIGNED: Sept. 6, 1915

21. DATE REC'D BY LOCAL REG.	22. REGISTRAR'S SIGNATURE	23. DATE ON WHICH GIVEN NAME ADDED BY Registrar
Sept. 9, 1915	R. J Sutton	

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address
ISION OF VITAL STATISTICS, BOISE, IDAHO.

LENGTH OF PREGNANCY _____ WEEKS	WEIGHT AT BIRTH _____ LBS. _____ OZS.	
RACE OR COLOR OF FATHER White	RACE OR COLOR OF MOTHER White	Was 1% Silver Nitrate Used to prevent blindness?
METHOD OF DELIVERY		

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 33491

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamd Davis (Name on Original Certificate) who was born (Was Born or Died) on July 22, 1915 (Date of Event)
in Dingle (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	omitted	Derris J. Davis
Sex of child	Girl	Male
Father's first name	Niels	Nelson

Subscribed and sworn to before me this 31st day of
July, 1974
Florence Courtright
Notary Public, residing at Boise
My commission expires 4-20-78
(Seal)

Signed Wanda C. Montgomery
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of
....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

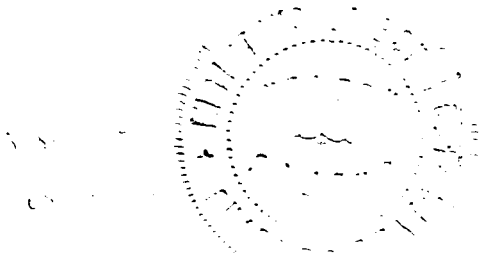
.....
(Street Address, City, State)

FORM DH 60-155

Family Record of Hiram Dayton and Permelia Bundy Dayton gives name of child asDerris J. Davis son of Edna Elizabeth Dayton and Nelson William Davis.
Book published 1961
Viewed by V.S.

Certificate of blessing gives name as Derris J. Davis son of Nelson W. Davis and Edna E. Dayton Born July 22, 1915 at Dingle, Bear Lake, Idaho. Blessed Oct. 3, 1915
Viewed by V.S.

Marriage License issued by the State of Idaho County of Caribou gives name as Derris Davis, Groom married to Verna Leavitt, Bride on April 6, 1935.
Viewed by V.S



299-128-004-815 Amended 4/18/79

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Dingle

No. ..... St.

Hospital .....

Registration District No. 53 File No. 33492

Primary Registration District No. 2132 Registered No. .....

FULL NAME OF CHILD William Oniel Bird

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		Yes	June (Month) 28 (Day) 1915 (Year)

FULL NAME	FATHER	FULL MAIDEN NAME	MOTHER
John Roy Bird		Natalea Hansen	
RESIDENCE	Dingle	RESIDENCE	Dingle
COLOR	W AGE AT LAST BIRTHDAY 27 (Years)	COLOR	W AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE	Dingle	BIRTHPLACE	Dingle
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 19 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo F Ashley

Midwife (Physician or midwife)

Address .....

Filed 9-6- 1915 R. J. Sutton Registrar

.....19.....

..... Registrar

S-Y CO. 20874

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____

Certificate No. 33492
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Bird (Male) (Name on Original Certificate) who was born (Was Born, Died, etc.) on June 3, 1915 (Date of Event)

in Bear Lake Co, Dingle, Idaho (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	Unnamed	William Oniel Bird
birthdate	June 3, 1915	June 28, 1915
father's name	Roy Bird	John Roy Bird
mother's maiden name	Cally Hansen	Natalea Hansen

Subscribed and sworn to before me this 18th day of April, 1979.

Notary Public, Margaret D. Davis

Residing at Boise

My commission expires Lifetime

(Seal)

x Veeda D. Watson
Signature of Applicant

x 1168 Camelot Dr. - Boise, Idaho
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____

(Must be completed __)
(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19__.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

4/17/79 in office

Certif of Baptism from the LDS Church gives name as Wm. ~~XXX~~ Oniel Bird son of John Roy Bird and Natalea Hansen. born June 28, 195 at Dingle, Idaho. Baptized Aug 4, 1923. viewed by V. S.

Certif of Blessing from the LDS Church gives nzme as William Oniel Bird son of John R. Bird and Natalea Hansen. born June 28, 1915 at Dingle, Idaho. Blessed Aug 1, 1915. viewed by V. S.

Amended 2/5/73
742-04-004-036

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 33493
Local Reg. No.
Reg. Dist. No. 53

1. PLACE OF BIRTH
a. COUNTY: Bear Lake
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Paris
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bear Lake
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Paris
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): June
b. (Middle):
c. (Last): Gubler

4. SEX: Female
5a. THIS BIRTH: SINGLE ____ TWIN ____ TRIPLET ____
5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____
6. DATE OF BIRTH (Month) (Day) (Year): June 4, 1915

FATHER OF CHILD

7. FULL NAME
a. (First): Ernest
b. (Middle):
c. (Last): Gubler

8. AGE (At time of this birth): 30 YEARS
9. BIRTHPLACE (State or foreign country) (City or Town): Germany
10. USUAL OCCUPATION: Labor
11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Emeline
b. (Middle):
c. (Last): Stocker

13. AGE (At time of this birth): 26 YEARS
14. BIRTHPLACE (State or foreign country) (City or Town): Paris, Idaho
15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 2
b. How many OTHER children were born alive but are now dead?
c. How many children were stillborn (born dead after 20 wks. pregnancy?)
16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Geo. F. Ashley
18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____
19. ADDRESS: Montpelier, Ida.
20. DATE SIGNED:
21. DATE REC'D BY LOCAL REG.: 9-6-15
22. REGISTRAR'S SIGNATURE: R. J. Sutton
23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS
WEIGHT AT BIRTH ____ LBS. ____ OZS. TIME: 11 AM
RACE OR COLOR OF FATHER: W
RACE OR COLOR OF MOTHER: W
METHOD OF DELIVERY:
Was 1% Silver Nitrate Used to prevent blindness? YES ____ NO ____

BIRTH INJURY TO INFANT ____ YES IF YES, DESCRIBE ____ NO

CONGENITAL MALFORMATIONS OF INFANT ____ YES IF YES, DESCRIBE ____ NO

LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED BUREAU OF VITAL STATISTICS FEB 5 9 57 AM '73

State of ..... } ss.
County of ..... }

Certificate No. 33493

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for June Gubler (Name on Original Certificate) who was born (Was Born or Died) on July 1, 1915 (Date of Event)
in Paris, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Birth date	July 1, 1915	June 4, 1915
Sex of child	Boy	Female
Father's name	Earnest Gubler	Ernest Gubler
Mother's maiden name	Emily Stocker	Emeline Stocker

Subscribed and sworn to before me this ..... day of
....., 19.....

Signed Lynn D. Gerkman (Husband)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at .....
My commission expires .....
(Seal)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bonneville }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 31st day of
January, 1973.

Signed Jon L Bunyan
(Signature of Any Credible Person)

Notary Public, residing at Montpelier Idaho
My commission expires 4/1/73
(Seal)

629 S. 5th Montpelier Idaho
(Street Address, City, State)

FORM DH 60-155 CL 1/22/73 lcc pd. Rush

Letter from Bear Lake Junior High School, Paris, Idaho gives child'sname as June Gubler (Perkins) daughter of E. R. Gubler. Was born June 4, 1915. Graduated from Fielding High School on May 26, 1933. Signed by Leon V. Howell, Princiapl. Viewed by V. S.

Birth Certiricate from LDS Church gives child's name as June Gubler born June 4, 1915. Father's name given as Ernest Gubler and mother's name as Emeline Stocker. Eneterd on record July 4, 1915.

Brother's birth certif. on file in Idaho (File No. 111197(gives child's name as Aaios Ernest Gubler. BornApril 18, 1923. Father's name given as Ernest Robert Gubler and mother's name given as Emeline Belle STocker. Viewed by V. S.

255·108·004213

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bear Lake

City of Bloomington,

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 33 File No. 33494

Primary Registration District No. 2132 Registered No. _____

FULL NAME OF CHILD _____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			Yes	Aug 8 1915

FATHER		MOTHER	
FULL NAME	Archie Earl Bee	FULL MAIDEN NAME	Cathlyn Eliza Bateman
RESIDENCE	Bloomington, Idaho	RESIDENCE	Bloomington, Ida.
COLOR	WHITE	COLOR	WHITE
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Bloomington, Idaho	BIRTHPLACE	Bloomington, Idaho
OCCUPATION	farmer	OCCUPATION	House-Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. A. Hottendorf M. D. (Physician or midwife)

Address PARIS, IDAHO

Given names added from a supplemental report

_____ 19____

_____ Registrar

Filed 9-6 — 1915 L. Sutton Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

386-230-225-296

[redacted] OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33496

County of Idaho

City of Kosaka

Registration District No. 106 File No.

No. St.

Primary Registration District No. 2184 Registered No. 42

Hospital

FULL NAME OF CHILD Thelma Mrs Thompson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Aug 30 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Haakon J. Thompson	Minnie Mrs Brown
RESIDENCE	Elk City Idaho	Elk City Idaho
COLOR / AGE AT LAST BIRTHDAY (Years)	White 38	White 29
BIRTHPLACE	Norway	Kansas
OCCUPATION	Miner	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 45 PM on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J.M. Verbeck Mrs Thompson (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Kosaka Idaho

Filed Sept 10 1915 J.M. Verbeck Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

c.c. 6/4/41. w.h.

STATE OF IDAHO
Department of Public Health
Bureau of Vital Statistics

Affidavit to Correct or Amend an Original Certificate of Birth.

Certificate No. 33496
Date Filed

State of Idaho ;
County of Idaho: ss

The undersigned does solemnly swear that certain facts on the certificate of birth for THELMA ALICE THOMASON, who was born on August 30, 1915, at Kooskia in Idaho County, Idaho, are erroneous, and that to the best of the knowledge of the undersigned, the true facts are shown by lodge records, school records, prepared at divers times during the life of the father and the marriage of the father and mother.

Facts to be Corrected.	From	To
Name of child:	Thelma Alice Thomason	THELMA ALICE THOMPSON
Name of father:	Haakon Thomason	HAAKON THEODORE THOMPSON
Name of mother:	Minnie Brown	MINNIE ALICE BROWN

APR 5. 1

That owing to the fact that when the said father first attended school the teacher and school authorities recorded his name by spelling the surname THOMPSON, the parents of said child and the other children of said parents for all usual, ordinary purposes and business adopted and used the surname so spelled THOMPSON; and they have always been and are now known as THOMPSON.

Haakon Theodore Thompson
Father

Minnie Alice Thompson
Mother

Subscribed and sworn to before me this 16 day of June, 1941.

Notary Public for State of Idaho
Residing at Orofino Idaho
My commission expires:
July 23, 1943

14-44-9

Supporting Affidavit of a Second Person

State of Idaho :
ss
County of Idaho:

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Reuben McGregor

Subscribed and sworn to before me this 16 day of June, 1941.

Adam Lust

Notary Public for State of Idaho
Residing at Old City Idaho,
My commission expires:
July 23, 1943

692-104 025-815

Form V. S. No. 11-C—20m-3-15-22

PLACE OF BIRTH

County of Idaho

City of Stites

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33497

Registration District No. 106 File No. .....

Primary Registration District No. 2184 Registered No. 37

FULL NAME OF CHILD Robert Melvin

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Aug (Month) 4 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Irvine Ray Wisner	FULL MAIDEN NAME	Ella Hanson
RESIDENCE	Stites	RESIDENCE	Stites
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Michigan	BIRTHPLACE	Washington
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 30 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Wentworth MD

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Stites Idaho

Filed Sept-10 1915 J. M. Verberkmoes Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

515-211-025-496

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Clearwater

No. ..... St.

Hospital .....

Registration District No. 106 File No. 33498

Primary Registration District No. 2184 Registered No. 38

FULL NAME OF CHILD Maude Van Houte

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Aug 11 1915

FATHER		MOTHER	
FULL NAME	William Van Houte	FULL MAIDEN NAME	Lydia Drost
RESIDENCE	Clearwater . Idaho	RESIDENCE	Clearwater Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Holland	BIRTHPLACE	Holland
OCCUPATION	School teacher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11 30 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Verberkmoes
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Kooskia — Idaho

Filed Sept 10 1915 J. M. Verberkmoes
Registrar

Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 28 1964

814-212-025-554

Form V. S. No. 11-C—[illegible]-1-1-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of

No. St.

Hospital

Registration District No. 106 File No. 33499

Primary Registration District No. 2184 Registered No. 39

FULL NAME OF CHILD Emma Lou Hamby

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Aug 12 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	William Hamby	FULL MAIDEN NAME	Clara Emerson
RESIDENCE	Tahoe - Idaho	RESIDENCE	Tahoe - Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Georgia	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1:30 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. V. Hamby

Father (Physician or midwife)

Given names added from a supplemental report.

19

Address Kooskia - Idaho

Filed Sept 10 1915 J. M. Verberkmoes Registrar

Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 13 1963

453-126-025-293

PLACE OF BIRTH

Form V. S. No. 11-C—26m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33500

County of Idaho

City of Kooskia

Registration District No. 106 File No.

No. St.

Primary Registration District No. 2184 Registered No. 40

Hospital

FULL NAME OF CHILD George Wendell Decker

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Aug 26 1915

FATHER		MOTHER	
FULL NAME	George Decker	FULL MAIDEN NAME	Lulu Billips
RESIDENCE	Kooskia - Idaho	RESIDENCE	Kooskia - Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Michigan	BIRTHPLACE	Kansas
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 15 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Verbeck Surgeon

(Physician or midwife)

Address Kooskia - Idaho

Given names added from a supplemental report.

19

Registrar

Filed Sept 10 1915 J. M. Verbeck Registrar

E-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 26 1961

025-255

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

[illegible] OF BIRTH

[illegible] Idaho

[illegible] Kooskia

No. ..... St.

Hospital .....

33501

Registration District No. 106 File No. .....

Primary Registration District No. 2184 Registered No. 41

FULL NAME OF CHILD Mary Elizabeth Brainerd

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Aug 27 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Otis Brainerd	FULL MAIDEN NAME	Ruth Kentner
RESIDENCE	Kooskia - Idaho	RESIDENCE	Kooskia - Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	New York	BIRTHPLACE	New York
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2 45 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Verbeek Knows
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Kooskia - Idaho

Filed Sept 10 1915 J. M. Verbeek Knows
Registrar

Registrar

8-Y CO. 24655

MARGIN RESERVED FOR [illegible]

WRITE PLAINLY WITH UNFADING INK—THIS [illegible]

N. B. In case of more than one child at birth, a SEPARATE RETURN [illegible] of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No.

CERTIFICATE OF BIRTH

FULL NAME C

Child

WRITE PLAINLY WITH UNFADING INK AND DO NOT FOLD. USE PERMANENT BLACK INK.

587-104042-613

[redacted]LACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Kimberly,

No. ..... St.

Hospital Home

Registration District No. 36

File No. 33502

Primary Registration District No. .....

Registered No. 3

FULL NAME OF CHILD Max Chris Nygard

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Aug 4 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	James Nygard	FULL MAIDEN NAME	Melinda Watson
RESIDENCE	Kimberly, Idaho	RESIDENCE	Kimberly Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Logan Utah	BIRTHPLACE	Ogden Utah
OCCUPATION	R.R. Section foreman	OCCUPATION	Hw

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10:50 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Davis, M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Kimberly Idaho

Filed Aug 14 1915 J. N. Davis Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 26 1942

468-111-042-962

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Kimberly

Registration District No. 36

File No. 33503

No. ..... St.

Primary Registration District No. .....

Registered No. 4

Hospital Home

FULL NAME OF CHILD J William Friedrich Dohse

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		Yes	Aug 11 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Dohse	FULL MAIDEN NAME	Martha C Rost
RESIDENCE	Kimberly Idaho	RESIDENCE	Kimberly Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	G. P. D. USA ~~Germany~~
OCCUPATION	Farmer	OCCUPATION	Hse

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J N Davis M D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Kimberly Idaho

Filed Aug 18 1915 J N Davis

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

766-128-042-468

Form V. S. No. 11-C—20m-9-15-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Murtaugh

No. ..... St.

Hospital Home

Registration District No. 36 File No. 33504

Primary Registration District No. ..... Registered No. 5

FULL NAME OF CHILD ..... Goodman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Aug 28 1915

FATHER	MOTHER
FULL NAME: William N Goodman	FULL MAIDEN NAME: Ednie Moyes
RESIDENCE: Murtaugh Idaho	RESIDENCE: Murtaugh Idaho
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 31 (Years)	AGE AT LAST BIRTHDAY: 30 (Years)
BIRTHPLACE: Minersville Utah	BIRTHPLACE: Ogden Utah
OCCUPATION: Farmer	OCCUPATION: Hse

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Davis, M. D.

(Physician or midwife)

Address Kimberly Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Aug 31 19 15 J. N. Davis Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of ...

City of Kimberly — Registration District No. 36 — File No. 33505

No. ..... St. — Primary Registration District No. ..... — Registered No. 6

Hospital Home

FULL NAME OF CHILD Eldora Foster

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Aug. 29 1913

FATHER		MOTHER	
FULL NAME	G. J. Foster	FULL MAIDEN NAME	Bessie Hillgus
RESIDENCE	Kimberly Idaho	RESIDENCE	Kimberly Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	St Clair Co Mo	BIRTHPLACE	Henry Co Mo
OCCUPATION	Farmer	OCCUPATION	H.W.

Number of child of this mother, including present birth 3 — Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 3:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) Jos Davis, M.D.

(Physician or midwife)

Address Kimberly Idaho

Filed Aug 31 19 13 J. H. Downs Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

AUG 1 2 1942

DECEASED

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

243-131-242-142

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Kimberly

Registration District No. 36

File No. 33506

No. ..... St.

Primary Registration District No. .....

Registered No. 7

Hospital Home

FULL NAME OF CHILD Harvey Elliott Butler

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Aug 31 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Harvey E Butler	FULL MAIDEN NAME	Ferna Austin
RESIDENCE	Kimberly Idaho	RESIDENCE	Kimberly, Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Amity, Mo	BIRTHPLACE	Twin Springs
OCCUPATION	Nurseryman	OCCUPATION	Hu

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Davis, M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Kimberly Idaho

Filed Sept 5 1913 J. N. Davis Registrar

Registrar

S-Y CO. 20174

JAN 23 1959

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33507

City of Fruitland — Registration District No. 61 — File No. 2

No. ____ St. — Primary Registration District No. 2180 — Registered No. 18

Hospital ____

FULL NAME OF CHILD Harry Glen Lewis

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male	—	—	yes	Sep. 10 (Month) (Day) 1918 (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	W. J. Lewis	Maud B. Clarke
RESIDENCE	Fruitland, Ida.	Fruitland
COLOR	W.	W
AGE AT LAST BIRTHDAY (Years)	42	38
BIRTHPLACE	Iowa	Iowa
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 4 — Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6.45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Crispin Wright, M. D.

(Physician or midwife)

Address ____

Given names added from a supplemental report.

____ 19____

____ Registrar

Filed Sep. 10 1918 Crispin Wright Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Amended 11-23-60

PLACE OF BIRTH

319-217-014-753

County of Canyon

City of Fruitland

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 51 File No. 33508

Primary Registration District No. 2130 Registered No. 17

FULL NAME OF CHILD Ellen Josephine Carlson

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.		Yes	July 17, [redacted] 1915

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

FATHER	MOTHER
FULL NAME: Adolph E. Carlson	FULL MAIDEN NAME: Tillie Peterson
RESIDENCE: Fruitland	RESIDENCE: Fruitland
COLOR: W.	COLOR: W.
AGE AT LAST BIRTHDAY: 36 (Years)	AGE AT LAST BIRTHDAY: 38 (Years)
BIRTHPLACE: Sweden	BIRTHPLACE: Sweden
OCCUPATION: Farmer	OCCUPATION: Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 192.....

..... Registrar.

(Signature) H. H. Whitney, M.D.

(Physician or midwife)

Address Ontario, Oregon

Filed Sept. 10, [redacted] 1915 Crispin Wright

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Documents listed on back -

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Oregon } ss.
County of Multnomah }

Certificate No. 33508

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Ellen Josephine Carlsen (Name on Original Certificate) who was born (Was Born or Died) on July 10, 1915 (Date of Event) in Fruitland, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Last Name of Child	Carlsen	Ellen Josephine Carlson
Child's Date of Birth	July 10, 1915	July 17, 1915
Last Name of Father	Carlsen	Adolph E. Carlson

Subscribed and sworn to before me this 20th day of October, 1960

[signature]

Notary Public, residing at Portland, Oregon

My commission expires My Commission Expires Aug. 17, 1962

(Seal)

Signed [signature] (Carlson) (Williams)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

13960 S.E. Ash Milwaukie, Oregon
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Multnomah }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20th day of October, 1960

[signature]

Notary Public, residing at Portland, Oregon

My commission expires My Commission Expires Aug. 17, 1962

(Seal)

Signed Grace Kathleen (Carlson) Mitchell
(Signature of Any Credible Person)

7327 S.E. 72 Portland Ore
(Street Address, City, State)

FORM DH 60-155 CL 10-5-60. one copy pd. receipt #07645.

Better Babies Standard Score Card, dated March 9-10, 1916 and signed by H.E. Whitney, M.D.; Dr. Drysdale; Dr. Crouch; P.L. Hale and Dr. Avery- gives full name of child as Ellen Josephine Carlson, father's name as A.E. Carlson and mother's maiden Name as Tillie Peterson - viewed by V.S.

Another child's birth certificate on file: #5841 gives full name of father as Adolph E. Carlson - viewed by V.S.

Own Child's Hospital Birth Certificate, Walla Walla General Hospital, Walla Walla Washington, Aug. 16, 1953 gives full name of father as Ansel Chester Henderson, born Feb. 6, 1908 in Promise, Oregon and full maiden name of mother as Ellen J. Carlson, born July 17, 1915 in Payette, Idaho.

Own Child's Hospital Birth Certificate, St. Mary's Hospital, Walla Walla, Washington, Aug. 18, 1942 gives full name of Father as Ansel Chester Henderson, born Feb. 6, 1907 at Promise, Oregon and Ellen Josephine Carlson, born July 17, 1915 at Payette, Idaho; date and place of Marriage of parents March 15, 1935 at Weiser, Idaho - viewed by V.S.

795.10 [redacted] 313

PLACE [redacted]

Fo . No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of Winchester

No. ..... St.

Hospital .....

Registration District No. 48

File No. 33509

Primary Registration District No. 2127

Registered No. 27

FULL NAME OF CHILD JOSEPH HUGH GREER

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth
Male				yes	8-3-1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Malcolm Greer	FULL MAIDEN NAME	Stella M Colson
RESIDENCE	Winchester	RESIDENCE	Winchester
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Scotland	BIRTHPLACE	Nebr
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8 15 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elton C. Rogers
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Winchester Idaho

Filed 8-7-1915 Elton C. Rogers
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of Asotin }

Certificate No. 33509

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for unnamed Greer (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on August 3,1915 (DATE OF EVENT)
in Winchester, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	~~Joseph H. Greer~~
		Joseph Hugh Greer

Subscribed and sworn to before me this 15th day of February, 19 43.

Signed .....
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD: OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Notary Public, residing at Clarkston, Washington

My commission expires Aug. 20, 1944
(SEAL)

Clarkston, Washington
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Asotin }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15th day of February, 19 43.

Signed .....
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at Clarkston, Washington

My commission expires August 20,1944
(SEAL)

Clarkston, Washington
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

DEC 22 1964

231-207.03

PLACE OF BIR[redacted]

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez P[redacted]

City of Lewiston

Registration District No. 96 File No. 33510

No. _____ St.

Primary Registration District No. 1009 Registered No. 4

Hospital _____

FULL NAME OF CHILD Helen Dorothy Blackwell

Sex of Child Female	Twin Triplet or other? Single and Number in order of birth 9 (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth 4 (Month) 7 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Geo. A. Blackwell	FULL MAIDEN NAME	Sara D. Anderson
RESIDENCE	Nez Perce Co.	RESIDENCE	Nez Perce Co.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	53 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Canada	BIRTHPLACE	North Dakota
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. Sansing
physician
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Lewiston

Filed Sept 10 1915 L. J. Perkins
Registrar

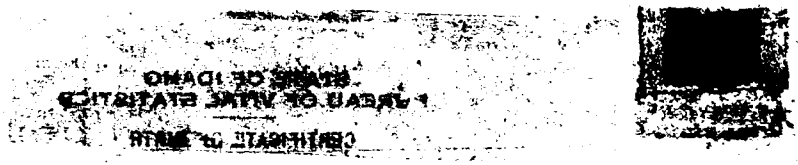
Registrar

8-Y CO. 24685

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



OCT 1 0 1975

235·201 = 35[illegible]

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

No. 15 Ave, 14th St.

Hospital

Registration District No. 96 File No. 33511

Primary Registration District No. 1009 Registered No. 5

FULL NAME OF CHILD FRANCES ELIZABETH Stewart

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
girl		yes	Aug. 1 1915

FATHER		MOTHER	
FULL NAME	Ralph E. Stewart	FULL MAIDEN NAME	Carrie Swanson
RESIDENCE	Lewiston, Ida	RESIDENCE	Lewiston, Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Illinois	BIRTHPLACE	Sweden
OCCUPATION	Carpenter, Contractor	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 11 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. C. Carsow

(Physician or midwife)

Given names added from a supplemental report.

19

Address Leyston Ida

Filed Sept 10 1915 L. J. Perkins
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. JUL 14 1943 Certificate No. 33511
County of Nez Perce } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Stewart (Name on Original Certificate) who was born (Was Born or Died) on August 1, 1915 (Date of Event)
in Lewiston, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by PERSONAL KNOWLEDGE OF AFFIANT AS FATHER (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Frances Elizabeth Stewart

Subscribed and sworn to before me this 8th
day of July 1943
Paul W. Hyatt
Notary Public, residing at Lewiston, Idaho.
My commission expires Jan. 1, 1945.
(Seal)

Signed Ralph E Stewart. FATHER
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
1326 Sixth Ave., Lewiston, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Nez Perce }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12
day of July 1943
Paul W. Hyatt
Notary Public, residing at Lewiston
My commission expires Jan 1, 1945
(Seal)

Signed Mrs [illegible]
(Signature of Any Credible Person Other Than Previous Year)
[illegible]
(Street Address, City, State)
Lewiston Idaho

JUL 16 1943

453-105-035-113

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Nez Perse

City of Lewiston

No. ..... St.

Hospital Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 96 File No. 33512

Primary Registration District No. 1009 Registered No. 6

FULL NAME OF CHILD James Monroe DeCourcey

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Aug 5th 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	James M DeCourcey	FULL MAIDEN NAME	Genevive Jacques
RESIDENCE	Lewiston Ida	RESIDENCE	Lewiston
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Ashton Ills	BIRTHPLACE	Spokane Wash
OCCUPATION	Steward	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9 P M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J P Course M D

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

..... Registrar

Address Lewiston Idaho

Filed Sept 10 1915 L. J. Perkins Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 8 1974

C.C.4,18,41, 24.74

997-205-035-389

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No. E. Main St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

CERTIFICATE OF BIRTH

Registration District No. 96 File No. 33513

Primary Registration District No. 1009 Registered No. 7

FULL NAME OF CHILD Georgiana Elizabeth Riggs

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Aug 5 1916

FATHER

FULL NAME George S. Riggs

RESIDENCE Lewiston Idaho

COLOR White AGE AT LAST BIRTHDAY 33 (Years)

BIRTHPLACE Lewiston Ida

OCCUPATION Rancher

MOTHER

FULL MAIDEN NAME Magdalie Thiessen

RESIDENCE Lewiston Idaho

COLOR White AGE AT LAST BIRTHDAY 20 (Years)

BIRTHPLACE Lewiston Idaho

OCCUPATION

Number of child of this mother, including present birth One

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN, OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elmer G. Broadbeck

Physician (Physician or midwife)

Address Lewiston Idaho

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed Sept 10 19 15 L. J. Parker
Registrar

S-Y CO. 24659

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

443-106035-391

Form V. S. No. 11-C—25m-1-1-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

No. _____ St.

Hospital _____

Registration District No. 96 File No. 33514

Primary Registration District No. 1009 Registered No. 8

FULL NAME OF CHILD Fredrick Henry Mueller

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	One	1st	yes	Aug 6 1915

FATHER		MOTHER	
FULL NAME	Wm J Mueller	FULL MAIDEN NAME	Nellie Crawford
RESIDENCE	Almota Wash	RESIDENCE	Almota
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Neb
OCCUPATION	R R Agent	OCCUPATION	Housewife

Number of child of this father, including present birth _____

Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at 10 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W H Morris
(Physician or midwife)

Address Lewiston Idaho

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed Sept 10 1915 L G Perkins Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

MAY 5 1950

393.206.035-253

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No. 922 4th St.

Hospital ----

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 96 File No. 33515

Primary Registration District No. 1009 Registered No. 9

FULL NAME OF CHILD Lota May Little

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	July 6th 1918

FATHER	MOTHER
FULL NAME Francis A Little	FULL MAIDEN NAME Minnie Ketchell
RESIDENCE 922 4th St.	RESIDENCE 922 4th St
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 26 (Years)	AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE Illinois	BIRTHPLACE Illinois
OCCUPATION Carpenter	OCCUPATION Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 6.40 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A M Tramp

Physician

(Physician or midwife)

Address Lewiston Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Sept 10 19 18 L. J. Perkins

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

2 year

364216 035-615

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No. ____ St.

Hospital St Josephs

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 96 File No. 33516

Primary Registration District No. 1009 Registered No. 10

FULL NAME OF CHILD Nina Lomax

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
f			yes	Aug 16 1915

FATHER		MOTHER	
FULL NAME	Presley J. Lomax	FULL MAIDEN NAME	Maude Warne
RESIDENCE	Clarkston	RESIDENCE	Clarkston
COLOR	W	AGE AT LAST BIRTHDAY (Years)	56
BIRTHPLACE	Alabama	COLOR	W
OCCUPATION	Tailor	AGE AT LAST BIRTHDAY (Years)	38
		BIRTHPLACE	Oregon
		OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Paul O Johnson

Physician
(Physician or midwife)

Address Clarkston Washington

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Sept 10 19 15 L J Perkins
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 23 1942

249-11910 35-242

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No 1902, G St.

Hospital —

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 96 File No 33517

Primary Registration District No 1009 Registered No 11

FULL NAME OF CHILD Cecil Raymond Smith

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	—	Yes	Aug 19 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Benjamin Franklin Smith	Mary Alice Busby
RESIDENCE	Lewiston Ida	Lewiston Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	52	35
BIRTHPLACE	Illinois	Illinois
OCCUPATION	Teamster	Housewife

Number of child of this mother, including present birth 9

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 30 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edgar L. White, M.D

(Physician or Midwife)

Address Lewiston Ida

Given names added from a supplemental report

....., 19.....

Registrar

Filed Sept 10 19 15 L. J. Perkins

Registrar

SYMS - YORK CO., PYRS. & SDRS. 17826

STATE OF IDAHO

SEP 1 8 19

693-119-035-299

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33518

County of Nez Perce

City of Lewiston

No. 1318 - 10th St.

Hospital

Registration District No. 96 File No.

Primary Registration District No. 1009 Registered No. 12

FULL NAME OF CHILD Robert Jesse Wilson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
boy		yes	Aug 19 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Albert H. Wilson	FULL MAIDEN NAME	Elsie Kirn
RESIDENCE	Lewiston, Ida	RESIDENCE	Lewiston, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Indiana	BIRTHPLACE	Missouri
OCCUPATION	Pure Food Inspector	OCCUPATION	Housewife

Number of child of this mother, including present birth Eighth. Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7.20 A. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. C. Carsow

(Physician or midwife)

Given names added from a supplemental report.

19

Address Lewiston Ida

Filed Sept. 10 1915 L. J. Perkins Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DECEASED

538-222-035-319

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33519

County of Nez Perce

City of Lewiston

Registration District No. 96 File No.

No. St.

Primary Registration District No. 1009 Registered No. 13

Hospital St Josephs

FULL NAME OF CHILD Eleanor Louise Eechternacht

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Aug 22 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	William K. Eechternacht	FULL MAIDEN NAME	Anna Carter
RESIDENCE	Clarkston Wash	RESIDENCE	Clarkston Wash
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	Bookkeeper	OCCUPATION	Hsw J.

Number of child of this mother, including present birth Two Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elmer G Braddock
Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Address Lewiston, Idaho.

Filed Sept 10 1915 L. J. Perkins
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

239-224-035-238

[redacted]

...m V. S. No. 11-C—20m-2-15-12

...CS

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No. 417 - New, 16th St.

Hospital

Registration District No. 96 File No. 33520

Primary Registration District No. 1009 Registered No. 14

FULL NAME OF CHILD Carrol Lillian Stiles

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		yes	Aug. 24 1915

FATHER		MOTHER	
FULL NAME	Charles M. Stiles	FULL MAIDEN NAME	Anna Schwartz
RESIDENCE	Pomeroy, Wash	RESIDENCE	Pomeroy, Wash.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Pomeroy, Wash.	BIRTHPLACE	Henderson, Minn
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 1st Number of children of this mother now living, including present birth 1st

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~), at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. J. Perkins (Physician ~~or midwife~~)

Given names added from a supplemental report

..... 19.....

Address Lewiston Idaho

Filed Sept. 10 1915 L. J. Perkins Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

314-223-06-915

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 117 File No. 33521

Primary Registration District No. 2196 Registered No. 351

FULL NAME OF CHILD Sarah Elvera Campbell,

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.			Yes	7-23-15 1915

FATHER		MOTHER	
FULL NAME	C. M. Campbell	FULL MAIDEN NAME	Rhoda Randall
RESIDENCE	Burley, Ida.	RESIDENCE	Burley, Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 6.10 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M.D.

(Physician or midwife)

Address Burley, Ida.

Given names added from a supplemental report.

..... 19.....

Filed Aug 1st 1915 Dr. J. C. Patterson Registrar

..... Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 7 1976

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED BUREAU OF VITAL STATISTICS

State of Utah
County of Salt Lake } ss.

Certificate No. 33521

Date Filed

JUN 11 11 28 AM '76

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Campbell (female) (Name on Original Certificate) who was born (Was Born or Died) on July 23, 1915 (Date of Event)

in Burley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Sarah Elvera Campbell

Subscribed and sworn to before me this 10 day of June 1976

Stephen D. Kirkwood

Notary Public, residing at Riverton, Utah

My commission expires 11-15-78

(Seal)

Signed Charles H. Campbell

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

[illegible] Murray Utah 84107

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah
County of Salt Lake } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10 day of June, 1976

Stephen D. Kirkwood

Notary Public, residing at Riverton, Utah

My commission expires 11-15-78

(Seal)

Signed [illegible]

(Signature of Any Credible Person)

[illegible]

(Street Address, City, State)

FORM DH 60-155

CL 4/6/76

Certif of Baptism and Confirmation from the LDS Church gives name as Sarah Elvera Campbell daughter of Chas F. Campbell and Rhoda E. Randall. Born July 23, 1915 Burley, Idaho. Baptized Sept 2, 1923. viewed by V. S.

JUN 3 0 1976

Certificate of Birth from the LDS Church gives nameas Sarah Elvera Campbell born July 23, 1915 at Burley, Idaho. Father's nameas Charles N. Campbell and Rhoda Elvera Randall. entered on record Sept 5, 1915. viewed by V. S.

995.224.016 - 349

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33522

County of Cassia

City of Burley

No. ..... St.

Registration District No. 117 File No. .....

Primary Registration District No. 2196 Registered No. 33-2

Hospital .....

FULL NAME OF CHILD Ella Mae Rink

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.				Yes	7-24-15 191...

FATHER		MOTHER	
FULL NAME	Walter J. Rink	FULL MAIDEN NAME	Carrie Cuilliard
RESIDENCE	Burley, Ida.	RESIDENCE	Burley, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Utah
OCCUPATION	Cook	OCCUPATION	

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 3.10 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M.D.

(Physician or midwife)

Address Burley, Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Aug. 1st 19 17 Dr. J. C Patterson Registrar

S-Y CO. 24659

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 16 1952

JAN 6 1953

PLACE OF BIRTH AMENDED SEPT. 1, 1954

743-122-016-849

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Declo

No. ____ St.

Registration District No. 117 File No. 33523

Hospital ____ Primary Registration District No. 2196 Registered No. 353

FULL NAME OF CHILD Oliver Ford Guthrie
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and (Number in order of birth)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	July 22, 1915

What bactericidal solution was used in eyes? ____

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

FATHER	MOTHER
FULL NAME: Earl Guthrie	FULL MAIDEN NAME: Eula Quinn
RESIDENCE: Burley	RESIDENCE: Burley
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 25 (Years)	AGE AT LAST BIRTHDAY: 24 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Utah
OCCUPATION: Farmer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

____, 192....

____
Registrar.

(Signature) R. L. Story

M.D.
(Physician or midwife)

Address Burley, Idaho

Filed Aug. 8, 1915 Dr. J. C. Patterson
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Cassia } ss.

Certificate No. 33523
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Oliver Ford Gutherie (Name on Original Certificate) who was born (Was Born or Died) on 7-22-1915 (Date of Event)
in Declo, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Oliver Ford Gutherie	Oliver Ford Guthrie
Fathers name	Earl Gutherie	Earl Guthrie

Subscribed and sworn to before me this 31 day of August, 19 54

W. W. Benson
Notary Public, residing at Boise, Idaho
My commission expires July 31-58
(Seal)

Signed Margaret A. Guthrie
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Rt 4 Box 38 Bothell Wn
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Ada } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 31 day of August, 19 54

W. W. Benson
Notary Public, residing at Boise, Idaho
My commission expires July 31-58
(Seal)

Signed Oliver F. Guthrie
(Signature of Any Credible Person)
Box 42 Malott Wash.
(Street Address, City, State)

DPH 52.155

095.10 [redacted]

PLACE [redacted]

Form [illegible] No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of [illegible]

City of Burley

Registration District No. 117 File No. 33524

No. ..... St.

Primary Registration District No. 2196 Registered No. 354

Hospital .....

FULL NAME OF CHILD John LeRoy Winn

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	8 (Month) 4 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	LeRoy Winn	FULL MAIDEN NAME	Irene Kindle
RESIDENCE	Burley Ida # 6	RESIDENCE	Burley Ida # 1
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7:15 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. T. Story
M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19 ..... Address Burley Idaho

Dr. J. C. Patterson
Registrar

[redacted]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

NOV 20 1963

December 26, 1963

TO WHOM IT MAY CONCERN:

I would like any one concerned to know that I, "John William Winn" John William Winn and John LeRoy Winn, born August 4, 1915, at 7:15 P.M., to the union of LeRoy Winn and Irene Kinder, State File No. 33524, in the Statehouse at Boise, Idaho, is one and the same person.

John William Winn

Signature Jesus Angelo
Nun
(Relationship)

Signature Irene Kinder Winn
Mother
(Relationship)

Signature Esther Kinne
Sister
(Relationship)

Signature Donald E Kinne
Brother in law
(Relationship)

Signature Margaret Ellen Angelo
Nun
(Relationship)

Signature Earl D. Winn
Brother
(Relationship)

My Commission Expires
Dec. 2, 1967

Notarized and acknowledged this 27th day of December, 1963

Margaret Ellen Angelo

My Commission Expires
Dec. 2 1967

265 [redacted]

PLACE [redacted]

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of

No. St.

Hospital

Registration District No. 117 File No. 33525

Primary Registration District No. 2196 Registered No. 355

FULL NAME OF CHILD not named

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	June first 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Louis Sorensen	FULL MAIDEN NAME	Martha Rosen
RESIDENCE	Albion	RESIDENCE	Albion
COLOR	AGE AT LAST BIRTHDAY 27 (Years)	COLOR	AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE	Bear Lake	BIRTHPLACE	Bear Lake
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10:30 P. M. on the date above stated.

(Born alive or stillborn)

(Signature) R. T. Story M.D.

(Physician or midwife)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

Address Burley Ida.

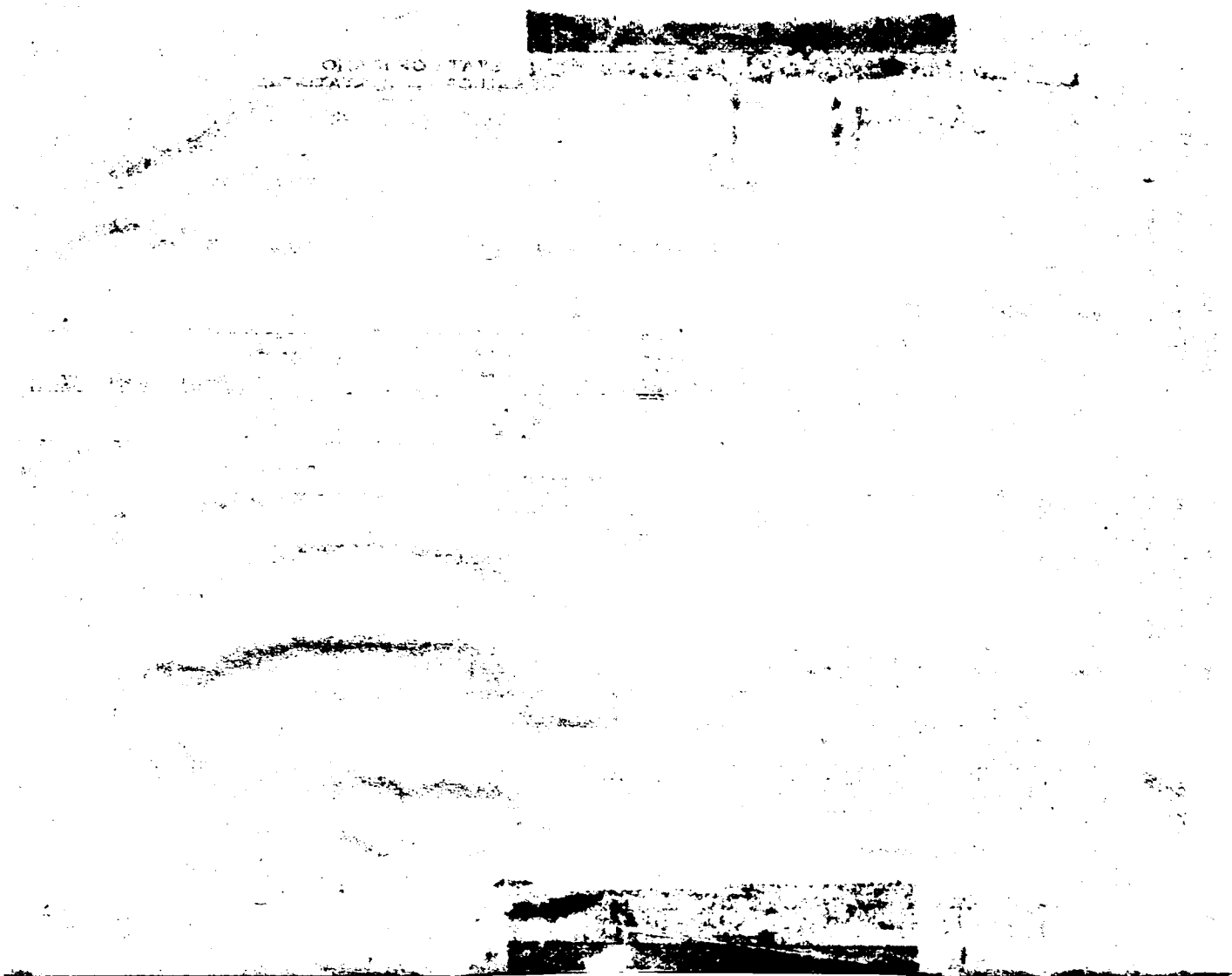
[redacted] 19 1915 Dr. J. C. Patterson
Registrar

S-Y CO. [redacted]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



762 [illegible]

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of

No. St.

Hospital

Registration District No. 117 File No. 33526

Primary Registration District No. 2196 Registered No. 356

FULL NAME OF CHILD Not Named BERTHA EVELYN POST

Sex of Child FEMALE

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? yes

Date of Birth 5 (Month) - 22 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Wm Post	FULL MAIDEN NAME	Georgia Sapp
RESIDENCE	Burley Ida #1	RESIDENCE	Burley Ida #1
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	41 (Years)
BIRTHPLACE	Int Ter.	BIRTHPLACE	Nevada
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7 a M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr T. Story

(Physician or midwife)

Given names added from a supplemental report.

Address Burley Ida

19

[redacted] 19

Dr J. C. Patterson
Registrar

S-Y CO. 24663

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }ss.
County of Ada }

Certificate No. 33526

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Post (Name on Original Certificate) who born (Was Born or Died) on May 22, 1915 (Date of Event) in Canyon Co, Ida. (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Father (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	not named	Bertha Evelyn Post
SEX	MALE	FEMALE

Subscribed and sworn to before me this 17 day of March, 19 42

Notary Public, residing at Boise Idaho

My commission expires 6-24-45
(Seal)

Signed
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }ss.
County of }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

MAR 17 1942

652-213-016-296

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 117 File No. 33527

Primary Registration District No. 2196 Registered No. 357

FULL NAME OF CHILD Lavina B. Webb

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		One	Yes	March 13 1915

FATHER		MOTHER	
FULL NAME	Irvin Webb	FULL MAIDEN NAME	Myrtle Branson
RESIDENCE	Burley	RESIDENCE	Burley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Snow Flake Arizona	BIRTHPLACE	West Utah
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth One

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John M. Hunter M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed Aug. 8th 1915 Dr. J. C. Patterson Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

789-222-016-432

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital Residence

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 117 File No. 33528

Primary Registration District No. 2196 Registered No. 358

FULL NAME OF CHILD Virginia Phillips

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	2	Yes	June 22 1915

FATHER		MOTHER	
FULL NAME	John Charles Phillips	FULL MAIDEN NAME	Sarah McBride
RESIDENCE	Burley	RESIDENCE	Burley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	
BIRTHPLACE	Wyoming	BIRTHPLACE	Oakley
OCCUPATION	Laborer	OCCUPATION	House Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2 a.m. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John M. Minter

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed Aug. 8th 1915 Dr. J. C. Patterson Registrar

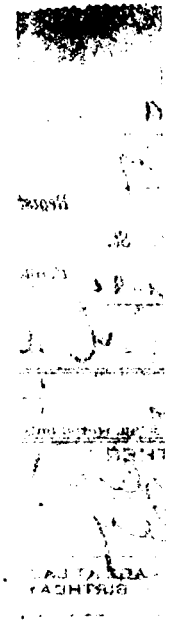
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



285-105-016-253

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

amended 3/3/81

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital Residence

Registration District No. .....

File No. 33529

Primary Registration District No. .....

Registered No. 359.

FULL NAME OF CHILD Claude Albert Shepherd

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	2	Yes	Aug 6 1915

FATHER		MOTHER	
FULL NAME	Claude Ashley Shepherd	FULL MAIDEN NAME	Francesta Kelsey
RESIDENCE	Burley	RESIDENCE	Burley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Ashley Utah	BIRTHPLACE	Milbourn Utah
OCCUPATION	Laborer	OCCUPATION	House Wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 1130 M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John M. Hunter

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed Aug. 8th 1915 Dr. J. C. Patterson
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

12-10-80

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED BUREAU OF VITAL STATISTICS

FEB 5 8 27 AM '81

State of _____ } ss.
County of _____

Certificate No. 33529
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Claude Albert Sheppard (Name on Original Certificate) who was born (Was Born, Died, etc.) on Aug. 6, 1915 (Date of Event)

in Burley (Cassia) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs last name	Sheppard	Shepherd
fathers last name	Sheppard	Shepherd

Subscribed and sworn to before me this 1st day of Feb, 1981.

Notary Public, [illegible]
Residing at Kellogg
My commission expires June 15, 1984
(Seal)

Robert D. Shepherd
Signature of Applicant

Smeltzville Idaho
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of UTAH } ss.
County of DAVIS

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27TH day of JANUARY, 1981.

Notary Public, [illegible]
Residing at BOUNTIFUL, UTAH
My commission expires 4-3-84
(Seal)

X Valie S. Garrett
Supporting Signature

123 E. 300 N. Farmington
Street Address, City, State

5 cc pd

Utah
84025

Marriage Certi from Colordao gives namea as Claude A. Shepherd and Mildred Hunt dated Sept 11, 1935. viewed by v. S.

Honorable Dishchagre from the US Navy gives name as Claude Albert Shepherd date of separation Nov 24, 1945. viewed by V. S.

MAR 9 1981

753-224-016-689

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of ~~Burley~~ Cassia

City of Burley

Registration District No. 117 File No. 33530

No. ..... St.

Primary Registration District No. 2196 Registered No. 360

Hospital Residence

FULL NAME OF CHILD Myrtle Peterson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female	9	yes	July 24 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Lawrence S Peterson	FULL MAIDEN NAME	Cora Whinpey
RESIDENCE	Burley	RESIDENCE	Burley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Lehi Utah	BIRTHPLACE	Mineral Point Ohio
OCCUPATION	Laborer	OCCUPATION	House Wife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John M Minter

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed Aug. 8th 1915 Dr. J. C. Patterson Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 2 6 1974

399-105-016-813

Form V. S. No. 11-C—25m-1-1-18

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital Residence

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 117 File No. 33531

Primary Registration District No. ..... Registered No. 361

FULL NAME OF CHILD ~~Demaris~~ William Critchfield

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		4	yes	July 5 1915

FATHER		MOTHER	
FULL NAME	Allegan Eugene Critchfield	FULL MAIDEN NAME	Lora Hall
RESIDENCE	Burley	RESIDENCE	Burley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Jackley	BIRTHPLACE	Ephis Utah
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was J. Born alive at 4 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John M Martin

Phy Cassia Co

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed Aug 8th 1915 Dr. J. C. Patterson

S-Y CO. 24688 Registrar

Registrar

2/24/41 L. B.

699-208016-595

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital Residence

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 117 File No. 33532

Primary Registration District No. 2194 Registered No. 362

FULL NAME OF CHILD Ruth Wright

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		1	Yes	July 8 1915

FATHER

FULL NAME Edgar Monroe Wright

RESIDENCE Burley

COLOR White AGE AT LAST BIRTHDAY 39 (Years)

BIRTHPLACE Pennington Idg

OCCUPATION Lawyer

MOTHER

FULL MAIDEN NAME Anna Luella Nielsen

RESIDENCE Burley

COLOR White AGE AT LAST BIRTHDAY 34 (Years)

BIRTHPLACE Logan Utah

OCCUPATION Home Wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 1 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John W Munter

Physician

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed Aug. 5th 1915

Dr. J. C. Patterson

Registrar

..... Registrar

S-Y CO. 24655

294-102-016-859

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital Residence

Registration District No. 117 File No. 33533

Primary Registration District No. 2196 Registered No. 363

FULL NAME OF CHILD Carl Malcolm Sims

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male	12	Yes	July 2 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Kirby Smith Sims	FULL MAIDEN NAME	Ernie Caroline Hering
RESIDENCE	Burley	RESIDENCE	Burley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	52	AGE AT LAST BIRTHDAY (Years)	41
BIRTHPLACE	Jackson Co Florida	BIRTHPLACE	Jackson Co Florida
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 12 Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 6 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John M Minter
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed Aug 5th 1915 Dr. J. C. Patterson
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued Dec. 27, 1940. E.W.

854.2011 016-318

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. _____ St.

Hospital _____

Registration District No. 117 File No. 33534

Primary Registration District No. 2194 Registered No. 364

FULL NAME OF CHILD Helen Gertrude Hodge

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes	8-1-15 191

FATHER		MOTHER	
FULL NAME	J. C. Hodge	FULL MAIDEN NAME	Pearl Taylor
RESIDENCE	Burley, Ida.	RESIDENCE	Burley, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Laborer	OCCUPATION	

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 11.50 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson

M. D. ~~Burley, Ida.~~ (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Burley, Ida.

Filed 8-10-15 19__ Dr. J. C. Patterson Registrar

_____ Registrar

S-Y CO. 24685

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

253-211-016-359

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 117 File No. 33535

Primary Registration District No. 2196 Registered No. 365

FULL NAME OF CHILD Ruth Kelley

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.			Yes	V-11-15 191...

FATHER		MOTHER	
FULL NAME	R. D. Kelley	FULL MAIDEN NAME	Jessie Terry
RESIDENCE	Burley, Ida.	RESIDENCE	Burley, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 3.30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [redacted] J. C. Patterson M. D.
(Physician or midwife)

Address Burley, Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed V-15-15 19..... Dr. J. C. Patterson Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 2 0 1942

FEB 2 4 1972

294-109-016-571

PLACE OF BIRTH

County of Cassia

City of Burley

No. ____ St.

Hospital ____

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 117 File No. 33536

Primary Registration District No. 2196 Registered No. 366

FULL NAME OF CHILD Kidd

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			Yes	8-9-15 191...

FATHER		MOTHER	
FULL NAME	J. W. Kidd	FULL MAIDEN NAME	Vida Bryan
RESIDENCE	Burley Ida.	RESIDENCE	Burley Ida.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	33
COLOR	White	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Oklahoma	BIRTHPLACE	Idaho.
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7.15 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson

M. D.
(Physician or midwife)

Address Burley, Ida.

Given names added from a supplemental report.

....19....

....
Registrar

Filed 8-10-15 19.... Dr. J. C. Patterson
Registrar

8-Y CO. 24658

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

249-107-016-312

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. _____ St.

Hospital _____

Registration District No. 117 File No. 33537

Primary Registration District No. 2196 Registered No. 367

FULL NAME OF CHILD Glenn Allen Burgess

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
M.			Yes	8-7-15 (Month) (Day) 191... (Year)

FATHER		MOTHER	
FULL NAME	Nelle Burgess	FULL MAIDEN NAME	Ethel M. Lanfer
RESIDENCE	Burley, Ida.	RESIDENCE	Burley, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12.20 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M.D.

(Physician or midwife)

Address Burley, Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 8-9-15 19..... Dr. J. C. Patterson Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

763-121-016-469

PLACE OF BIRTH

County of Cassia

City of Burley

No. ____ St.

Hospital ____

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 117 File No. 33538

Primary Registration District No. 2196 Registered No. 368

FULL NAME OF CHILD Leslie Morgan Porter

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate	Date of Birth (Month) (Day) (Year)
M.				Yes	8-21-15 1915

FATHER		MOTHER	
FULL NAME	C. L. Porter	FULL MAIDEN NAME	Pearl Morgan
RESIDENCE	Burley Ida	RESIDENCE	Burley Ida.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	45
COLOR	White	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Iowa	BIRTHPLACE	Idaho.
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 6 a. m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M D

(Physician or midwife)

Address Burley, Ida.

Given names added from a supplemental report.

....19....

....
Registrar

Filed 8-23-15 19.... Dr. J. C. Patterson
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 22 1948

NOV 9 1953

458-201-016-796

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Cassia

City of Burley

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 117 File No. 33539

Primary Registration District No. 2196 Registered No. 369

FULL NAME OF CHILD _____

Sex of Child: Female	Twin Triplet or other? Other and Number in order of birth: 2nd (To be answered only in event of plural births)	Legitimate? yes	Date of Birth: Aug (Month) 1st (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Joost De Haan	FULL MAIDEN NAME	Sarah Ethyl Grover
RESIDENCE	Salt Lake City Utah	RESIDENCE	Salt Lake City Utah
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Rotterdam Holland	BIRTHPLACE	Utah USA
OCCUPATION	Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 2nd Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10-30 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. G. E. Cramer

Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Burley

_____ 19____

Filed 8-5-15 19____ Dr. J. C. Patterson
Registrar

_____ Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP 081915-341301

168-101-016-249

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 117 File No. 33540

Primary Registration District No. 2196 Registered No. 370

FULL NAME OF CHILD Orvil Zenith Johnson

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	Single	4th	Yes	Aug 1st 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Enier A Johnson	FULL MAIDEN NAME	Nellie May Smith
RESIDENCE	Burley Idaho	RESIDENCE	Burley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Utah USA	BIRTHPLACE	Idaho USA
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive Aug 1st at 6-30 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. [illegible] Crawford

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Burley

Filed 8-5-15 19..... Dr. J. C. Patterson
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

7/22/41

862-104-046-795

PLACE OF BIRTH

[redacted]AHO
STATISTICS
BIRTH

Form V. S. No. 11-C—25m-1-1-13

County of Shoshone

City of Wallace

Registration District No. 70

File No. 33541

No. _____ St.

Primary Registration District No. 1011

Registered No. 492

Hospital Providence

FULL NAME OF CHILD Wilbert Pearson Hobbs 8-24-1915

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	1		2nd	Yes	8 (Month) 24 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	William Hobbs	FULL MAIDEN NAME	Marion Pierson
RESIDENCE	Wallace Ida	RESIDENCE	Wallace Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	Electrician	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 10:30 A.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Drs Mowery

Physicians

(Physician or midwife)

Given names added from a supplemental report.

Address Wallace, Ida

_____ 19__

Filed SEP 24 1915 19__ F. Leo Tundy

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

c.c. 6/18/41. w.h.

981-115-040-364

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace

Registration District No. 40

File No. 33542

No. ..... St.

Primary Registration District No. 1011

Registered No. 46

Hospital Providence

FULL NAME OF CHILD Ryan

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
M	One	2nd	Yes	Aug 15 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John Ryan	FULL MAIDEN NAME	Mary Tombs
RESIDENCE	Cataldo Ida	RESIDENCE	Cataldo Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Washington	BIRTHPLACE	Canada
OCCUPATION	Ranchez	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at ..... M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Mowery

Physicians

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Wallace, Ida.

Filed SEP 24 1916 F. Leo Lunder

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

255-107.040-213

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace

Registration District No. 70 File No. 33543

No. ..... St.

Primary Registration District No. 1011 Registered No. 48

Hospital Providence

FULL NAME OF CHILD Roy Emil Snell

Sex of Child	Twin Triplet or other	and	Number in order of birth	Legitimate?	Date of Birth
M	No		No	Yes	Aug 7 1915 (Month) (Day) (Year)

(To be [illegible] only in event of plural births)

FATHER		MOTHER	
FULL NAME	Emil Snell	FULL MAIDEN NAME	Emma Sableen
RESIDENCE	Sunset Ida	RESIDENCE	Sunset Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Sweden
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 6:30 A.M., on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Drs Mowery

Physicians
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Wallace Ida

Filed SEP 24 1915 19.... F Leo Lindley
Registrar

Registrar

S-Y CO. 24635

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss. Certificate No. 33543
County of King } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for baby Snell (Name on Original Certificate) who born (Was Born or Died) on August 7, 1915 (Date of Event) in Wallace, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Insurance Policy (Bible Record, Insurance Policy, Etc.) prepared on 11-3-1936 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Roy Emil Snell

Subscribed and sworn to before me this 23rd day of September 1944
Henry O. Fisher
Notary Public, residing at Seattle
My commission expires July 8, 1948
(Seal)

Signed Earl Robert Snell
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
3054 South 150 St. Seattle
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of King }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23rd day of September 1944
Henry O. Fisher
Notary Public, residing at Seattle
My commission expires July 8, 1948
(Seal)

Signed Earl Robert Snell
(Signature of Any Credible Person Other Than Previous Year)
3054-So 150th Seattle, Wn.
(Street Address, City, State)

the above affiant is a sr. brother in Roy Emil Snell. H. O. F.

SEP 30 1944

Amended 7-31-73

493-29-0240-713

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace

Registration District No. 70 File No. 33544

No. ..... St.

Hospital Providence Primary Registration District No. 101 Registered No. 47

FULL NAME OF CHILD Edith Iolamay Miller

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	one	4th	Yes	Aug 4 1913

FATHER	MOTHER
FULL NAME Fred Miller	FULL MAIDEN NAME Edith Gallup
RESIDENCE Kellogg Ida	RESIDENCE Kellogg Ida
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 44 (Years)	AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE Germany	BIRTHPLACE Kansas
OCCUPATION Butcher	OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 7:30 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leo Mowery

Physician

(Physician or midwife)

Address Wallace Ida

Given names added from a supplemental report.

..... 19.....

Registrar

Filed SEP 24 1915 19.....

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

[redacted]

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss. Certificate No. 33544

County of Spokane } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)

for Edith May Miller (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Aug. 4, 1915 (DATE OF EVENT)

in Wallace Ida. (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by his own knowledge (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on — (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	Edith May Miller	Edith Ilomay Miller

Subscribed and sworn to before me this 10th day of Feb. 1942

Notary Public, residing at Spokane

My commission expires Aug 3, 1944 (SEAL)

Signed Fred L. B. Miller Sr. (SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

206 N Wash St Spokane (STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.

County of .....

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19 .....

Notary Public, residing at .....

My commission expires ..... (SEAL)

Signed ..... (SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

..... (STREET ADDRESS, CITY, STATE)

Received for filing on ..... By ..... (REGISTRAR'S SIGNATURE)

OCT 19 1970

3-30-73

33544

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Ada

Certificate No. 33544

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Edith Ilomay Miller (Name on Original Certificate) who was born (Was Born or Died) on August 4, 1915 (Date of Event)
in Wallace, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by extract from family Bible (Bible Record, Insurance Policy, Etc.) prepared on about 1957 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Middle name	Ilomay	Iolamay

Subscribed and sworn to before me this 26 day of July, 1973

Notary Public, residing at Boise, Idaho
My commission expires 2/14/76
(Seal)

Signed Edith Miller Klein
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1732 Warm Springs Ave., Boise Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26th day of July, 1973

Notary Public, residing at Boise, Idaho
My commission expires 2/14/76
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

Family Record taken from Bible gives mother's middle name as Edith Iola May Gallup born Sept.-20, 1885 in Clay Center, Clay County, Kansas. Daughter was named after mother Edith Iolamay.
Viewed by V. S.

JUL 31 1973

713.130-016-513

Form V.-S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

[redacted]ATE OF IDAHO
[redacted]OF VITAL STATISTICS
[redacted]IFICATE OF BIRTH

County of Cassia

City of Burley

No. _____ St.

No Hospital Private Home

Registration District No. 117 File No. 33545

Primary Registration District No. 2196 Registered No. 370

FULL NAME OF CHILD DeLoss Huber Patten

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	Single	Two	Yes	July 30 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Marcus DeLoss Patten	FULL MAIDEN NAME	Roda Blanch Huber Patten
RESIDENCE	Burley Idaho	RESIDENCE	Burley Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Payson City utah	BIRTHPLACE	Rockville utah
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth Two

Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Borned July 30 1915 at 2:30 a M on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Lucinda P Patten
Registered Midwife
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Salt Lake city utah

Filed 8-15-15 19__ Dr. J. C. Patterson
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Arizona }
County of Cochise } ss.

Certificate No. 33545

Date Filed APR 1 1942

The undersigned does solemnly swear that certain facts on the certificate of _____ (Birth or Death)

for _____ (Name on Original Certificate) who _____ (Was Born or Died) on _____ (Date of Event)

in _____ (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by _____ (Bible Record, Insurance Policy, Etc.) prepared on _____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	DeLoss Patten Jr.	De Loss Huber Patten

Subscribed and sworn to before me this 13 day of April, 1942

Ida B. Plemb

Notary Public, residing at St. David, Ariz.

My commission expires 5 Feb. 1943

(Seal)

Signed Rhoda H Patten

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

St. David, Arizona

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ }
County of _____ } ss.

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19____

Notary Public, residing at _____

My commission expires _____

(Seal)

Signed _____

(Signature of Any Credible Person Other Than Previous Year)

_____

(Street Address, City, State)

APR 2 0

063-111-016155 Amended 11-06-06 ns

AMENDED 04-24-67

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley, Idaho

No. ..... St.

Hospital .....

Registration District No. 117 File No. 33546

Primary Registration District No. 2196 Registered No. 372

FULL NAME OF CHILD George Albert Holyoak

Sex of Child: Male	Twin Triplet or other? Single and Number in order of birth 8 (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth: Aug 11 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	George Holyoak	FULL MAIDEN NAME	Mary Isabelle Jensen
RESIDENCE	James Burley Idaho	RESIDENCE	Annie Mary Kerstine Burley Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	44 (Years)
BIRTHPLACE	Utah USA.	BIRTHPLACE	Utah USA.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8th

Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 8-30 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. E. E. Evans

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Burley Idaho

Filed 8-15-15 19.... Dr. J. C. Patterson Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
APR 24 1967
Bureau of Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 33546

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Holyoak (male child) (Name on Original Certificate) who was born (Was Born or Died) on Aug. 11, 1915 (Date of Event)
in Cassia County, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Not Given	George Albert Holyoak
Child's Birthplace	Not Given	Burley, Idaho

Subscribed and sworn to before me this 21 day of April, 19 67

Notary Public, residing at Burley Idaho
My commission expires May 17, 1970
(Seal)

Signed [signature] (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Burley Idaho (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Cassia }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21 day of April, 19 67

Notary Public, residing at Burley Idaho
My commission expires May 17, 1970
(Seal)

Signed Mary Bell Knight (Signature of Any Credible Person)

Burley, Idaho (Street Address, City, State)

FORM DH 60-155

CL 10-28-65. one copy pd. rec. #1279.

Child's Birth Cert. on file: (Idaho Birth) #401586 gives full name of father as Albert Holyoak, age 29, born in Burley, Idaho - viewed by V.S. APR 26 1957

Application to Beneficial Life Insurance Co., June 28, 1941 gives full name as George Albert Holyoak, born Aug. 11, 1915 at Burley, Idaho - viewed by V.S.

L.D.S. Church Cert. of Membership, gives full name as George Albert Holyoak, born Aug. 11, 1915 at Burley, Idaho to George James Holyoak and Mary Jensen - blessed Oct. 3, 1915 - viewed by V.S.

RECEIVED
VITAL STATISTICS
2006 NOV -1 PM 10: 25

IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF HEALTH POLICY AND VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____
County of _____ } SS

Certificate No. 15-033546

Date Filed August 15, 1915

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth, Death, Marriage, etc.)

for George Albert Holyoak (Name on Original Certificate) who was born (Was Born, Died, etc.) on August 11, 1915 (Date of Event)

in Burley (Cassia Co.) (Place of Event) are erroneous or were omitted.

ITEMS TO BE CORRECTED	FROM	TO
Mother's given name	Mary Isabelle Jensen	Annie Mary ~~Christine~~ Kerstine
Fathers Given Name	George Holyoak	George James Holyoak

Subscribed and sworn to before me this 30th day of October, 2006

Notary Public, Nikole Jones

Residing at Burley Id

My commission expires 9/2/2010

(Seal)

NIKOLE JONES
NOTARY PUBLIC
STATE OF IDAHO

George Albert Holyoak
Signature of Applicant

101 South 300 West, Burley Id 83318
Street Address, City, State and Zip

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } SS

(Must be completed ☐)
(Is not necessary ☒)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, _____

Notary Public, _____

Residing at _____

My commission expires _____
(Seal)

_____
Signature of Applicant

_____
Street Address, City, State and Zip

08-02-05

CA DC FOR FRANCIS JORGEN HOLYOAK WHO DIED 06-14-84 IN VENTURA (VENTURA CO) SHOWING FATHER'S NAME AS GEORGE JAMES HOLYOAK AND MOTHER'S NAME AS ANNIE MARY KERSTINE JENSEN VIEWED BY VS

UT MC COUTNY OF IRON (#96) FOR GEORGE JAMES HOLYOAK AND ANNIE MARY K JENSEN MARRIED 06-01-1892 IN ST GEORGE (WASHINGTON CO) VIEWED BY VS

795-117-016-957

Form V. S. No. 11-C—20m-1-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of

No. St.

Hospital

Registration District No. 117 File No. 33547

Primary Registration District No. 2196 Registered No. 373

FULL NAME OF CHILD Arthur Ellis Greener

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Aug. 17 1915

FATHER	MOTHER
FULL NAME W. A. Greener	FULL MAIDEN NAME Mrs Etta Ingram
RESIDENCE Burley R 1	RESIDENCE Burley R 1
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 34 (Years)	AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE Utah	BIRTHPLACE Utah
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 7:30 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) Dr. R. V. Stoney

(Physician or midwife)

Address Burley Idaho

Filed 9-3-15 19 Dr. J. C. Patterson

Registrar

Registrar

8-Y CO. 24695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of .....

Certificate No. 33547

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ~~Aug 17 1915~~ Birth (Birth or Death) for Arthur Ellis Greener (Name on Original Certificate) who Aug 17-1915 (Was Born or ~~Died~~) on ..... (Date of Event) in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible (Bible Record, Insurance Policy, Etc.) prepared on Mar 12 - 1916 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Birthdate	Omitted	August 17, 1915
Place Marshfield or Declo	Cassia Co Idaho	

Subscribed and sworn to before me this 24 day of June, 19..

Notary Public, residing at Burley
My commission expires 3 Oct 15
(Seal)

Signed Florence Christopherson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Declo Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Cassia

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24 day of June, 19..

Notary Public, residing at Burley
My commission expires Oct
(Seal)

Signed Earl J Allen
(Signature of Any Credible Person)

Declo, Ida
(Street Address, City, State)

JUN 28 1950

713-222-016-418

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley R 1

Registration District No. 117 File No. 33548

No. _____ St.

Primary Registration District No. 2196 Registered No. 374

Hospital _____

FULL NAME OF CHILD Not named

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Fem		Yes	8 (Month) 22 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Robt. Galbraith	FULL MAIDEN NAME	Nellie Belle Dayton
RESIDENCE	Burley Ida R 1	RESIDENCE	Burley Ida R 1
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 12 30 a M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. A. Stoney M.D.

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Burley Idaho

Filed 9-3-18 19__ Dr. J. C. Patterson

Registrar Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

652-223-016-519

Form V. S. No. 11-C—25m-1-1-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 117 File No. 33549

Primary Registration District No. 2196 Registered No. 375

FULL NAME OF CHILD GRACE Webb

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F.		Yes	8-23-15 191... (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	G. W. Webb	FULL MAIDEN NAME	Katie Earnes
RESIDENCE	Burley, Ida.	RESIDENCE	Burley, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 6:25 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson
M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Burley, Idaho

Filed 8-6-15 19.... Dr. J. C. Patterson
Registrar

S-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Los Angeles }

Certificate No. ~~33549~~ 33549

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH) for Grace Webb (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on August 23, 1915 (DATE OF EVENT) in Burley, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	Webb	Grace Webb

Subscribed and sworn to before me this 2nd day of March, 1942

Helen J. Shipard

Notary Public, residing at Los Angeles, Cal.

My commission expires February 27, 1944

(SEAL)

Signed Catherine P. Webb

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON)

1637 N. Mariposa Ave. Los Angeles Calif.

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Los Angeles }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd day of March, 19 42

Helen J. Shipard

Notary Public, residing at Los Angeles

My commission expires Feb 27, 1944

(SEAL)

Signed Mrs Veda J. Boothe

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

823 No. Dillon St.

(STREET ADDRESS, CITY, STATE)

Los Angeles, Calif.

Received for filing on ..... By .....

(REGISTRAR'S SIGNATURE)

445-124016-218

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. _____ St.

Hospital _____

Registration District No. 117

File No. 33550

Primary Registration District No. 2176

Registered No. 376

FULL NAME OF CHILD Ivan E. Dunbar

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.				Yes.	8-24-15 191...

FATHER		MOTHER	
FULL NAME	E. F. Dunbar	FULL MAIDEN NAME	Ray Sayer
RESIDENCE	Burley Ida.	RESIDENCE	Burley Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Oklahoma.
OCCUPATION	Laborer	OCCUPATION	

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5.40 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M D

(Physician or midwife)

Address Burley Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 9-6-15 19..... Dr. J. C. Patterson Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DECEASED

254-131-016-655

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 117 File No. 33551

Primary Registration District No. 2196 Registered No. 377

FULL NAME OF CHILD Elmer Leroy Reutler

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	Other	4 th	Yes	Aug 31 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Edwin A Reutler	FULL MAIDEN NAME	Bertie Weeks
RESIDENCE	Burley Idaho	RESIDENCE	Burley Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Utah USA	BIRTHPLACE	California USA
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 th Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 10 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. S. E. Craner

Physician
(Physician or midwife)

Address Burley Idaho

Given names added from a supplemental report.

..... 19....

Filed Sept 16th 1915 Dr. J. C. Pattison
Registrar

Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Canyon }

Certificate No. 33551

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for Elmer Leroy Reutler (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on August 31, 1915 (DATE OF EVENT)
in Burley Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by bible record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Aug 31 1915 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	[illegible] name	Elmer Leroy Beutler

Subscribed and sworn to before me this 22nd
day of January, 19 42

[signature]
Notary Public, residing at Caldwell Idaho

My commission expires Oct. 20, 1943
(SEAL.)

Signed
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR, OTHER CREDIBLE PERSON.)

Margertrude Gertrud Beutler
(STREET ADDRESS, CITY, STATE) mother

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(SEAL)

Signed
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on By
(REGISTRAR'S SIGNATURE)

JAN 23 1942

866-122-016-132

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33552

County of Cassia

City of Burley

No. R.F.D. #2 St.

Registration District No. 117 File No. 378

Primary Registration District No. 2196 Registered No.

Hospital

FULL NAME OF CHILD Archie James Howell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy.	1	and	yes	Aug. 23, 1915

FATHER	MOTHER
FULL NAME Ralph Nathaniel Howell	FULL MAIDEN NAME Eva Albertson
RESIDENCE Burley, Idaho	RESIDENCE Burley, Idaho
COLOR White AGE AT LAST BIRTHDAY 48 (Years)	COLOR White AGE AT LAST BIRTHDAY 39 (Years)
BIRTHPLACE Springville, Utah	BIRTHPLACE Utah Lake Point.
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at M
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Thos Robinson
(Physician or midwife)

Address Burley Idaho

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed Sept. 9th 19 15 Mrs. C. Patterson
Registrar

S-Y CO. 24698

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

445-102-026-262

[redacted]

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STICS

CERTIFICATE OF BIRTH

33553

County of Jefferson

City of Sweet Sage

Registration District No. 57

File No. 73

No. ..... St.

Primary Registration District No. 2139

Registered No. .....

Hospital .....

FULL NAME OF CHILD Joseph Horace Dietrich

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	August 2nd 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Joseph Dietrich	FULL MAIDEN NAME	Mary Gladys Kosier
RESIDENCE	Sweet Sage Idaho	RESIDENCE	Sweet Sage Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Carbondale Kansas	BIRTHPLACE	Ridgeway Kansas
OCCUPATION	Farmer	OCCUPATION	Graduate Nurse

Number of child of this mother, including present birth One

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 5 a M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ewfx

MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Arco Idaho

Filed 8/7 1915

Ewfx

Registrar

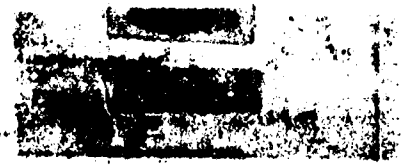
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



MAR 2 9 1967

852-20112 07-364

[redacted]

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Blaine

City of Arco

No. ..... St.

Hospital .....

STATE [redacted] BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33554

Registration District No. 59 File No. .....

Primary Registration District No. 2139 Registered No. .....

FULL NAME OF CHILD NATHALIA HESS ~~Hess~~

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	June 1st 1915

FATHER		MOTHER	
FULL NAME	Frank Hess	FULL MAIDEN NAME	Sarah A. Compton
RESIDENCE	Arco Idaho	RESIDENCE	Arco, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Morgan Co. Utah	BIRTHPLACE	Mmersville, Utah
OCCUPATION	Contractor (irrigation)	OCCUPATION	House wife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2 p. M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E W Foxmd.

Physician

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Arco, Idaho

Filed 8/10 1916 E W Foxmd

Registrar

Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Los Angeles }

Certificate No. 33554

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth for (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on Aug 1, 1915 (DATE OF EVENT) in (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Surname	Hiss	Hess
Name	Unnamed	Nathalia Hess
Date	Aug. 6th	Aug. 1, 1915

Subscribed and sworn to before me this 16th day of December, 19 42

J. A. Swift

Notary Public, residing at Long Beach, Calif.

My commission expires March 29, 1944

(SEAL)

Signed Sarah A. Hess

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

1021 Almond Ct. Long Beach, Calif

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Los Angeles }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th day of December, 19 42

J. A. Swift

Notary Public, residing at Long Beach, Calif.

My commission expires March 29, 1944

(SEAL)

Signed Mrs. Barbara Butler

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

1021 Almond Ct. L B Cal

(STREET ADDRESS, CITY, STATE)

Received for filing on By

(REGISTRAR'S SIGNATURE)

OCT 1 1 1974

DEC 2 2 1942

Amended 11-18-65

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 33555
Local Reg. No.
Reg. Dist. No. 59

1. PLACE OF BIRTH

a. COUNTY: Blaine

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Moore

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Blaine

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Moore

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Harvey b. (Middle): Delmont c. (Last): Jeppsen

4. SEX: Male

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): August 22, 1916

FATHER OF CHILD

7. FULL NAME

a. (First): James b. (Middle): Sylvester c. (Last): Jeppsen

8. AGE (At time of this birth): 29 YEARS

9. BIRTHPLACE (State of foreign country) (City or Town): Mantua, Utah

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Georgina b. (Middle): O. c. (Last): Andersen

13. AGE (At time of this birth): 24 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Bear River, Utah

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 1

b. How many OTHER children were born alive but are now dead? 0

c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: E. W. Fox

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Hailey, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: Aug. 23, 1916

22. REGISTRAR'S SIGNATURE: E. W. Fox

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphillis performed? YES ____ NO ____ APPROXIMATE DATE ____

n the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address
ION OF VITAL STATISTICS, BOISE, IDAHO.

L.D.S. Church Cert. of Baptism and Confirmation, July 6, 1924 gives full name as Harvey Delmont Jeppsen, son of James Sylvester Jeppsen and Georgina Anderson, born Aug.22, 1916 at Moore, Idaho - viewed by V.S 5/5/65

Military Record, U.S. Army, Honorable Discharge Sept. 21, 1943 gives full name as Harvey D Jeppsen, born Aug. 22, 1916 at Moore, Idaho - viewed by V.S. .

Family Record Sheet, appears old and unalterd gives full name as James Sylvester Jeppsen, and Georgina Olena Andersen - gives one childs full name as Harvey Delmont Jeppesen, born Aug. 22, 1916 at Moore, Idaho - viewed by V.S.

To Whom it may consen

Georgina O Jeppsen

Wife of James Sylvester Jeppsen and the mother of ~~Harvey~~ Delmont Jeppsen born to me ~~Aug~~ Aug 22 - 1916 at Moore Blaine County Idaho

Dr Fox from Arko was my Dr.

My Birth Date July 10 - 1890

Georgina O Jeppsen

Dated March 10, 1964 -

State of Ariz -

County of Navajo -

Nadenne P. Johnson

Notary Public

249-220-007-964

PLACE OF BIRTH

County of Blaine

City of Ares

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

CERTIFICATE OF BIRTH

Registration District No. 59 File No. 1633556

Primary Registration District No. 2139 Registered No. .....

FULL NAME OF CHILD ..... Smith

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate	Date of Birth (Month) (Day) (Year)
Female			yes	Dec 20 1913

FATHER

FULL NAME George Essey Smith

RESIDENCE Ares, Idaho

COLOR white AGE AT LAST BIRTHDAY 37 (Years)

BIRTHPLACE Paragonia, Utah

OCCUPATION Farming

MOTHER

FULL MAIDEN NAME Mary Rodgers

RESIDENCE Ares, Idaho

COLOR White AGE AT LAST BIRTHDAY 35 (Years)

BIRTHPLACE Caleville, N.C.

OCCUPATION Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 10.30 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Ares - Idaho

Filed 8/23 1915

..... Registrar

..... Registrar

S-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

27-206-007851

PLACE OF BIRTH

County of Blaine

City of Moore

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-13

CERTIFICATE OF BIRTH

Registration District No. 59 File No. 13557

Primary Registration District No. 2139 Registered No. .....

FULL NAME OF CHILD Bird Alma Spangenberg

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate	Date of Birth (Month) (Day) (Year)
Female			yes	June 6 1915

FATHER

FULL NAME Harold W. Spangenberg

RESIDENCE Moore, Idaho

COLOR W AGE AT LAST BIRTHDAY 24 (Years)

BIRTHPLACE Irwin, Kansas

OCCUPATION Farming

MOTHER

FULL MAIDEN NAME Lula Healy Leonard

RESIDENCE Moore, Idaho

COLOR W AGE AT LAST BIRTHDAY 21 (Years)

BIRTHPLACE Baker Co, Oregon

OCCUPATION Home wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at ..... M on the date above stated.
(Born alive or stillborn)

(Signature) Mrs Lydia Rhodes

Midwife
(Physician or midwife)

Address Moore, Idaho

Filed 6/26 19 15 Ed Fox
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 1915-387417

295.205.607-212

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33558

PLACE OF BIRTH

County of Blaine

City of Berenice

No. ..... St.

Hospital .....

Registration District No. 59 File No. 78

Primary Registration District No. 2139 Registered No. .....

FULL NAME OF CHILD FREIDA IRENE King

Sex of Child Female

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate yes

Date of Birth 8 (Month) 5 (Day) 1915 (Year)

FATHER

FULL NAME James Harveston King

RESIDENCE Berenice Idaho

COLOR W

AGE AT LAST BIRTHDAY 23 (Years)

BIRTHPLACE Missouri

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Elsie Harriet Baker

RESIDENCE Berenice, Ida

COLOR White

AGE AT LAST BIRTHDAY 24 (Years)

BIRTHPLACE Missouri

OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) EWT

MD (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Arco, Ida

Filed 8/6 1915

EWT Registrar

Registrar

S-Y CO. 24655

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho
County of Butte } ss.

Certificate No. 33558
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth
(Birth or death)
for Freida Irene King (Name on original certificate) who was born (Was born or died) on August 5, 1915 (Date of event)
in Berenice, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by home record book (Bible record, insurance policy, etc.) prepared on Sept 1, 1915 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	no name given	Freida Irene King

Subscribed and sworn to before me this 24th day of February, 1942
March 24, 1945

Notary Public, residing at Arco, Ida

My commission expires March 1, 1945
[SEAL]

Signed Elsie H. King
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

Howe, Ida
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of Idaho
County of Butte } ss.

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th day of February, 1942

Notary Public, residing at Arco, Ida

My commission expires March 1, 1945
[SEAL]

Signed
(Signature of any credible person other than the previous affiant)

(Street Address, City, State)

Received for filing on by
(Registrar's signature)

669-226-026-766

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF [redacted]
CERTIFICATE OF BIRTH

S. No. 11-C-[illegible]-1-1-18

33559

County of Jefferson

City of Howe

No. ..... St.

Hospital .....

Registration District No. 59 File No. 80

Primary Registration District No. 239 Registered No. .....

FULL NAME OF CHILD Grace Leonore Wortley

Sex of Child female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of Birth July (Month) 26 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Andrew Wortley	FULL MAIDEN NAME	Josephine M. Powell
RESIDENCE	Howe	RESIDENCE	Howe
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Lenawee Co. Mich.	BIRTHPLACE	[illegible] Okla
OCCUPATION	farmer	OCCUPATION	farmer / Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8,30 A.M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Andrew Wortley

Husband (Physician or midwife)

Given names added from a supplemental report.

..... 19...

Address Howe, Idaho

Filed 8/23 1915 [illegible] Registrar

Registrar

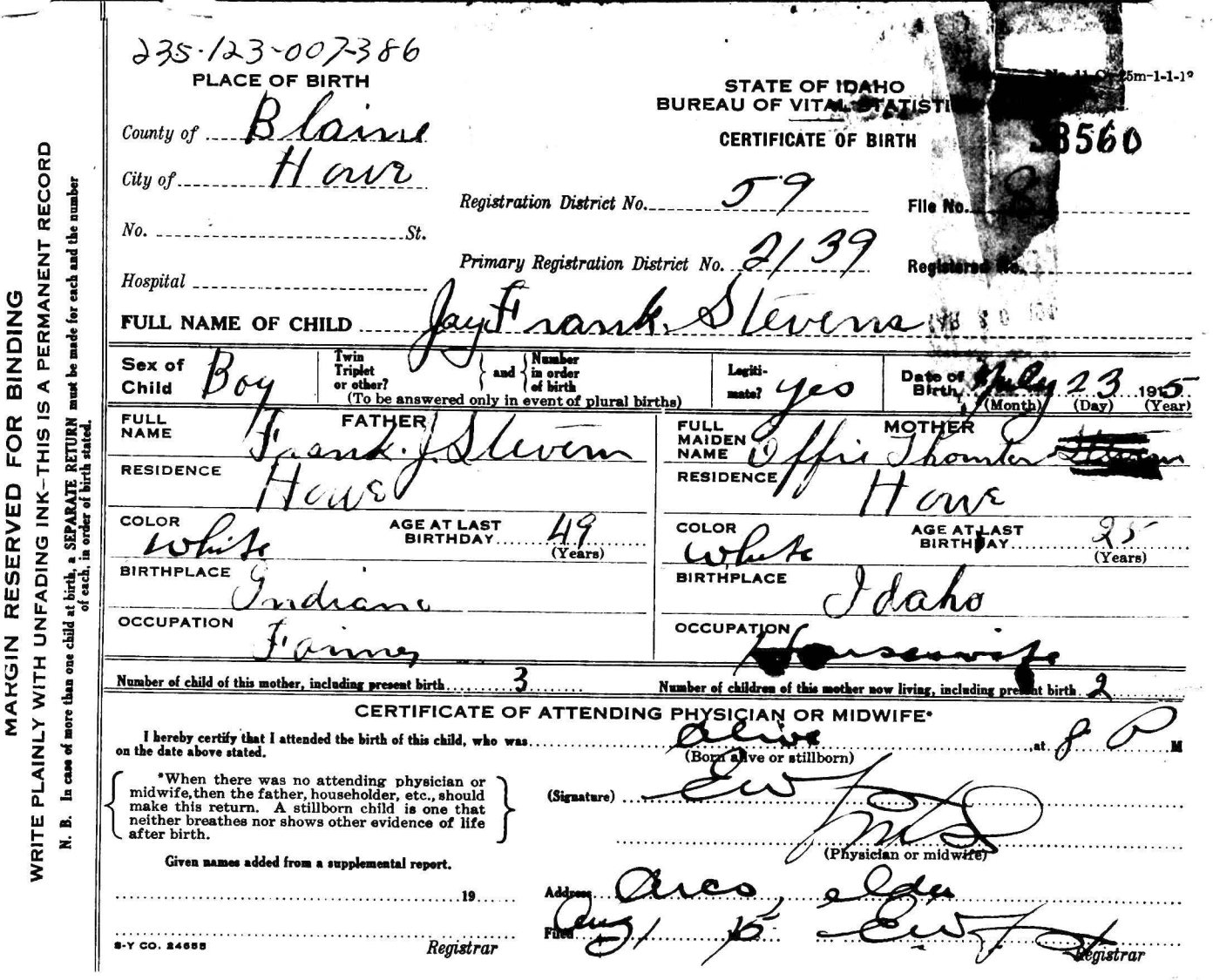
S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 18 1959



235-123-007386

PLACE OF BIRTH

County of Blaine

City of Hair

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 59

Primary Registration District No. 2139

File No. 3560

Registered No. .....

FULL NAME OF CHILD Jay Frank Stevens

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy			yes	July 23 1915

FATHER		MOTHER	
FULL NAME	Frank J. Steven	FULL MAIDEN NAME	Effie Thomas [redacted]
RESIDENCE	Hare	RESIDENCE	Hare
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	49 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Indiana	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 8 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

[signature] (Physician or midwife)

Address Arco Idaho

Given names added from a supplemental report.

..... 19.....

Filed Aug 16 [signature] Registrar

..... Registrar

8-Y CO. 24655

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 2 0 1944

751-111-007-751

PLACE OF BIRTH

[redacted]

Form V. S. No. 11-C-1 6-20-11

33561

County of Bilaine

City of Moore

No. ....., ... St.

Hospital .....

Registration District No. 59

File No. 82

Primary Registration District No. 2139

Registered No. .....

FULL NAME OF CHILD Maud Evelyn Pearson

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
female		yes	July 11, 1915

FATHER		MOTHER	
FULL NAME	Roy Earle Pearson	FULL MAIDEN NAME	Evelyn Pearson
RESIDENCE	Moore	RESIDENCE	Moore
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs H S Haney

Nurse (Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Moore Idaho

Filed 7/25 1915 [illegible] Registrar

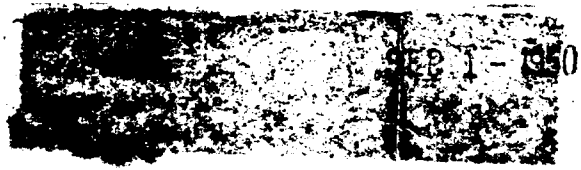
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



SEP 6 1950

513-223-007-469

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33562

County of Blaine

City of ~~Arco~~ Moore

Registration District No. 59 **File No.** 83

No. ..... *St.*

Primary Registration District No. 2139 **Registered No.** .....

Hospital .....

FULL NAME OF CHILD Emma Beatrice Nations

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Aug 23 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Wyzale Nations	FULL MAIDEN NAME	Mary Janea Morris
RESIDENCE	Moore, Idaho	RESIDENCE	Moore, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	59 (Years)
BIRTHPLACE	Savaria County, Tenn.	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 10 30 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Sadie Rhodes
Mid wife
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Arco, Idaho

Filed Aug 30 1915 E W Fox
Registrar

Registrar

9-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of IDAHO } ss.
County of BUTTE }

Certificate No. 33562

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of BIRTH (Birth or Death)
for EMMA NATIONS (Name on Original Certificate) who WAS BORN (Was Born or Died) on AUG 23, 1915 (Date of Event)
in MOORE, IDAHO (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by MEMORY (Bible Record, Insurance Policy, Etc.) prepared on DATE OF EVENT (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Emma Nations	Emma Beatrice Nations

Subscribed and sworn to before me this 12TH
day of NOVEMBER, 1943.

Notary Public, residing at ARCO, IDAHO
My commission expires MAY 23RD, 1946
(Seal)

Signed John W Nations
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
FATHER
Moore, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO } ss.
County of BUTTE }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12TH
day of NOVEMBER, 1943.

Notary Public, residing at ARCO, IDAHO
My commission expires MAY 23, 1946.
(Seal)

Signed O B Morris
(Signature of Any Credible Person Other Than Previous Year)

MOORE, IDAHO
(Street Address, City, State)

NOV 17 1943

463-106-007993

PLACE OF BIRTH

County of Blaine

City of Arco

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

CERTIFICATE OF BIRTH

Registration District No. 59 File No. 84 33563

Primary Registration District No. 2139 Registered No. ____

FULL NAME OF CHILD McLean

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	June 6 1915

FATHER

FULL NAME Kenneth McLean

RESIDENCE Arco, Idaho

COLOR White AGE AT LAST BIRTHDAY 33 (Years)

BIRTHPLACE Feron, Utah

OCCUPATION Merchant

MOTHER

FULL MAIDEN NAME Minerva Richards

RESIDENCE Arco, Idaho

COLOR White AGE AT LAST BIRTHDAY 28 (Years)

BIRTHPLACE Ogden, Utah

OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 1.10 P. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

attending (Signed) Dr. Mason, M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Mackay, Idaho

Filed Aug 30 19 15 E W Fox
Registrar

S-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

964-105-007-319

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Blaine

City of Hove

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

CERTIFICATE OF BIRTH

33564

Registration District No. 59 File No. 85

Primary Registration District No. 2139 Registered No. .....

FULL NAME OF CHILD Russel Joseph Rodgers

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Aug 15 1915

FATHER		MOTHER	
FULL NAME	Jose Rodgers	FULL MAIDEN NAME	Elda Larsen
RESIDENCE	Hove, Idaho	RESIDENCE	Hove, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 7 a. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Ann Roland

neighbor
(Physician or midwife)

Address Hove, Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 8/30 1915 E. W. Fox Registrar

8-Y CO. 24688

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

NOV 17 1944

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho
County of Bingham } ss.

Certificate No. 33564

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Russel Joseph Rogers (Name on Original Certificate) who Born (Was Born or Died) on Aug. 5 - 1915 (Date of Event) in Howe - Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	none given	RusselJoseph Rodgers
birthdate	Aug. 6	Aug. 5, 1915

Subscribed and sworn to before me this 15th day of November, 1944

Orson Packham
Notary Public, residing at Blackfoot, Idaho

My commission expires January 30-1946
(Seal)

Signed: Helen Rodgers (aunt)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

157 N. Broadway, Blackfoot Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19 .

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of [illegible]

City of Harrison

Registration District No. 126

File No. 33565

No. ..... St.

Primary Registration District No. 2204

Registered No. 62

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	4	2	Yes	Aug 9 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Jack Tulkini	FULL MAIDEN NAME	Goolina Cividini
RESIDENCE	Harrison Idaho	RESIDENCE	Harrison Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Italy	BIRTHPLACE	Italy
OCCUPATION	Saloons	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive Aug 9 16 at 12 m on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Kinney

Physician

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Harrison Idaho

Filed Sept 7 1916 R. S. Jensen

Registrar

Registrar

S-Y CO. 24658

Z - LUCHINI

DWP081915-222039

297-122-028-175

PLACE OF BIRTH

[redacted]

County of Kootenai

City of Harrison

Registration District No. 126 File No. 33566

No. ..... St.

Primary Registration District No. 2204 Registered No. 60

Hospital Harrison Hospital

FULL NAME OF CHILD JAMES ROBERT Kniger

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	Single	2d	Yes	Aug 22 1915

FATHER		MOTHER	
FULL NAME	W. A. Kniger	FULL MAIDEN NAME	Francis Myrtle Agnew
RESIDENCE	Harrison	RESIDENCE	Harrison
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Fountain County, Indiana	BIRTHPLACE	Pulaski County, Indiana.
OCCUPATION	Lawyer	OCCUPATION	Housewife

Number of child of this mother, including present birth two

Number of children of this mother now living, including present birth two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive Aug 22 1915, at 5 45 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. W. Didier M.D.

Physician
(Physician or midwife)

Address Harrison Ida

Given names added from a supplemental report

..... 19.....

Filed Sept 7 1915 R. S. Jensen

..... Registrar

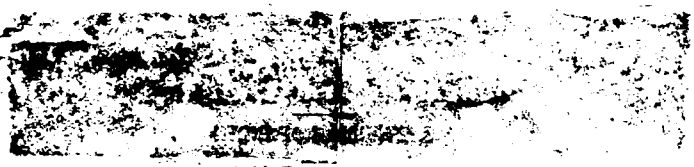
Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMENDED AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Kootenai.

Certificate No. 33566
Date Filed Sept. 16.

The undersigned does solemnly swear that certain facts on the certificate of Birth. (Birth or death)
for James Robert Kiger (Name on original certificate) who ~~was~~ born (Was born or died) on Aug. 22, 1915 (Date of event)
in Harrison (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Bible record. (Bible record, insurance policy, etc.) prepared on date not given Probably Jan 1, 1913 (Give date) are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Kiger	James Robert Kiger

Subscribed and sworn to before me this 30th day of September, 1941
Robert H Barton
Notary Public, residing at Coeur d'Alene Idaho
My commission expires June 2, 1945
[SEAL]

Signed Myrtle Kiger.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
722 N. 4th Street
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Kootenai

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30th day of September, 1941
Robert H Barton
Notary Public, residing at Coeur d'Alene Ida.
My commission expires June 2, 1945
[SEAL]

Signed Stella M. Wiggan
(Signature of any credible person other than the previous affiant.)
101 Coeur d'Alene Ave
(Street Address, City, State)
Coeur d'Alene Idaho

Received for filing on ..... By .....
(Registrar's signature)

MAY 18 1976

NOV 20 [illegible]

115

845.213.028 99/3

PLACE OF BIRTH, Kootenai

County of Harrison

City of Kootenai

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-2-15-12

CERTIFICATE OF BIRTH

Registration District No. 196 File No. 33568

Primary Registration District No. 2204 Registered No. 59

FULL NAME OF CHILD Hunter

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	Single	3d	yes	Aug 13 1915

FATHER	MOTHER
FULL NAME Albert Hunter	FULL MAIDEN NAME Victoria Mary Pickette
RESIDENCE Ford Harrison Ida	RESIDENCE Ford Harrison
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 27 (Years)	AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE Carlton Minn	BIRTHPLACE Bruneau Idaho
OCCUPATION Rancher	OCCUPATION Housewife

Number of child of this mother, including present birth 3d

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) aug 13 1915, at 10.00 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Decker MD

Physician (Physician or midwife)

Address Harrison Ida

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Sept 7 1915 R. S. Jensen Registrar

6-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

815-120-025--765

PLACE OF BIRTH

County of ~~Ferdinand~~ Idaho

City of Ferdinand

Registration District No. 105

48 33

File No.

No. St.

Primary Registration District No. 2183

Registered No.

Hospital

FULL NAME OF CHILD Aurelius Joseph Haener

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
m		yes	July 20 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Albert Haener	FULL MAIDEN NAME	Amelia Goeckner
RESIDENCE	Ferdinand Idaho	RESIDENCE	Ferdinand Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Olpe Kansas	BIRTHPLACE	Bishop Illinois
OCCUPATION	Clerk in Hardware	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 3 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. D. Shimnick

Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Address Cottonwood, Idaho

Filed Aug 5 1915 H B Blake

Registrar

Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

FEB 21 1942

[redacted] 20 1955

DEC 23 [illegible]

JUN 2 1952

458-106-025-643

Form V.S. No. 11—29m-1-4-13

PLACE OF BIRTH

County of Idaho

City of Cottonwood

No. _____ St.

Hospital Home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 105 File No. 49 33570

Primary Registration District No. 2183 Registered No. _____

FULL NAME OF CHILD Henry Ambrose Meyer

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in e[illegible] of plural births)	Legitimate?	Date of Birth
Male		Yes	Aug 6 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Nicholas Meyer	FULL MAIDEN NAME	Katherine Fuchs
RESIDENCE	Cottonwood Ida.	RESIDENCE	Cottonwood Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Luxumberg	BIRTHPLACE	Fleringin Germany
OCCUPATION	Miller	OCCUPATION	House wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 9:30 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Ikeley F. Orr

(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Address Cottonwood Idaho

Filed Aug 15 1915 H B Blake
Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 5 1942

AUG 1 4 1973

995-109-025-234

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Cottonwood

Registration District No. 105 File No. 58 33571

No. ..... St.

Primary Registration District No. 2183 Registered No. .....

Hospital Home

FULL NAME OF CHILD Lawrence Bernard Riener

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Aug 9 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Frank Joseph Riener	FULL MAIDEN NAME	Mary Ann Stubbers
RESIDENCE	Cottonwood Ida	RESIDENCE	Cottonwood Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Hemon, Kan.	BIRTHPLACE	Cottonwood Ida
OCCUPATION	Farming	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 4:00 a.m., on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wesley L. Orr M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Cottonwood Ida

Filed Aug 18 1915 H W Moore
Registrar

Registrar

8-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cottonwood

City of Cottonwood Registration District No. 105 File No. 51 33572

No. ..... St. Primary Registration District No. 2183 Registered No. .....

Hospital .....

FULL NAME OF CHILD Walter Hermann Nuxoll

Sex of Child: Male | Twin, Triplet or other? ... and Number in order of birth ... (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth: Aug. 10, 1915 (Month) (Day) (Year)

FATHER

FULL NAME: Frank William Nuxoll

RESIDENCE: Cottonwood

COLOR: White AGE AT LAST BIRTHDAY: 22 (Years)

BIRTHPLACE: Idaho

OCCUPATION: Asst. Bank Cashier

MOTHER

FULL MAIDEN NAME: Anna Christina Toenne

RESIDENCE: Cottonwood

COLOR: White AGE AT LAST BIRTHDAY: 24 (Years)

BIRTHPLACE: Iowa

OCCUPATION: Housewife

Number of child of this mother, including present birth: 1

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 o'clock P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) J. W. Turner, Physician

(Physician or midwife)

Address Cottonwood, Idaho

Filed Aug 20 1915 H. Wallace Registrar

S-Y CO. 24656

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
RECEIVED BY STATE

AUG 10 1961

395-214-025-565

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Cottonwood

Registration District No. 105

File No. 52 33573

~~No.~~ St.

Primary Registration District No. 2183

Registered No.

~~Hospital~~ Home

FULL NAME OF CHILD Ella ~~Mary~~ MAE Srea

Sex of Child Female	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth Aug (Month) 14 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Raymond Srea	FULL MAIDEN NAME	Margaret von Bargen
RESIDENCE	Cottonwood Ida.	RESIDENCE	Cottonwood Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	19 yrs (Years)
BIRTHPLACE	Cottonwood Ida	BIRTHPLACE	Cottonwood Ida
OCCUPATION	Farming	OCCUPATION	House wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2,45 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Wesley F. Orr
(Physician or midwife)

Given names added from a supplemental report.

19

Address Cottonwood Ida

Filed Aug 20 1915 H B Blake
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DECEASED

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Idaho }

Certificate No. 33573
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Ella May Crea (Name on Original Certificate) who was born (Was Born or Died) on August 14, 1915 (Date of Event)
in Penn, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Ella May Crea	Ella Mae Crea

Subscribed and sworn to before me this 27th
day of February, 1942.

Notary Public, residing at Grangeville, Idaho
My commission expires July 1, 1944.
(Seal)

Signed Margaret Crea, Mother.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Grangeville, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Idaho }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th
day of February, 1942.

Notary Public, residing at Grangeville, Idaho
My commission expires July 1, 1944.
(Seal)

Signed Ray Church
(Signature of Any Credible Person Other Than Previous Year)

Grangeville, Idaho.
(Street Address, City, State)

155-215-025-255

PLACE OF BIRTH

Form V. S. No. 11—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Cottonwood

Registration District No. 105

52 33574

File No.

No. St.

Primary Registration District No. 2183

Registered No.

Hospital Home

FULL NAME OF CHILD Dorothy Marie Elizabeth Jenney

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Aug 13 1915

FATHER		MOTHER	
FULL NAME	Jacob Ferdinand Jenney	FULL MAIDEN NAME	Anna Rees
RESIDENCE	Cottonwood Ida.	RESIDENCE	Cottonwood Ida.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Utica N.Y.	COLOR	White
OCCUPATION	Farming	AGE AT LAST BIRTHDAY (Years)	45
		BIRTHPLACE	St. John Nfld.
		OCCUPATION	Home wife

Number of child of this mother, including present birth 13

Number of children of this mother now living, including present birth 13

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 12:30 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Stanley F. Orr

(Physician or midwife)

Address Cottonwood Ida.

Given names added from a supplemental report.

.....19.....

Registrar

Filed Aug 25 19 15

Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOT RECORD

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

City of Cottonwood

Registration District No. 105

File No. 54 33575

No. ..... St.

Primary Registration District No. 2183

Registered No. .....

Hospital .....

FULL NAME OF CHILD Edward Mathewson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Aug (Month) 17 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Edward Mathewson	FULL MAIDEN NAME	Hazel ~~Mathewson~~ Winters
RESIDENCE	Cottonwood Idaho	RESIDENCE	Cottonwood Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Washington	BIRTHPLACE	St. Paul Minn.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J D Shinnick M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Cottonwood Idaho

Filed Aug 25 1915

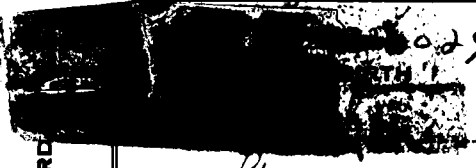
H B Blake
Registrar

S-Y CO. 24655

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

OCT 2 9 1943



029869

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

City of Genesee

Registration District No. 62 File No. 33576

No. ..... St.

Primary Registration District No. 2142 Registered No. 21

Hospital .....

FULL NAME OF CHILD Clarence Cletis Heimgartner

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		yes	Aug (Month) 2 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Albert Heimgartner	FULL MAIDEN NAME	Mystic Hoisington
RESIDENCE	Juliaetta Idaho	RESIDENCE	Juliaetta Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Neb
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. T. Tuomy M.D.

Genesee Idaho
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed 8-14- 1915 W. H. Ehem
Registrar

Registrar

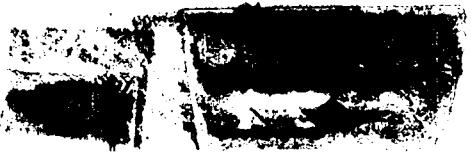
S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

6/20/41 L. B.



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

JUN 12 1941

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho } ss.
County of Latah }

Certificate No. 33576

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth for Cletis Heimgartner (Name on original certificate) who was born (Was born or died) on Aug. 2. 1915 (Date of event) in Juliaetta (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.	FROM (As on original)	TO (The correct facts)
Name	Cletis Heimgartner	Clarence Cletis Heimgartner

Subscribed and sworn to before me this 9th day of June, 19 41

Notary Public, residing at Troy

My commission expires Jan 31 1944

[SEAL]

Signed Mrs. Mystie Heimgartner
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

Juliaetta Idaho
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of ..... } ss.
County of ..... }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

[SEAL]

Signed .....
(Signature of any credible person other than the previous affiant)

(Street Address, City, State)

Received for filing on ..... by .....
(Registrar's signature)

394-111029-395

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Latah

City of

No. St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 62 File No. 33577

Primary Registration District No. 242 Registered No. 22

FULL NAME OF CHILD Martin Linnerud

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	—		—	Yes	8 (Month) 11 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Lilly Linnerud	FULL MAIDEN NAME	Sage Linnerud
RESIDENCE	Genesee Idaho	RESIDENCE	Genesee
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Norway	BIRTHPLACE	Norway
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W H Cheen

(Physician ~~or midwife~~)

Given names added from a supplemental report

19

Address Genesee Idaho

Filed 8-12 1915 W H Cheen

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. _____ File No. _____

Primary Registration District No. _____ Registered No. _____

PLACE OF BIRTH

County of _____

City of _____

No. _____ St.

Hospital _____

FULL NAME OF CHILD _____

Sex of Child	Twin, Triplet or other?	and } Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year) 19...
		(To be answered only in event of plural births)		

	FATHER	MOTHER
FULL NAME		FULL MAIDEN NAME
RESIDENCE		RESIDENCE
COLOR	AGE AT LAST BIRTHDAY (Years)	COLOR / AGE AT LAST BIRTHDAY (Years)
BIRTHPLACE		BIRTHPLACE
OCCUPATION		OCCUPATION

Number of child of this mother (Single, twin, or triplet) _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child who was born alive at the place and time above stated. _____, at _____ M.

(Born alive or stillborn)

_____

(Physician or midwife)

_____

_____

Filed _____ 19... Registrar

USE BLACK INK WITH LONG RIBBON. THIS IS A PERMANENT RECORD
Write plainly. Do not use pencil. Report all births within 10 days. If child was born dead, so report. Sex of child: Male, Female, or Sex unknown if impossible to determine. Twin, triplet, or other? Number in order of birth. Legitimate? Yes or no. Date of birth: Month, day, year. Color: White, Negro, Indian, Chinese, Japanese, or other. Age at last birthday: Number of years. Birthplace: State or foreign country. Occupation: Kind of work done during most of working life, even if retired. Number of children of this mother now living, including present birth: Number, including present birth. Number of children of this mother born alive: Number, including present birth. Number of children of this mother now living: Number, including present birth. Number of children of this mother born dead

366-217-029-693

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Lalab

City of Guinea

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33578

Registration District No. 62 File No. .....

Primary Registration District No. 2142 Registered No. 13

FULL NAME OF CHILD Hazel Mani Cook

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		yes	Aug (Month) 17 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Asa Cook	FULL MAIDEN NAME	Ellen Williams
RESIDENCE	Guinea	RESIDENCE	Guinea
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Ore	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Tuomy

Guinea Idaho (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed 8-27 1915 W. H. Ehlen

Registrar Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

234-218-029-214

Form V. S. No. 11-C—20m-8-15-12

PLACE OF BIRTH

County of Latah

City of

No. St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33579

Registration District No. 62 File No.

Primary Registration District No. 2142 Registered No. 24

FULL NAME OF CHILD Marguerite Kluss

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F	—		—	Yes	8 (Month) 18 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John Kluss	FULL MAIDEN NAME	Bertha Baumgartner
RESIDENCE	Farm	RESIDENCE	Farm
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Ehem

Genesee Idaho

(Physician or midwife)

Given names added from a supplemental report

19

Address

Filed 8-18 1915 W. H. Ehem

Registrar Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of .....

City of .....

No. ..... St.

Hospital .....

AUG 9 1957

Registration District No. ..... File No. .....

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth ..... 191... (Month) (Day) (Year)

	FATHER		MOTHER
FULL NAME		FULL MAIDEN NAME	
RESIDENCE		RESIDENCE	
COLOR	AGE AT LAST BIRTHDAY ..... (Years)	COLOR	AGE AT LAST BIRTHDAY ..... (Years)
BIRTHPLACE		BIRTHPLACE	
OCCUPATION		OCCUPATION	

Number of children of this mother now living, including present birth .....

Number of child of this mother, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was on the date above stated

..... at ..... M.
(Born alive or stillborn)

(Signature) .....

.....
(Physician or midwife)

(Given name added from a supplemental report)

Address .....

19 .....

Filed ..... 19 .....

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD

Form V. S. No. 11-C—20m-2-15-13

Form V. S. No. 11-C—20m-2-15-13

749-221-29-866

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lalah

City of Guinea

Registration District No. 62

File No. 33580

No. ..... St.

Primary Registration District No. 2142

Registered No. 25

Hospital

FULL NAME OF CHILD Stella Viola Guier

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		yes	Aug 21 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Geo Guier	FULL MAIDEN NAME	Elva Howe
RESIDENCE	Guinea Idaho	RESIDENCE	Guinea Idaho
COLOR	W	COLOR	
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Qr.	BIRTHPLACE	Cal
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C F Turnwick

Guinea Idaho
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address

Filed Sept 11 1915 W. H. Ehlen
Registrar

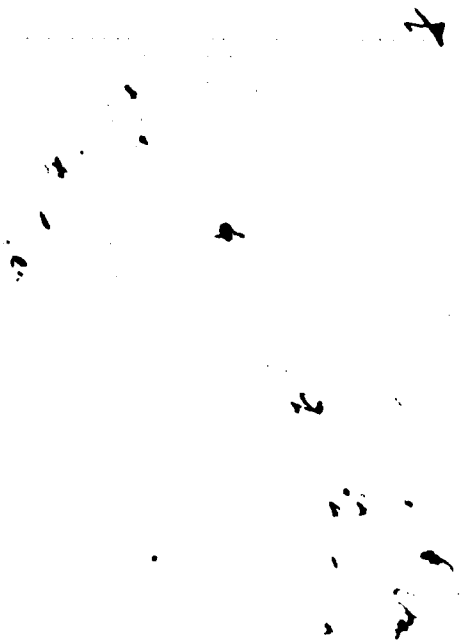
S-Y CO. 20174

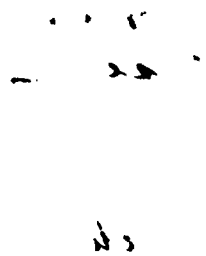
MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 9 1969





MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

819-230-[illegible]-359

PLACE OF [illegible]

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33581

County of Lab[illegible]

City of Gunsen

No. ..... St.

Hospital .....

Registration District No. 62 File No. .....

Primary Registration District No. 2142 Registered No. 76

FULL NAME OF CHILD Anna Harris

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
7		46	Aug (Month) 30 (Day) 1911 (Year)

FATHER		MOTHER	
FULL NAME	Frank Harris	FULL MAIDEN NAME	Anna Levitz
RESIDENCE	Gunsen	RESIDENCE	Gunsen
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Id
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. T. Tuomy

Gunsen Idaho (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed 9-7 1915 W. H. Ehem Registrar

S-Y CO. 20174

PLACE OF BIRTH

JUL 25 1968

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No.

COLOR

AGE AT LAST BIRTHDAY

(Years)

BIRTHPLACE

COLOR

AGE AT LAST BIRTHDAY

(Years)

BIRTHPLACE

Address

19

Filed

19

Registrar

S-V-CO 20174

962-130-031-235

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jerome

City of Ilo

Registration District No. 50

File No. 33582

No. ..... St.

Primary Registration District No. 2129

Registered No. 118

Hospital

FULL NAME OF CHILD Raymond Edward Roberts

Sex of Child Male | Twin, Triplet or other? | and | Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Aug 30 (Month) (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Fred E. Roberts	FULL MAIDEN NAME	Elizabeth Steinhous
RESIDENCE	Ilo Ida	RESIDENCE	Ilo Ida
COLOR	White	AGE AT LAST BIRTHDAY (Years)	30
COLOR	White	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Neb	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8-45-P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. C. Parrish M D
(Physician or midwife)

Address Ilo Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Aug 31 19 15 H. C. Parrish Registrar

S-Y CO. 24848

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 18 1945

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 33582

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed Roberts	Raymond Edward Roberts
Sex of Child	Female	Male

Subscribed and sworn to before me this .....
day of ....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed Mary E. Roberts
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws,)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

MAY 2 3 1945

AUG 1 5 1973

866-113-035-717

Form V. S. No. 11-C—25m-1-1-18

[redacted] BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of [redacted]pence

City of Lookout

Registration District No. 50

File No. 33583

No. ..... St.

Primary Registration District No. 2129

Registered No. 117

Hospital .....

FULL NAME OF CHILD [redacted] HAROLD ELMER HOWERTON

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Aug 13 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Elmer J. Howerton	FULL MAIDEN NAME	Florence Page
RESIDENCE	Lookout Ida	RESIDENCE	Lookout Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Mo
OCCUPATION	Farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. C. Parrish M. D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Ilo Idaho

Filed Aug 15 1915 H. C. Parrish
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Nez Perce }

Certificate No. 33583

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Harold Elmer Howerton (Name on Original Certificate) who was born (Was Born or Died) on August 13th 1915 (Date of Event)
in Lookout Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Knowledge of father (Bible Record, Insurance Policy, Etc.) prepared on written record destroyed by fire (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed	Harold Elmer Howerton
-	-	

Subscribed and sworn to before me this 17th day of February 1942

Notary Public, residing at Lewiston, Idaho

My commission expires May 22nd 1945
(Seal)

Signed Elmer Howerton
(Signature of parent ~~attendant~~ if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

934 Boulavard, Clarkston, Wash.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Nez Perce }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17th day of February 1942

Notary Public, residing at Lewiston, Idaho

My commission expires May 22nd 1945
(Seal)

Signed Mamie Howerton
(Signature of Any Credible Person Other Than Previous Year)

934 Boulavard, Clarkston, Wash.
(Street Address, City, State)

993- [redacted] -455

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of

No. St.

Hospital Parsley Ranch

Registration District No. 50 File No. 33584

Primary Registration District No. 2129 Registered No. 116

FULL NAME OF CHILD Norval William Rice

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male			Yes	Aug. (Month) 10 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	William Clifford Rice	FULL MAIDEN NAME	Jessie Pearl Denham
RESIDENCE	Westlake, Ida.	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	New York	BIRTHPLACE	Ills.
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H B Blake M.D.
(Physician or midwife)

Address Cottonwood, Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Aug. 15 1915 Helen Parrish Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 15 1953

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

7 [illegible] 31-465

PLACE OF [illegible]

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33585

County of Lewis

City of Ilo

No. ..... St.

Hospital .....

Registration District No. 50

File No. .....

Primary Registration District No. 2129

Registered No. 115

FULL NAME OF CHILD unnamed

Sex of Child Male	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	Date of Birth Aug (Month) 9 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Earnest A Guard	FULL MAIDEN NAME	Ruby M Donaldson
RESIDENCE	Ilo Idaho	RESIDENCE	Ilo Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5-15-9 M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. C. Parrish M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Ilo Idaho.

Filed Aug 15 1915 H C Parrish

Registrar

Registrar

S-Y CO. 24655

AUG 2 1966

493-229-031-843

H C Parrish

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of Vollmer

No. _____ St.

Hospital _____

Registration District No. 50 File No. 33586

Primary Registration District No. 2129 Registered No. 114

FULL NAME OF CHILD Dorothy Elma Dickey

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female				yes	July 29 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Wm Earl Dickey	FULL MAIDEN NAME	Elna Anna Hull
RESIDENCE	Vollmer, Idaho	RESIDENCE	Vollmer, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Echo, Oregon	BIRTHPLACE	Milton Oregon
OCCUPATION	Barber	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 1 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E L Burke MD.

(Physician ~~or midwife~~)

Given names added from a supplemental report.

_____ 19__

Address Vollmer Idaho

Filed 8-11 1915 R E Dunlap MD for H C Parrish MD

Registrar

Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each in order of birth stated.

cc 4/4/4. RMF

753-226-031-815

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33587

County of Lewis

City of Ilo

No. ..... St.

Hospital .....

Registration District No. 50 File No. .....

Primary Registration District No. 2129 Registered No. 113

FULL NAME OF CHILD Not Named

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	July 26 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Jacob C. Peterman	FULL MAIDEN NAME	Celesta Haverland
RESIDENCE	Ilo, Idaho	RESIDENCE	Ilo, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Pennsylvania	BIRTHPLACE	Kirksville, Mo.
OCCUPATION	Preacher & Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 8 P. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. L. Burty M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Vollmer, Idaho

Filed 8-11 1915 H. C. Parrish M.D. per R. E. Dunlop M.D.

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

674-126-031-381

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33588

County of Lewis

City of Fletcher

No. ..... St.

Hospital .....

Registration District No. 50 File No. .....

Primary Registration District No. 2129 Registered No. 112

FULL NAME OF CHILD ~~[illegible]~~ Edward Charles Ogden

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	July 26 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Louis Chas Ogden	FULL MAIDEN NAME	Jessie P. Chapman
RESIDENCE	Fletcher, Ida.	RESIDENCE	Fletcher, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Dayton, Wash.	BIRTHPLACE	Ansley, Neb.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 2:45 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. L. Burke MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Vollmer, Ida

Filed 8-11 1915 H. C. Parrish MD

Registrar

Registrar

for R E Dawes MD

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 63588

County of Nezperce } Date Filed [illegible]

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)

for Edward Charles Ogden (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on July 26, 1915 (DATE OF EVENT)

in Craigmont Ida (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	not named	Edward Charles Ogden

Subscribed and sworn to before me this 16th day of April, 1942

Daniel Lyle

Notary Public, residing at Peck, Ida

My commission expires Dec 18, 1945

(SEAL)

Signed Mrs Jessie Ogden

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Peck, Idaho.

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.

County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19 .....

Notary Public, residing at .....

My commission expires .....

(SEAL)

Signed .....

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

.....

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....

(REGISTRAR'S SIGNATURE)

363 224 031-393

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33589

County of Lewis

City of Vollmer

Registration District No. 50 File No.

No. St.

Primary Registration District No. 2129 Registered No. 111

Hospital

FULL NAME OF CHILD Velma Mable Lockridge

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth July (Month) 24 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Melvin R. Lockridge	FULL MAIDEN NAME	Mable Lillian Sims
RESIDENCE	Vollmer, Ida	RESIDENCE	Vollmer, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Red Cloud, Neb.	BIRTHPLACE	Alberta B. C.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 1 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. L. Burke MD
(Physician or midwife)

Given names added from a supplemental report.

19

Address Vollmer Ida

Filed 8-11 1915 H C Poorsh MD
Registrar
for R. E. Dunlap MD

Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

[illegible]

415-811
007-39
PLACE OF [redacted] OF VITAL STATISTICS

County of [redacted]

CERTIFICATE OF BIRTH

33590

City of _____ Registration District No. _____ File No. _____

No. _____ St. Primary Registration District No. _____ Registered No. _____

Hospital 5

FULL NAME OF CHILD Baby Davis

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl				Aug. 11 1915

FATHER

FULL NAME: Joseph G. Davis

RESIDENCE: Carey Idaho

COLOR: White AGE AT LAST BIRTHDAY: 29 (Years)

BIRTHPLACE: Paris Idaho

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Jessie M. Timmins

RESIDENCE: Carey Idaho

COLOR: White AGE AT LAST BIRTHDAY: 24 (Years)

BIRTHPLACE: Richmond Washington

OCCUPATION: house wife

Number of child of this mother, including present birth: three

Number of children of this mother now living, including present birth: three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at _____ M (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) [redacted] Carey Ida

(Physician or midwife)

Address [redacted] Monroe

Filed Aug [redacted]

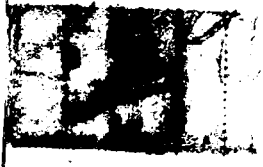
_____ 19____

_____ Registrar

_____ Registrar

S-Y CO. 24655

N. B. In case of more than one child at birth, a separate certificate must be filed for each, in order of birth stated.



DUP OF 1915 D 71-389

218-110-90-2

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Ucon

Registration District No. 13 File No. 33591

No. ..... St.

Primary Registration District No. 2150 Registered No. 208

Hospital Home

FULL NAME OF CHILD Alma Eli Sayer

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	July (Month) 10 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Wm M Sayer	FULL MAIDEN NAME	Sarah Simmons
RESIDENCE	Ucon	RESIDENCE	Ucon
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 12.30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. J. Simmons

midwife (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Ucon Ida

Filed 8/9 1915 W. Simmons Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

JUN 7 1972

553-102-010-983

Form V. S. No. 11-C—20m-3-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Lincoln

Registration District No. 73 File No. 33592

No. ..... St.

Primary Registration District No. 2157 Registered No. 209

Hospital .....

FULL NAME OF CHILD Ira Barr Nelson

Sex of Child: Male	Twin / Triplet / or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth: Aug. 2, 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Niels Ira Nelson	FULL MAIDEN NAME	Ella Rockwood
RESIDENCE	Iona, Ida	RESIDENCE	Iona, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John O. Mellor MD (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Idaho Falls R1.

Filed 8/5 1915 [signature] Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 1942

JAN 12 1945

DEC 5 1975

453-106-010-296

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33593

County of Bonneville

City of Idaho Falls Registration District No. _____ File No. _____

No. _____ St.

Primary Registration District No. _____ Registered No. 210

Hospital _____

FULL NAME OF CHILD _____

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Aug. 6, 1915

FATHER		MOTHER	
FULL NAME	Roy Decker	FULL MAIDEN NAME	Lottie Brown
RESIDENCE	Idaho Falls	RESIDENCE	Idaho Falls, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12:45 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John O'Mellan, MD

(Physician or midwife)

Address Idaho Falls, R. 1.

Given names added from a supplemental report

_____ 19____

_____ Registrar

Filed 6/12 1915 _____ Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 1 5 1970

295-1241010-815

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. Capitol Ave & E St.

Hospital —

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 73 File No. 33594

Primary Registration District No. 2150 Registered No. 211

FULL NAME OF CHILD Vern R. Bingham

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	Single	1	yes	July (Month) 24 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Alfred R Bingham	FULL MAIDEN NAME	Margery A Hansen
RESIDENCE	R 3 Idaho Falls, Ida	RESIDENCE	R 3 Idaho Falls, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	20 yrs (Years)	AGE AT LAST BIRTHDAY	20 yrs (Years)
BIRTHPLACE	Tucson Ariz.	BIRTHPLACE	Bear Lake, Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4:15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. Pendleton

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Pub Lake Alds.

Filed Aug 7 1915 [signature] Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
BUREAU OF VITAL STATISTICS
MAR 3 2 41 PM '75

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of MAR } ss.
County of

Certificate No. 33594

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Bingham (Male) (Name on Original Certificate) who was born (Was Born or Died) on July 24, 1915 (Date of Event) in Idaho Falls, IDAHO (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Vern R. Bingham
		(R. for Rosco)

Subscribed and sworn to before me this 28th day of February, 19 75

Notary Public, residing at Idaho Falls, Idaho
My commission expires 6-17-77
(Seal)

Signed Mrs Margaret Bingham
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed Mrs Margaret Bingham
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155 CL 2/10/75 nm

Certif. of Ordination to the Holy Priesthood gives name as Vern Roscol Bingham ordained a Teacher on March 1, 1931. viewed by V. S.

MAR 2 5 1975

Inssurance policy from Business Men's Assurance Co. of American gives name as Vern Rosco Bingha, dated March 12, 1960. Policy No. 1576284.
viewed by V. S.

842-110-010-693

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. 441 Ridge St.

Hospital

Registration District No. 73

File No. 33595

Primary Registration District No. 2110

Registered No. 212

FULL NAME OF CHILD WILSON GLENN HUBBELL

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Aug 10 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Glenn Hubbell	FULL MAIDEN NAME	Myrtle Wilson
RESIDENCE	Idaho Falls Ida	RESIDENCE	Idaho Falls Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Madison, S. Dakota	BIRTHPLACE	Cladron, Neb.
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 12 M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Idaho Falls Idaho

Filed Aug 10 1915 [signature]
Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMENDED AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California }
County of San Diego } ss.

Certificate No. 33595

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for (Name on Original Certificate) who was born (Was Born or Died) on Aug. 10, 1915 (Date of Event)
in Idaho Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by family record (Bible Record, Insurance Policy, Etc.) prepared on Aug. 10, 1915 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Wilson G. Hubbell
Wilson Glenn Hubbell		
Born Aug 10, 1915.		

Subscribed and sworn to before me this 29th
day of May, 1942

Notary Public, residing at San Diego, California

My commission expires June 26, 1944
(Seal)

Father—
Signed Glenn A. Hubbell
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

4801 El Cajon Blvd
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

JUN 1 1942

JUN 3 1942

125-104-010-699

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33596

County of Bonneville

City of Idaho Falls

Registration District No. 73 File No.

No. St.

Primary Registration District No. 2150 Registered No. 213

Hospital

FULL NAME OF CHILD Aner Abelson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	8/4/1913

FATHER		MOTHER	
FULL NAME	Henry Abelson	FULL MAIDEN NAME	Ellen Fridrickson
RESIDENCE	Idaho Falls Ida.	RESIDENCE	Idaho Falls Ida.
COLOR	white	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Sweden
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Aug 4-13 at 6.a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. R. Sodergren M.D.

(Physician or midwife)

Address Idaho Falls Ida.

Given names added from a supplemental report.

.....19.....

Registrar

Filed 8/10 1913 Registrar

8-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JUN 26 1942

NOV 23 1942

DECEASED

813-206-010-731

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. _____ St.

Hospital _____

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 73 File No. 33597

Primary Registration District No. 210-0 Registered No. 214

FULL NAME OF CHILD MARTHA ELIZABETH HALE

Sex of Child: Female | Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth | Legitimate? Yes | Date of Birth: Aug 6 (Month) (Day) 191 5 (Year)

FATHER

FULL NAME: James Hale

RESIDENCE: Idaho Falls, Ida

COLOR: White AGE AT LAST BIRTHDAY: 49 (Years)

BIRTHPLACE: N Carolina

OCCUPATION: Laborer

MOTHER

FULL MAIDEN NAME: Lizzie Platt

RESIDENCE: Idaho Falls

COLOR: White AGE AT LAST BIRTHDAY: 36 (Years)

BIRTHPLACE: N Carolina

OCCUPATION: Nurse

Number of child of this mother, including present birth: 5

Number of children of this mother now living, including present birth: 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]
Physician
(Physician or midwife)

Address Idaho Falls Ida

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed 8/13 19 11 [signature] Registrar

2-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 2 4 1970

699-128-010-314

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital General

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 73 File No. 33598

Primary Registration District No. 215-0 Registered No. 215

FULL NAME OF CHILD Claud Gilbert Wright

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	July 28 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Gilbert C Wright	FULL MAIDEN NAME	Edith Adele Campbell
RESIDENCE	Idaho Falls Ida	RESIDENCE	Idaho Falls Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Idaho Falls Idaho	BIRTHPLACE	Iowa
OCCUPATION	Supt Milling Co	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C M Cline

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Idaho Falls Ida

Filed 2/13 1911 W J Gunnard Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 25 1944

363-212 1010-632

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bonneville

City of Ida. Falls Ida.

Registration District No. 73

File No. 33599

No. _____ St.

Primary Registration District No. 2150

Registered No. 216

Hospital _____

FULL NAME OF CHILD Merrilynn Collette

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Aug. 12 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Reed Collette	FULL MAIDEN NAME	Vera Olson
RESIDENCE	Idaho Falls Ida.	RESIDENCE	Idaho Falls Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Spanish Fork Utah	BIRTHPLACE	Emery Ida.
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive Aug 12th 15 at 7 30 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. R. Soderquist M.D.

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Idaho Falls Ida.

Filed A/13 1915 W. Kimmond

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT REC

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the num of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

FEB 13 1968

correcting first name of child only -
L.D.S. Church Cert. of Baptism, Dec. 9, 1923 gives full name of child as Merrilynn Collette, born Aug. 12, 1915 at Idaho Falls, Idaho to Reed Collette and Vera Olson - viewed by V.S.
Statement from Mrs. Floretta Ekelund, Secretary to Superintendent of School Administration Class "A" District No. 91, Idaho Falls, Idaho states-"This is to verify the fact that Merrilynn Collett attended school in Idaho Falls School District No. 91 from Oct., 1921 to Oct. 23, 1925." - viewed by V.S.

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of CALIFORNIA
County of LOS ANGELES

Certificate No. 33599
Date Filed October 5 1960

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Collette (Name on Original Certificate) who was born (Was Born or Died) on Aug. 12, 1915 (Date of Event)
in Idaho Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Mother (Bible Record, Insurance Policy, Etc.) prepared on present (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Merrilynn Collette

Subscribed and sworn to before me this 4th day of October 1960

Vera Collette Sulewski

Signed VERA COLLETTE SULEWSKI (Mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

MAYNARD LOUIS GLEASON
Notary Public, residing at LONG BEACH CALIFORNIA
My commission expires September 15 1964 (Seal)

632 Cartagena Street, Long Beach, Calif
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of CALIFORNIA
County of LOS ANGELES } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4th day of October 1960

Vera Collette Sulewski

Signed VERA COLLETTE SULEWSKI (Mother)
(Signature of Any Credible Person)

MAYNARD LOUIS GLEASON
Notary Public, residing at 632 E. Cartagena St Long Beach 7, California
My commission expires September 15, 1964 (Seal)
(Street Address, City, State)

FORM DH 60-155 L 9-29-60.

OCT 7 1960

FEB 13 1968

413-111-010-231

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. _____ St.

Hospital General

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 73 File No. 33600

Primary Registration District No. 2140 Registered No. 216

FULL NAME OF CHILD Thomas Philip Malan

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Aug (Month) 11 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	John C Malan	FULL MAIDEN NAME	Jo Lena Clayton
RESIDENCE	Idaho Falls, Ida	RESIDENCE	Idaho Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Illinois	BIRTHPLACE	Cal.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Idaho Falls Ida

Filed 8/13 1915 [signature] Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

2/18/41 Z.J.

OCT 2 1975

249-207-010-659

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls Ida

Registration District No. 73 File No. 33601

No. _____ St.

Primary Registration District No. 2150 Registered No. 218

Hospital _____

FULL NAME OF CHILD Phyllis Marie Burnett

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Aug. 7 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	G. R. Burnett	FULL MAIDEN NAME	Margaret Weind
RESIDENCE	Idaho Falls Ida.	RESIDENCE	Idaho Falls Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Ogden Utah.	BIRTHPLACE	Blue Island Ill.
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Aug. 7th 1915 2:30 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. R. Sodergren M.D.

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Idaho Falls. Ida.

Filed 8/13 1915 [signature] Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RE[illegible]

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the [illegible] of each, in order of birth stated.

MAR 14

JAN 31 1947

DECEASED

445·124·010-419

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls Ida.

Registration District No. 73 File No. 33602

No. _____ St.

Primary Registration District No. 2150 Registered No. 219

Hospital _____

FULL NAME OF CHILD _____

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	8/24 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Frank Munsee	FULL MAIDEN NAME	Esther Mains
RESIDENCE	Idaho Falls Ida.	RESIDENCE	Idaho Falls Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Salt Lake City Utah	BIRTHPLACE	Louisville Ky.
OCCUPATION	Baker	OCCUPATION	Housework.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive Aug 24/15 at 9 30 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. R. Sodergrast M.D.

(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Address Idaho Falls Ida.

Filed 8/30 1915 [signature] Registrar

_____ Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

818-226-010-896

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. 13th St.

Registration District No. 73

File No. 33603

Primary Registration District No. 2150

Registered No. 220

Hospital

FULL NAME OF CHILD Jennie Elizabeth Hayes

Sex of Child Female

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? yes

Date of Birth Aug 26 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John A Hayes	FULL MAIDEN NAME	Myrtle Hibbert
RESIDENCE	Idaho Falls Ida	RESIDENCE	Idaho Falls Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Thomasville, Ga.	BIRTHPLACE	Utah
OCCUPATION	Engineer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 11:30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. Kimmerich

Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Address Idaho Falls Idaho

Filed Aug 26 1915 W. Kimmerich
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 12 1944

263-227-010-323

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls, Ida.

Registration District No. 73 File No. 33604

No. _____ St.

Primary Registration District No. 2100 Registered No. 221

Hospital _____

FULL NAME OF CHILD Anna Marie Koch

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	✓		✓	Yes	August 27 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Frank Koch.	FULL MAIDEN NAME	Mary Tschikof.
RESIDENCE	Idaho Falls, Idaho	RESIDENCE	Idaho Falls Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Germany.	BIRTHPLACE	Austria
OCCUPATION	Laborer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive — August — 27 — 1915 at 6:00 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician

(Physician or midwife)

Given names added from a supplemental report.

Address Idaho Falls, Idaho

_____ 19__

Filed Sept 2 1915 [signature]

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 30 1953

JUN 30 1970

269-119-010-693

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls Ida

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 73 File No. 33605

Primary Registration District No. 210 Registered No. 222

FULL NAME OF CHILD Theodore Roosevelt Sorensen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	✓	✓	Yes	Aug 19 1915

FATHER

FULL NAME Chas. T. Sorensen

RESIDENCE Idaho Falls Idaho

COLOR White AGE AT LAST BIRTHDAY 40 (Years)

BIRTHPLACE Michigan

OCCUPATION Rancher

MOTHER

FULL MAIDEN NAME Matilda Willson

RESIDENCE Idaho Falls Ida.

COLOR White AGE AT LAST BIRTHDAY 37 (Years)

BIRTHPLACE Utah

OCCUPATION Housewife

Number of child of this mother, including present birth 12 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive—August 19 1915 at 5:20 A.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

Physician

(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Address Idaho [illegible] Idaho

Filed Sept 2 19 15 [illegible] Registrar

S-Y CO. 24655

STATE OF
BUREAU OF VITA
CERTIFICATE

PLACE OF BIRTH

33605

6=2-72

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of California } ss. JUL 6 12 22 PM '72

County of Santa Barbara }

Certificate No. 33605

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Sorensen (Name on Original Certificate) who was born (Was Born or Died) on August 19, 1915 (Date of Event)

in Idaho Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	omitted	Theodore Roosevelt
		Sorenson

Subscribed and sworn to before me this 26th day of June, 1972

Notary Public, residing at Santa Maria, Ca.

My commission expires July 14, 1972

(Seal)

Signed (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

321 E. El Camino, Santa Maria, Ca. (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.

County of }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires

(Seal)

Signed (Signature of Any Credible Person)

(Street Address, City, State)

FORM DN 60-155

Application for Account Number for U. S. Social Security Act gives name as Theodore Roosevelt Sorenson born August 19, 1915 at Idaho Falls, Idaho. Father - Charley Sorenson and mother - Mitilda Wilson.
Viewed by V.S.

JUL 13 1979

Family Record issued by the L.D.S.Church gives name as Theodore Roosevelt Sorenson born August 19, 1915 in Idaho Falls, Idaho. Father - Charles Thomas Sorenson and Mother Matilda Wilson. Copy issued July 17, 1943.
Viewed by V.S.

NOV 15 1974

546-125-010-693

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls Ida

Registration District No. 73 File No. 33606

No. _____ St.

Primary Registration District No. 21J-0 Registered No. 223

Hospital _____

FULL NAME OF CHILD Garth Williams Edwards

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	✓		✓	Yes	August 25 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John T. Edwards	FULL MAIDEN NAME	Mary Williams
RESIDENCE	Idaho Falls, Ida	RESIDENCE	Idaho Falls, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive — August 25-1915 at 5:30 P M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Idaho Falls Idaho

Filed Sept 2 1915 [signature]

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Cc 10-16-40 - mp

JUN 29 1954

492-123-010-464

PLACE OF BIRTH

Amended Apr. 19, 1955

County of Bonneville

City of Coltman

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 73 File No. 33607

Primary Registration District No. 2100 Registered No. 224

FULL NAME OF CHILD GUY EDWIN MISKIN
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Aug. 23 1915

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

FATHER	MOTHER
FULL NAME: Edwin Eldredge Miskin	FULL MAIDEN NAME: Mildred Elenor Dodge
RESIDENCE: Coltman	RESIDENCE: Coltman
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 37 (Years)	AGE AT LAST BIRTHDAY: 32 (Years)
BIRTHPLACE: Kansas	BIRTHPLACE: Utah
OCCUPATION: Farmer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2:00 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... 192.....

..... Registrar.

(Signature) Josephine Thompson

Midwife
~~(Physician or~~ midwife)

Address Ucon Bonneville Co. Idaho

Filed Sept. 2 1915 W. Kinnard
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

5

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 33607
Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Edwin Guy Miskin (Name on Original Certificate) who was born (Was Born or Died) on Aug. 23, 1915 (Date of Event) in Coltman, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Certificate of Blessing (Bible Record, Insurance Policy, Etc.) prepared on Oct. 3, 1915 (Give Date), are: Viewed by Div. of Vital Statistics.

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Edwin Guy Miskin	Guy Edwin Miskin

Subscribed and sworn to before me this 4th day of [illegible], 1935.
[illegible]
Notary Public, residing at [illegible]
My commission expires [illegible] 1954
(Seal)

Signed Mildred D. Miskin
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
If Idaho. 339 Gladstone
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of [illegible] } ss.
County of [illegible] }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14th day of [illegible] 1935
[illegible]
Notary Public, residing at [illegible]
My commission expires [illegible] 1952
(Seal)

Signed Ruby Lote
(Signature of Any Credible Person)
Hamer Idaho
(Street Address, City, State)

DPH 52.155

515-227-010-349

Form V. S. No. 11-C—10m-2-15-12

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. RFD No 3 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 73 File No. 33608

Primary Registration District No. 2110 Registered No. 225

FULL NAME OF CHILD Lillian Van Orden

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	Single		1	Yes	Aug (Month) 27 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Charles Leroy, Van Orden	FULL MAIDEN NAME	Rose Tucker
RESIDENCE	R 3 Idaho Falls	RESIDENCE	R 3 Idaho Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Lewiston, Utah	BIRTHPLACE	Morgan, Utah
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10:30 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. Pendleton

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Idaho Falls, Idaho

Filed Sept 1 19 10 [signature] Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 1 1 1942

697-102-010-765

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

Registration District No. 73 File No. 33609

No. _____ St.

Primary Registration District No. 2150 Registered No. 229

Hospital _____

FULL NAME OF CHILD Ross Elsworth Dixon

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Sept 2 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Oscar Wm Dixon	FULL MAIDEN NAME	Helene Goettsche
RESIDENCE	Idaho Falls Idaho	RESIDENCE	Idaho Falls Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 6 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm Pennaird

Physician
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Idaho Falls Idaho

Filed Sept 3 1915 Wm Pennaird
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 1 4

864.224.010-443

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. — 16th St.

Hospital —

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 13 File No. 33610

Primary Registration District No. 2110 Registered No. 226

FULL NAME OF CHILD ZELDA VERNESSA Young

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Female	Single	1	Yes	Aug (Month) 24 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Angus James Young	FULL MAIDEN NAME	Elizabeth Dutton
RESIDENCE	Idaho Falls	RESIDENCE	
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Huntington, Utah	BIRTHPLACE	Cedar City, Utah
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6:40 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G W Pendleton

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Idaho Falls, Idaho

Filed Sept 1 1915 [signature] Registrar

Registrar

S-Y CO. 80174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 33610

County of Bonneville } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH) for unnamed Young (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on August 24, 1915 (DATE OF EVENT) in Idaho Falls, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Bible Record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on or about Sept. 24, 1915 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed Young	Zelda Vernessa Young
		August 24, 1915

Subscribed and sworn to before me this 18th day of February, 1942

W. L. Brewink, Clerk

By W. L. Brewink Deputy.

~~Notary Public, residing at~~

My commission expires

(SEAL)

Signed Esther Elizabeth Young

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Idaho Falls Idaho 244 Higbee

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.

County of Bonneville }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28 day of Feby, 1942

W. L. Brewink

Notary Public, residing at

My commission expires

(SEAL)

Signed Mrs. Verda Call

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Route 1 Idaho Falls Idaho

(STREET ADDRESS, CITY, STATE)

Received for filing on By

(REGISTRAR'S SIGNATURE)

MAY 13 1944

NOV 13 1974

963-127-00-819

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bonneville

City of Iona

No. ——— St.

Hospital ———

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 73 File No. 33611

Primary Registration District No. 2150 Registered No. 227

FULL NAME OF CHILD Dean Bryant Rockwood

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Male	Single	1	yes	Aug 27 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Bryant, N, Rockwood	FULL MAIDEN NAME	Vera Blanche Hain
RESIDENCE	Iona, Idaho	RESIDENCE	Iona, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	20	AGE AT LAST BIRTHDAY (Years)	20 yrs
BIRTHPLACE	Centerville, Utah	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2:20 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. Pendleton
Physician
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Idaho Falls, Idaho

Filed Sept 1 1910 [signature] Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

396-201-010-391

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls, Ida

Registration District No. 73 File No. 33613

No. _____ St.

Primary Registration District No. 2150 Registered No. 231

Hospital _____

FULL NAME OF CHILD Delsa Vivian Crowley

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	✓		✓	Yes	Sept - 1 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	C. R. Crowley.	FULL MAIDEN NAME	Wanda Czapiewsky.
RESIDENCE	Idaho Falls, Ida.	RESIDENCE	Idaho Falls. Ida.
COLOR	White	COLOR	White.
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Idaho Falls. Ida	BIRTHPLACE	Berlin. Germany
OCCUPATION	Collector.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive - September 1-1915 at 1:00 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. R. Rodriguez M.D.
Physician
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Idaho Falls, Idaho.

Filed Sept 6 1915 W. Kimmel
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 5 1961

296-205-010-667

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. _____ St.

Hospital _____

Registration District No. 73

File No. 33614

Primary Registration District No. 2150

Registered No. 232

FULL NAME OF CHILD Florence Louise

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Sept 5 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Jas. Monroe Brown	FULL MAIDEN NAME	Edna Fox
RESIDENCE	Idaho Falls Ida	RESIDENCE	Idaho Falls Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Rigby Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was from alive at 9:30 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Idaho Falls Idaho

Filed Sept 5 1915 [signature]
Registrar

Registrar

S-Y CO. 24655

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

855-213-005-643

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-3-15-1

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

Benwah

City of St Maries

Registration District No. 32 File No. 33615

No. ..... St.

Primary Registration District No. 2049 Registered No. .....

Hospital .....

FULL NAME OF CHILD Florence June Aenis

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	June (Month) 13 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Vernon Earl Aenis	FULL MAIDEN NAME	Helen Graham Fuller
RESIDENCE	Rhinelander Wis.	RESIDENCE	Calumet Mich
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Tallman Mich	BIRTHPLACE	Calumet, Mich
OCCUPATION	Stenographer and Bookkeeper	OCCUPATION	Kindergarten Teacher

Number of child of this mother, including present birth One (1) Number of children of this mother now living, including present birth One (1)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 30 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. D. MacRae

(Physician or ~~midwife~~)

Given names added from a supplemental report

..... 19.....

Address St Maries Ida

Filed June 23 1915 H. L. Mulcahy Registrar

Registrar

S-Y CO. 20174

386-114-005-366

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Benewah

City of St Maries

No. ..... St.

Hospital St Maries

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 32 File No. 33616

Primary Registration District No. 2049 Registered No. .....

FULL NAME OF CHILD Oliver Jack Thompson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	May (Month) 14 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Oliver James Thompson	FULL MAIDEN NAME	Clara Agnes Cook
RESIDENCE	St Maries	RESIDENCE	St Maries
COLOR	W AGE AT LAST BIRTHDAY 41 (Years)	COLOR	W AGE AT LAST BIRTHDAY 37 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Miscausin
OCCUPATION	Confectioner	OCCUPATION	Hwife

Number of child of this mother, including present birth 3rd Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D Elarnwall

(Physician or ~~midwife~~)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address St Maries

Filed June 23 1915 H L Mulcahy Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 17 1942

MAR 23 1942

APR 20 1966

OCT 4 1956

236-228-005-632

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bennah

City of St. Maries

No. ..... St.

Hospital St Maries

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 32 File No. 33617

Primary Registration District No. 2049 Registered No. .....

FULL NAME OF CHILD Mary Margaret Stone

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	May (Month) 28 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Gust Stone	FULL MAIDEN NAME	Mary Olson
RESIDENCE	St Maries	RESIDENCE	St Maries
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Bodo Sweden	BIRTHPLACE	Brunskag Sweden
OCCUPATION	Labour	OCCUPATION	House ~~maid~~ wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D Elonwall

(Physician or ~~midwife~~)

Given names added from a supplemental report

..... 19.....

Address St Maries Ida

Filed June 23 1915 H. L. Mulcahy

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

165 [redacted] 040-418

[redacted] BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Avery

No. _____ St.

Hospital _____

Registration District No. 32 File No. 33618

Primary Registration District No. 2049 Registered No. _____

FULL NAME OF CHILD Horace Evan Jones

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	7 (Month) 23 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Jasper A. Jones	FULL MAIDEN NAME	Gladys Raymer
RESIDENCE	Avery Ida.	RESIDENCE	Avery Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Ky	BIRTHPLACE	Texas
OCCUPATION	R.R. Engineer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 8. P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H N Leeta

St Jos Idaho (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address _____

Filed 7-25 1915 H L Mulcahy Registrar

_____ Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

c.c. 5/7/41. w.h.

2[illegible]-040-649

[illegible]RTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Avery

No. _____ St.

Hospital _____

Registration District No. 32 File No. 33619

Primary Registration District No. 2049 Registered No. _____

FULL NAME OF CHILD Dorthory Anna Sowerby

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	7 30 1915

FATHER		MOTHER	
FULL NAME	Leroy Sowerby	FULL MAIDEN NAME	Anna Furiad
RESIDENCE	Avery, Ida	RESIDENCE	Avery, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Can.	BIRTHPLACE	Hungary.
OCCUPATION	Machinist	OCCUPATION	Housewife

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 10.30 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H N Leete

St Joe Idaho
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address _____

Filed Aug 3 1915 H L Malcolm
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 18 1962

389-128 [redacted] 796

PLACE O[redacted]

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of [redacted]

City of St Joe

No. ..... St.

Hospital .....

Registration District No. 2049 File No. 33620

Primary Registration District No. 32 Registered No. .....

FULL NAME OF CHILD Lloyd Eugene Cyr

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	yes	8 (Month) 28 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Larry Cyr	FULL MAIDEN NAME	Anna Groff
RESIDENCE	St Joe	RESIDENCE	St Joe
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Minnesota	BIRTHPLACE	Minnesota
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1:30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H N Leete

St Joe Idaho
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed Sept 6 1915 H L Mulcahy
Registrar

S-V-CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE O

AUG 1 5 1974

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED BUREAU OF VITAL STATISTICS MAR 9 20 AM '75

State of ..... } ss.
County of ..... }

Certificate No. 33620

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Baby Cyr (Male) (Name on Original Certificate) who was born (Was Born or Died) on Aug. 28, 1915 (Date of Event) in St. Joe, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by METROPOLITON, LIFE INSURANCE Co. # 36484490 (Bible Record, Insurance Policy, Etc.) prepared on APRIL 5-1943-AGE 28 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Lloyd Eugene Cyr

Subscribed and sworn to before me this 18th day of February, 1975

Notary Public, residing at Kalispell, Mont.

My commission expires 9-7-75

(Seal)

Signed Leloyd Cyr
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

420-FIRST ST KALISPELL, MONT
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Montana } ss.
County of Flathead }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th day of March, 1975

Notary Public, residing at Kalispell, Montana

My commission expires Jan 8, 1977

(Seal)

Signed Rachel L Cyr
(Signature of Any Credible Person)

420 2nd Ave E
(Street Address, City, State)
Kalispell Mont 59901

FORM DH 60-155 CL 8/16/74

Spokane Public Schols, Dist. No.81 gives name as LLoyd E. Cyr attended Webster School. born Aug. 28, 1915. from census dated May 1, 1926. viewed by vs.

APR 1 6 1975

Montana Driver's License (date of Expiration is 1966) gives name as Lloyd Eugene Cyr. born Aug. 28, 1915. dated July 20, 1964. viewed by V. S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

118-220-005-692

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Benewah

City of St Joe

No. ..... St.

Hospital .....

Registration District No. 32 File No. 33621

Primary Registration District No. 2049 Registered No. .....

FULL NAME OF CHILD Boby Day

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—			yes	8 (Month) – 20 (Day) 1915 (Year)

(To be answered only in event of plural births)

	FATHER		MOTHER
FULL NAME	Joe Day	FULL MAIDEN NAME	Ethel Fisher
RESIDENCE	St Joe	RESIDENCE	St Joe
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Michigan
OCCUPATION	Pool Hall Keeper	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. N. Leite

St Joe Idaho
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed Sept 6 1915 H. S. Mulcahy Registrar

..... Registrar

S-Y GO. 20174

236-220-005-315

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Benewah

City of St Maries

No. ..... St.

Hospital St Maries

Registration District No. 32 File No. 33622

Primary Registration District No. 2049 Registered No. .....

FULL NAME OF CHILD Florence Agnes Stocking

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		Yes	Aug (Month) 20 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	David H. Stocking	FULL MAIDEN NAME	Agnes Mary Lancour
RESIDENCE	St Maries	RESIDENCE	St Maries
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Minnesota	BIRTHPLACE	Wisconsin
OCCUPATION	Loco. Fireman	OCCUPATION	Huwifa

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7.40 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. Cornwall

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address St Maries

Filed Sept 6 1915 S. L. Mulcahy Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

515·118·005·533

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33623

County of Benwah

City of St. Maries

No. ..... *St.*

Hospital .....

Registration District No. 32 **File No.** .....

Primary Registration District No. 2049 **Registered No.** .....

FULL NAME OF CHILD Wallace Allan Van Hise

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Aug. (Month) 18 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Harrison A. Van Hise	FULL MAIDEN NAME	Nellie M. Elliott
RESIDENCE	St. Maries Idaho.	RESIDENCE	St. Maries, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Sullivan Moultree Co, Illinois	BIRTHPLACE	Norcatur, Decatur Co., Kansas.
OCCUPATION	Machine man.	OCCUPATION	Hwife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth Two.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. Cornwall

(Physician or ~~midwife~~)

Given names added from a supplemental report

..... 19.....

Address St Maries Idaho

Filed Sept 6 1915 S. L. Mulcahy Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

P.C. 6.-20-41

JAN 5 1976

366-209.005-263

PLACE OF BIRTH

Form V. S. No. [illegible]-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33624

County of Benewah

City of St Maries

No. ..... St.

Hospital .....

Registration District No. 37 File No. .....

Primary Registration District No. 2049 Registered No. .....

FULL NAME OF CHILD Helen Jane Toohey

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes	Aug 9 1915

FATHER		MOTHER	
FULL NAME	William Toohey	FULL MAIDEN NAME	Eda ~~Toohey~~ Boley
RESIDENCE	St Maries Idaho	RESIDENCE	St Maries Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	St. Albans Vt.	BIRTHPLACE	Winona Minn
OCCUPATION	Deputy Sheriff	OCCUPATION	House wife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D E Cornwall

(Physician or ~~midwife~~)

Given names added from a supplemental report

..... 19.....

Address St Maries Ida

Filed Sept 6 1915 S L Mulcahy

Registrar Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 11 1972

753-119104 [redacted]

PLACE OF BIR[redacted]

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Teton

City of Victor

No. ..... St.

Hospital .....

Registration District No. 20

File No. 33625

Primary Registration District No. 2012

Registered No. .....

FULL NAME OF CHILD Everett Soren Peterson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	9 19 1915

FATHER		MOTHER	
FULL NAME	James M Peterson	FULL MAIDEN NAME	Mary Sorenson
RESIDENCE	Victor Idaho	RESIDENCE	Victor Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Denmark	BIRTHPLACE	Murry Utah
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 5:30 a M on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ben F. Roseman MD
Physician
(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19....

Address Victor Idaho

Filed Sept 25 1915

..... Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

281-212-041-251

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Teton

City of Victor

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 20 File No. 33626

Primary Registration District No. 2017 Registered No. .....

FULL NAME OF CHILD Wanda Marie Shaw

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		yes	9 17 1915

FATHER		MOTHER	
FULL NAME	James Andrew Shaw	FULL MAIDEN NAME	Beulah Kearsley
RESIDENCE	Victor Idaho	RESIDENCE	Victor Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Elsinor Utah	BIRTHPLACE	Salt Lake City Utah
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4.30 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Benj F Roseman M.D.

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19.....

Address Victor Idaho

Filed 10-18 1915 Leo D Mueller
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 1 3 1973

DECEASED

365 215 041-268

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Teton

City of Victor

No. ..... St.

Hospital .....

Registration District No. 20 File No. 33627

Primary Registration District No. 2012 Registered No. .....

FULL NAME OF CHILD Ethel Genevieve Loveless

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	9 15 1915

FATHER		MOTHER	
FULL NAME	Hill Loveless	FULL MAIDEN NAME	Genevieve Boyle
RESIDENCE	Chapin Idaho	RESIDENCE	Victor Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	17
BIRTHPLACE	Payson Utah	BIRTHPLACE	Payson Utah
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1.15 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Benj F. Roseman (M.D.)

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Victor Idaho

Filed 10-18-15 1915 Geo D Charlie

Registrar Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

849-117-025-433

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Kooskia

No. ..... St.

Hospital .....

Registration District No. 106 File No. 33628

Primary Registration District No. 2184 Registered No. 47

FULL NAME OF CHILD John Thomas Quinlan

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Sept 17 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Quinlan	FULL MAIDEN NAME	Alma McCutcheon
RESIDENCE	Kooskia – Idaho	RESIDENCE	Kooskia – Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Minnesota	BIRTHPLACE	Iowa
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10.50 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Verbeekmoes

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Kooskia – Idaho

Filed Oct 1 1915 J. M. Verbeekmoes
Registrar

Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

693-217-025-557

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Kooskia

No. ..... St.

Hospital .....

Registration District No. 106 File No. 33629

Primary Registration District No. 2184 Registered No. 46

FULL NAME OF CHILD Norma Marion Fitting

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Sept 17 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Fitting	FULL MAIDEN NAME	Mildred English
RESIDENCE	Kooskia Idaho	RESIDENCE	Kooskia Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Colorado	BIRTHPLACE	Minnesota
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Verberkmoes

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Kooskia Idaho

Filed Oct 1 1915 J. M. Verberkmoes
Registrar

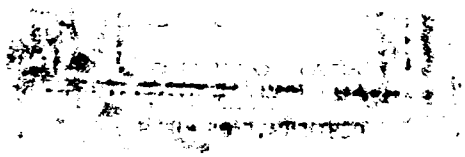
Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



JAN 1 5 1975

843-2171025-693

[redacted]

V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Idaho

City of Stites

No. ..... St.

Hospital .....

Registration District No. 106 File No. 33630

Primary Registration District No. 2184 Registered No. 45

FULL NAME OF CHILD Agnes Hutchins

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of Birth
Female	(To be answered only in event of plural births) ~~One~~	Yes	Sept 17 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Melvin Hutchins	FULL MAIDEN NAME	Florence Wickham
RESIDENCE	Stites	RESIDENCE	Stites
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Kansas
OCCUPATION	General work	OCCUPATION	Housewife

Number of child of this mother, including present birth one

Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Wentworth M D

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Stites Idaho

Filed Oct 1 1915 J. M. Verbeyknaes Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1/17/41 L. B.

613-22-1025-433

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Tahoe

No. ..... St.

Hospital .....

Registration District No. 106 File No. 33631

Primary Registration District No. 2184 Registered No. 43

FULL NAME OF CHILD Helen Orvilla Watson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				yes	July 24 1915

FATHER		MOTHER	
FULL NAME	Milton Watson	FULL MAIDEN NAME	Minia McCready
RESIDENCE	Tahoe - Idaho	RESIDENCE	Tahoe Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Susan Sycamore M.D.

Midwife
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Kooskia - Idaho

Filed Oct 1 1915 J. M. Verbeck
Registrar

..... Registrar

8-Y CO. 24695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP 08 1915-349696

693-110-225-618

PLACE OF BIRTH

County of Idaho

City of Sec

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Registration District No. 106 File No. 33632

No. _____ St.

Primary Registration District No. 2184 Registered No. 44

Hospital _____

FULL NAME OF CHILD John Adelbert Wilkins

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	9-10-1 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Lee Wilkins	FULL MAIDEN NAME	Helma Waymire
RESIDENCE	Grangeville Idaho	RESIDENCE	Grangeville Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Arkansas	BIRTHPLACE	Oregon
OCCUPATION	Farmer	OCCUPATION	Domestic

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at _____ M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs R A Lyle

Midwife
(Physician or midwife)

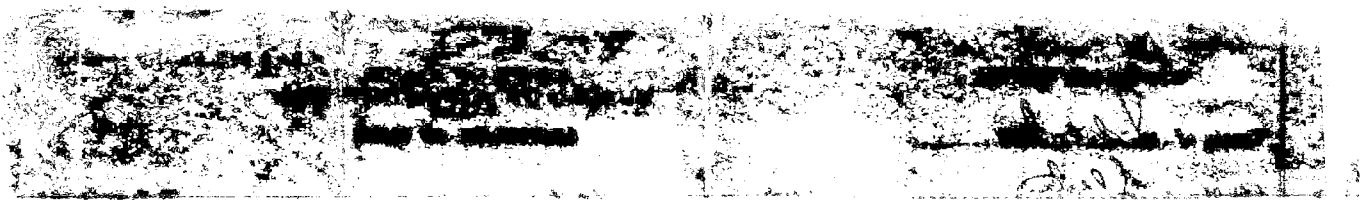
Given names added from a supplemental report.

_____ 19__

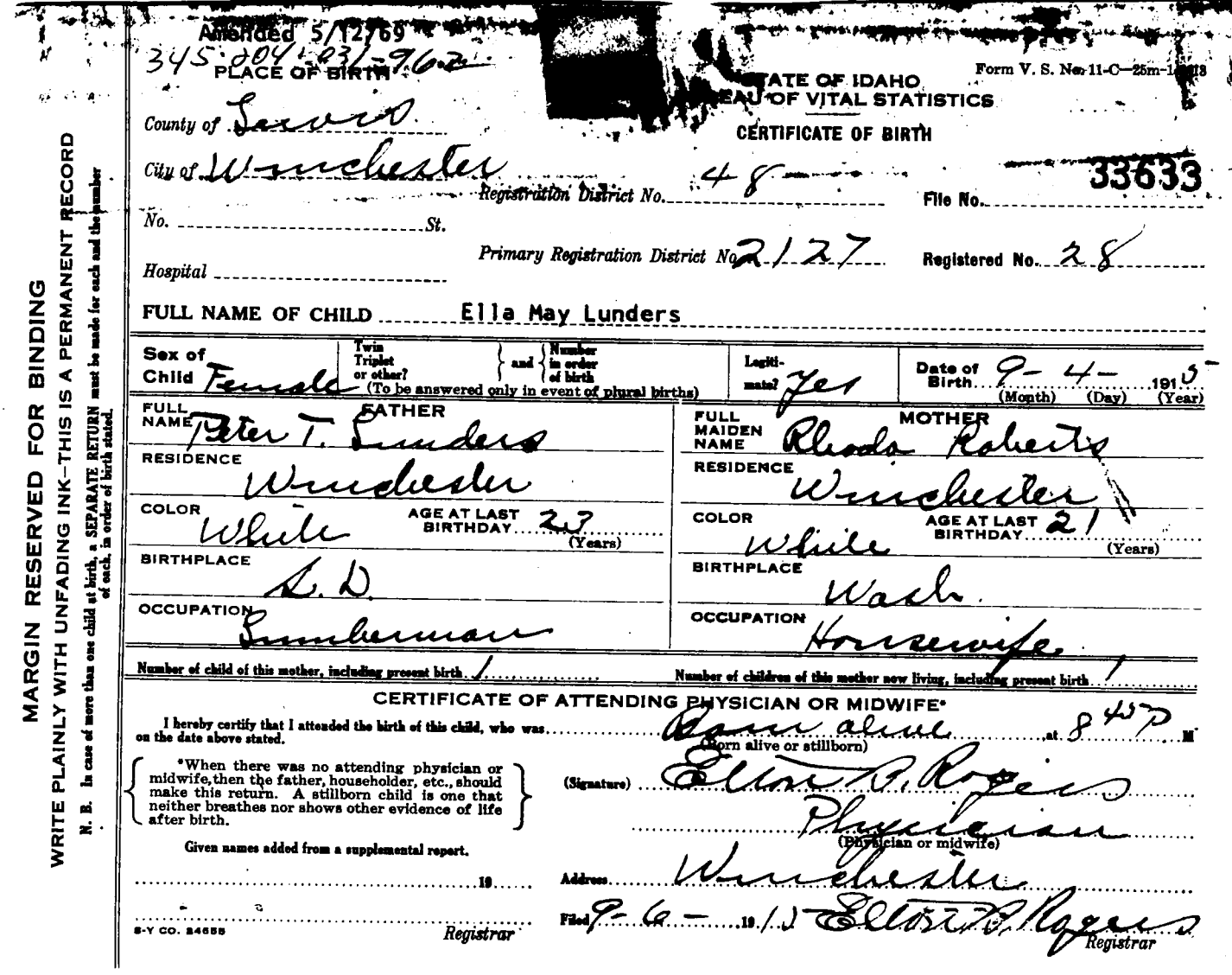
Address Stites Idaho

Filed Oct 1 1915 J. M. Verbeekmoes
Registrar

S-Y CO. 24655



MAR 1 1942



Amended 5/12/69

345-04-1031-962

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1[illegible]8

CERTIFICATE OF BIRTH

County of Lemhi

City of Winchester

Registration District No. 48

File No. 33633

No. ____ St.

Primary Registration District No. 2127

Registered No. 28

Hospital ____

FULL NAME OF CHILD Ella May Lunders

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	9 — 4 — 1915

FATHER	MOTHER
FULL NAME: Peter T. Lunders	FULL MAIDEN NAME: Rhoda Roberts
RESIDENCE: Winchester	RESIDENCE: Winchester
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 27 (Years)	AGE AT LAST BIRTHDAY: 21 (Years)
BIRTHPLACE: S. D.	BIRTHPLACE: Wash.
OCCUPATION: Lumberman	OCCUPATION: Housewife.

Number of child of this mother, including present birth: 1

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8 A.M. on the date above stated.

(Born alive or stillborn)

(Signature) Elsie B. Rogers

Physician

(Physician or midwife)

Address Winchester

Filed 9-6-1915 Elsie B. Rogers

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

....., 19.....

.....

Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 29 1968

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED APR 15 1969 Bureau of Vital Statistics

State of IDAHO } ss. Certificate No. 33633

County of Nez Perce } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Lunders (Name on Original Certificate) who was born (Was Born or Died) on September 4, 1915 (Date of Event)

in Winchester, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts are shown by Grade School Records (Bible Record, Insurance Policy, Etc.) prepared on School Census of 1924 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Unnamed	Ella May Lunders

Subscribed and sworn to before me this 10th day of April 1969.

J. D. Nicholson

Notary Public, residing at Lewiston, Idaho

My commission expires 8-17-72.

(Seal)

Signed Ernest Roberts (ELLA'S UNCLE)

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

2013 15th Ave, Lewiston, Ida

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.

County of

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at

My commission expires

(Seal)

Signed

(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155 CL. 3-19-68. nm.

Marriage Return, Asotin, Washington, married Dec. 17, 1932, gives name of groom as George Henry Whitted and bride as Ella May Lunders - viewed by V.S.

MAY 12 1969

School Record gives namea as Ella Lunders. Age 9 years old. P. F. Lunders as Father. Viewed by V. S.

Fireman's Fund Insurance Policy gives name as Ella May Whitted, Spouses name as Georoge Whitted. Dated Nov. 5, 1963. Viewed by V. S.

549-213-031-236

Form V. S. No. 11-C—25m-1-1-43

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of Reubens

No. ..... St.

Hospital .....

Registration District No. 48 File No. 33634

Primary Registration District No. 2127 Registered No. 29

FULL NAME OF CHILD Elsie Catherine Curry

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female			2	yes	Sept. 13 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Mathew J. Curry	FULL MAIDEN NAME	Mabel Scott
RESIDENCE	Reubens	RESIDENCE	Reubens
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Colorado	BIRTHPLACE	Minn.
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 9 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C Busey M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Reubens, Idaho

Filed 9-30 — 1915 Elton B. Rogers
Registrar

Registrar

S-Y CO. 24685

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 2 1973

135-15-03-268

PLACE OF BIRTH

County of Lewis

City of Winchester

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

CERTIFICATE OF BIRTH

Registration District No. 48 File No. 33635

Primary Registration District No. 212 Registered No. 90

FULL NAME OF CHILD Raymond LeVern

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male			yes	9 (Month) 15 (Day) 1905 (Year)

FATHER		MOTHER	
FULL NAME	Clyde Alexander	FULL MAIDEN NAME	Ida Boyd
RESIDENCE	Winchester	RESIDENCE	Winchester
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Ill	BIRTHPLACE	Ohio
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4:10 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elmer R. Rogers

Physician (Physician or midwife)

Address Winchester

Filed 9-15-1905 Elmer R. Rogers Registrar

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

433.1191031-255

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of Winchester

Registration District No. 48

File No. 33636

No. ..... St.

Primary Registration District No. 2127

Registered No. 31

Hospital .....

FULL NAME OF CHILD Donald John McCarthy

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	9-19-1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Robert McCarthy	FULL MAIDEN NAME	Nellie Benefiel
RESIDENCE	Winchester	RESIDENCE	Winchester
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Maine	BIRTHPLACE	Ore
OCCUPATION	Brakeman	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 4:30 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elton B. Rogers

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Winchester

Filed 9-20 1915 Elton B. Rogers
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington }
County of Walla Walla } ss.

Certificate No. 33636

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for John McCarthy (Name on Original Certificate) who was born (Was Born or Died) on September 19, 1915, (Date of Event) in Winchester, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible Records (Bible Record, Insurance Policy, etc.) prepared ~~xx~~ ~~by myself at date of birth~~ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	John McCarthy	Donald John McCarthy

Subscribed and sworn to before me this 2nd day of February, 19 42

Notary Public, residing at Walla Walla, Wash.

My commission expires August 12, 1945 (Seal)

Signed
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

28½ W. Alder St., Walla Walla, Wash.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington }
County of Walla Walla } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd day of February 1942

Harley W. Allen

Notary Public, residing at Walla Walla, Wash.

My commission expires August 12, 1942 (Seal)

Signed Nellie McCarthy
(Signature of Any Credible Person Other Than Previous Year)

307 S. Roosevelt, Walla Walla, Wash.
(Street Address, City, State)

381-1041 C25-396

PLACE OF BIRTH

STATE OF IDAHO
OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-13

CERTIFICATE OF BIRTH

33637

County of Ida

City of Whitebird

Registration District No. _____ File No. _____

No. _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Cedric Crowder CHAMBERLIN

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
male	—	1	yes	Oct 4 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	James CHAMBERLIN	FULL MAIDEN NAME	Stella Crowder
RESIDENCE	Boles Ida	RESIDENCE	Boles Ida California
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	California
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 3 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W A Foskett

Physician (Physician or midwife)

Address Whitebird

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Oct 19 15 W A Foskett Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—2[illegible]-1-1-18

STATE OF IDAHO
U OF VITAL STATISTICS

MAR 6

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of .....

City of .....

No. .....

NT RECORD

and the number

on District No. ..... File No. .....

on District No. ..... Registered No. .....

Date of Birth ..... 191...
(Month) (Day) (Year)

MOTHER

AGE AT LAST BIRTHDAY .....
(Years)

ding present birth .....

M ..... at .....

.....

.....

.....

.....

Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Idaho

Certificate No. 33637
Date Filed 3/23/42 MAR

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Cedric Crowder Chamberlain (Name on Original Certificate) who was born (Was Born or Died) on 10/4/1915 (Date of Event) in Boles, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by _____ (Bible Record, Insurance Policy, Etc.) prepared on _____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Cedric Crowder Chamberlain	Cedric Crowder Chamberlin
name of father	James Chamberlain	James Chamberlin

Subscribed and sworn to before me this 23 day of March, 1942
Marie C. Struck
Notary Public, residing at White Bird Ida
My commission expires 5/8/45
(Seal)

Signed James Chamberlin
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
White Bird Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Idaho

[This Affidivat MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23 day of March, 1942
Marie C. Struck
Notary Public, residing at White Bird Ida
My commission expires 5/8/45
(Seal)

Signed Thos Pogue
(Signature of Any Credible Person Other Than Previous Year)
Whitebird - Idaho
(Street Address, City, State)

267-216-025-449

PLACE OF BIRTH

County of Ida

City of Canfield

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... File No. 33638

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Box, Mildred Jennie

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
—	—	2	yes	Aug 16 1915

(To be answered only in event of plural births)

FATHER

FULL NAME: Wilbur Box

RESIDENCE: Canfield Ida

COLOR: White AGE AT LAST BIRTHDAY: 29 (Years)

BIRTHPLACE: Missouri

OCCUPATION: Rancher

MOTHER

FULL MAIDEN NAME: Stella Murphy

RESIDENCE: Canfield Ida

COLOR: White AGE AT LAST BIRTHDAY: 27 (Years)

BIRTHPLACE: Arkansas

OCCUPATION: Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 7 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W A Hackett

Physician (Physician or midwife)

Address Whitebird Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Aug 19 5

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 33638
County of Idaho } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Mildred Jennie Box (Birth or Death)
for Birth Certificate (Name on Original Certificate) who Was born (Was Born or Died) on Aug 16 1915 (Date of Event)
in Rice Creek, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed Box	Mildred Jennie Box
Rice Creek, Idaho	Mildred Jennie Box	Mildred Jennie Box

Subscribed and sworn to before me this 19th day of May 1945

John L. Rocky
Notary Public, residing at Cottonwood
My commission expires Mar 27 1949
(Seal)

Signed Jolla M. Box
(Signature of Parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Mother
Cottonwood Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws,)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

MAY 2 3 1945

FEB 23 1967

261-120-025-386

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ida

City of Whitebird

No. _____ St.

Hospital _____

Registration District No. _____ File No. 33639

Primary Registration District No. _____ Registered No. _____

FULL NAME OF CHILD Lisle Sidney Swartz

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	—		— 1	yes	July (Month) 20 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Vernon Swartz	FULL MAIDEN NAME	Ireta Thompson
RESIDENCE	Whitebird Ida	RESIDENCE	Whitebird Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho — Co Ida
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 6 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W A Foskett

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Address Whitebird Ida

Filed Aug 19 15

W A Foskett Local Registrar

_____ Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C-[illegible] 1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Son District No. ..... File No. .....

Son District No. ..... Registered No. .....

Date of Birth ..... 191...
(Month) (Day) (Year)

MOTHER

AGE AT LAST BIRTHDAY .....
(Years)

ding present birth .....

..... at ..... M

.....

.....

.....

.....

Registrar

PLACE OF BIRTH

County of .....

City of .....

No. .....

DROOT RECORD

and the number

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

No. 8. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of [illegible]

[illegible] OF BIRTH

City of Emmett City Registration District No. 6 File No. 33640

No. ....., ... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Thomas Willard Hunter

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	9-22, 1915

FATHER		MOTHER	
FULL NAME	Stewart McKlveen Hunter	FULL MAIDEN NAME	Louise Willard
RESIDENCE	Emmett Ida	RESIDENCE	Emmett Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Emmwald Iowa	BIRTHPLACE	Galesburg Ill.
OCCUPATION	Presbyterian Minister	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5-30 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Reynolds

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Emmett

Filed 9-24 1915 J. L. Reynolds Registrar

Registrar

S-Y CO., 16670

294-207-003-169

PLACE OF BIRTH

County of Bancroft

City of Lodi Springs

No. ..... St.

Hospital .....

STATE [illegible]
BUREAU OF VITAL [illegible]ICS

Form V. S. No. 11-C—25m-1-1-13

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 33642

Primary Registration District No. 2048 Registered No. 183

FULL NAME OF CHILD Annie Mary Simons

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
2		yes	June 7 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Elmer Simons	FULL MAIDEN NAME	Bertha Gorge
RESIDENCE	Bancroft Ida	RESIDENCE	Bancroft Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	45 (Years)
BIRTHPLACE	Bountiful Wife	BIRTHPLACE	Bountiful Wife
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 9 P M on the date above stated.

(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alice Aston

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Bancroft

Eliz Karey Registrar

Filed Oct 19 1915 Eliz Karey Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

See 1915-30807

449 1195 053-365

PLACE OF BIRTH

[redacted] F IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Gem

City of Emmett

No. ....., County St.

Registration District No. 4

File No. 33641

Primary Registration District No. .....

Registered No. .....

Hospital .....

FULL NAME OF CHILD Calvin Murphy

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	9-19, 1915

FATHER		MOTHER	
FULL NAME	John F Murphy	FULL MAIDEN NAME	Lenora Coverdale
RESIDENCE	Pearl Ida	RESIDENCE	Pearl Idaho
COLOR	White	COLOR	W
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Indianna	BIRTHPLACE	California
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive 2 30 (Born alive or stillborn), at P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J L Reynolds

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Emmett

Filed 9-20 1915 J L Reynolds Registrar

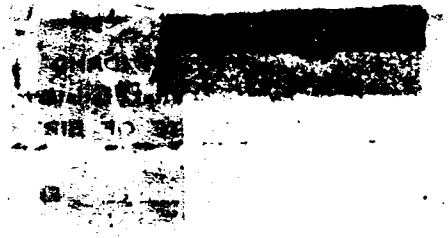
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



553-209-003-493

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bancroft

City of Bancroft

No. ..... St.

Hospital .....

Registration District No. 11 File No. 33643

Primary Registration District No. 2048 Registered No. 182

FULL NAME OF CHILD Ruth Annie Nelson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
2		7	June 9 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Edwin Carl Nelson	FULL MAIDEN NAME	Annie Miller
RESIDENCE	Bancroft Ida	RESIDENCE	Bancroft Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Chicago Ill	BIRTHPLACE	Ogden Utah
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 19 M on the date above stated.

(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alice Aston

(~~Physician~~ or midwife)

Given names added from a supplemental report.

..... 19....

Address Bancroft

Eric Kaarly Registrar

Filed Oct 10 1915 Eric Kaarly Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

219-124-003-483

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33644

County of Banock

City of Bancroft

Registration District No. 11

File No.

No. St.

Primary Registration District No. 2048

Registered No. 181

Hospital

FULL NAME OF CHILD Howard Barfus

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural birth)	Legitimate?	Date of Birth
B		yes	June 24 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Godfred Barfus	FULL MAIDEN NAME	Annie Mythanbach
RESIDENCE	Bancroft Ida	RESIDENCE	Bancroft Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	49 (Years)	AGE AT LAST BIRTHDAY	41 (Years)
BIRTHPLACE	Switsland	BIRTHPLACE	Switsland
OCCUPATION	Farmer	OCCUPATION	farmer wife

Number of child of this mother, including present birth 8

Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 119 M on the date above stated.

(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alice Aston

(~~Physician or~~ midwife)

Given names added from a supplemental report.

..... 19....

Address Bancroft

Elis Kardy
Registrar

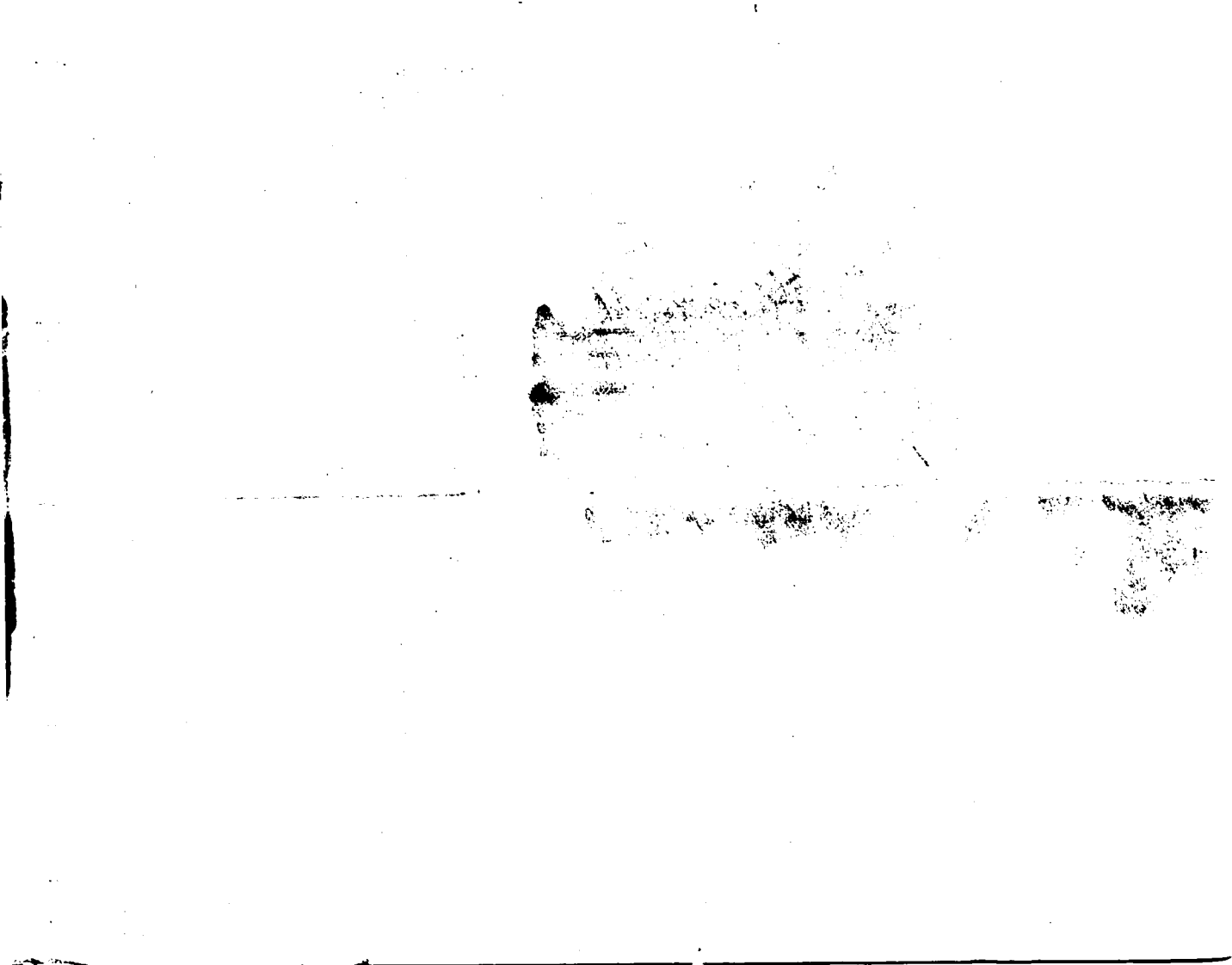
Filed Oct 19 1915 Elis Kardy
Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child of birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



289-105-003-493

PLACE OF BIRTH N Bancroft

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonock

City of Bancroft

No. ..... St.

Hospital .....

Registration District No. 11

File No. 33645

Primary Registration District No. 2048

Registered No. 188

FULL NAME OF CHILD Merril Nixen Shipley

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
NB		yes	May 5 1915

FATHER		MOTHER	
FULL NAME	Oalpert Shipley	FULL MAIDEN NAME	Emma Elnora Nixon
RESIDENCE	Kelly Ida	RESIDENCE	Kelly Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Preston Ida	BIRTHPLACE	Iona Ida
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at ..... M on the date above stated.

(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alice Aston

(~~Physician~~ or midwife)

Given names added from a supplemental report.

..... 19.....

Address Bancroft

Filed 10-10-1915 Ellen Kackley Registrar

Ellen Kackley Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

381-114-003-243

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Turner

No. ..... St.

Hospital .....

Registration District No. 82 File No. 33647

Primary Registration District No. 3161 Registered No. 178

FULL NAME OF CHILD George Rex Chaffin

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	Sept 14 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Charles W. Chaffin	FULL MAIDEN NAME	Eliza Bullard
RESIDENCE	Turner	RESIDENCE	Turner
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5:30 a. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. R. J. Smith

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Bancroft Idaho

Filed Oct 19 1915 Ellen Kasley
Registrar

Ellen Kasley
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1942

AUG 30 19

MARGIN RESERVED FOR BINDING

WHITE PLASTIC WITH UNFADING INK—THIS IS A PERMANENT RECORD

469-228 1003-291

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33649

County of Bannock

City of Lava Hot Spgs. Ida

Registration District No. 82 File No.

No. St.

Primary Registration District No. 3161 Registered No. 176

Hospital

FULL NAME OF CHILD no name (Died)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
f		Yes	Sept 8 1915

FATHER		MOTHER	
FULL NAME	Herbert D. Dorman	FULL MAIDEN NAME	Emma Brandner
RESIDENCE	Lava Hot Spgs	RESIDENCE	Lava Hot Spgs.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	51	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Connecticut	BIRTHPLACE	Illinois
OCCUPATION	Farming	OCCUPATION	Wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. T. J. Smith
(Physician or midwife)

Given names added from a supplemental report.

Address Bancroft Ida

19

Eric Kaney Registrar

Filed Oct 14 1915 Eric Kaney Registrar

S-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

291-121-003-291

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of ~~Bannock~~ Bancroft

Registration District No. 11 File No. 33650

No. _____ St.

Primary Registration District No. 2048 Registered No. 175

Hospital _____

FULL NAME OF CHILD Maxine Grace Brady

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
NB		yes	June 21 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Loven C Brady	FULL MAIDEN NAME	~~[illegible]~~ B Brady
RESIDENCE	Chesterfield Idaho	RESIDENCE	Chesterfield Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Kansas Mo	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at 4:00 M on the date above stated.
(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alice Austin

(~~Physician~~ or midwife)

Given names added from a supplemental report.

_____ 19__ Address Bancroft

Elias Kaney Registrar Filed Oct 19 1915 Elias Kaney Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 14 1960

213-103-003-389

PLACE OF BIRTH

Amended 3-31-78

County of Bannock

City of Sedo Springs

No. _____ St.

Hospital _____

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 33651

Primary Registration District No. 2048 Registered No. 178

FULL NAME OF CHILD Vernon C. Baller

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
M	—		yes	Oct 5 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Earl Baller	FULL MAIDEN NAME	Maud Christensen
RESIDENCE	Sedo Springs	RESIDENCE	Sedo Springs
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	Wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at 11 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Eric Karsley

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Eric Karsley
Registrar

Address _____

Filed Oct 19 1915 Eric Karsley
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 2 5 1976

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
MAR 10 8 42 AM '78

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho } ss.
County of Caribou

Certificate No. 33651

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Daniel Balls (Name on Original Certificate) who was born (Was Born or Died) on Oct 3, 1915 (Date of Event)
in Soda Springs, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Daniel Balls	Vernon C. Balls
birthdate	October 3, 1915	October 15, 1915

Subscribed and sworn to before me this 17th day of
Crane, 1978
Notary Public, residing at Georgetown
My commission expires 8/22/78
(Seal)

Signed
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Caribou

[This Affidavit MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17th day of
Crane, 1978
Notary Public, residing at Georgetown
My commission expires 8/22/78
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

CL 10/25/76 lbc &lcc pd. rec. #2540.

University of Idaho transcript gives name as Vernon C. Balls born October 5, 1915 in Soda Springs, Idaho. Parents are listed as Laurence Earl Balls and Maud Christensen. Matriculated Feb. 1, 1937.
Viewed by V.S.

Certificate of ordination gives name as Vernon C. Balls who was ordained an elder in the Melchizedek piresthood of the 1. D. S. Church on December 26, 1937
Born October 5, 1915
Viewed by V.S.

Separation from the U. S. Naval Service gives name as Vernon C. Balls entered Service August 23, 1941. This gives birthdate as October 5, 1915.
Viewed by V.S.

159-212-0053-168

Amended 1/16/73

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 33652
Local Reg. No.
Reg. Dist. No. 11

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF BIRTH
a. COUNTY: Bannock
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Central
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Central
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Agnes
b. (Middle): Lucille
c. (Last): Anderson

4. SEX: F
5a. THIS BIRTH: SINGLE ____ TWIN ____ TRIPLET ____
5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____
6. DATE OF BIRTH: (Month) October (Day) 12, (Year) 1915

FATHER OF CHILD

7. FULL NAME
a. (First): Gus
b. (Middle):
c. (Last): Anderson

8. AGE (At time of this birth): 43 YEARS
9. BIRTHPLACE (State or foreign country) (City or Town): Sweden
10. USUAL OCCUPATION: Rancher
11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Sophia
b. (Middle):
c. (Last): Johnson

13. AGE (At time of this birth): 44 YEARS
14. BIRTHPLACE (State or foreign country) (City or Town): Sweden
15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 7
b. How many OTHER children were born alive but are now dead?
c. How many children were stillborn (born dead after 20 wks. pregnancy?)
16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Ellis Kackly
18. ATTENDANT AT BIRTH: M.D. ____ MIDWIFE ____ OTHER (Specify) ____
19. ADDRESS: Soda Springs, Idaho
20. DATE SIGNED:
21. DATE REC'D BY LOCAL REG.: Oct. 12, 1915
22. REGISTRAR'S SIGNATURE: Ellis Kackly
23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS
WEIGHT AT BIRTH ____ LBS. ____ OZS. TIME: 4:30AM
RACE OR COLOR OF FATHER: W
RACE OR COLOR OF MOTHER: W
METHOD OF DELIVERY:
Was 1% Silver Nitrate Used to prevent blindness? YES ____ NO ____

BIRTH INJURY TO INFANT ____ YES IF YES, DESCRIBE ____ NO
CONGENITAL MALFORMATIONS OF INFANT ____ YES IF YES, DESCRIBE ____ NO

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 33652

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Selma Anderson (Name on Original Certificate) who was born (Was Born or Died) on Oct. 10, 1915 (Date of Event)

in Central, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Selma Anderson	Agnes Lucille Anderson
Child's Date of Birth	October 10, 1915	October 12, 1915

Subscribed and sworn to before me this 5 day of June, 1973

Elliott Thornley

Notary Public, residing at Smithfield, Utah

My commission expires March 17, 1974

(Seal)

Signed Dean Dowler

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

..... (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Cache }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12 day of January, 1973

Helen C. Lamb

Notary Public, residing at Hyde Park, Utah

My commission expires 22 May 1973

(Seal)

Signed Selma Anderson Renhart (Sister)

(Signature of Any Credible Person)

408 North 4th West

(Street Address, City, State)

Logan, Utah

FORM DH 60-155

CL 11 14-66. on copy pd. rec. #2875.

Certificate of birth from LDS Church gives name as Agnes Lucille Anderson. Date of birth given as October 12, 1915. Father's name given as Gustav E. Anderson and mother's name given as Sophia Johnson. Entered on Record Dec. 5, 1915. Viewed VS

Own Child's birth certif. on file in Idaho (#233017) gives mother;s name as Agnes Lucille Anderson and father's name as Dean Arthur Fowler. Child's name given as Stanford Duane Fowler. Born Sept. 17, 1934. Viewed by V. S. Age of mother given as 19 years.

168-205-003-753

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Bancroft

No. ..... St.

Hospital .....

Registration District No. 11 File No. 33653

Primary Registration District No. 2048 Registered No. 172

FULL NAME OF CHILD Mildred Johnson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
G		yes	Aug 5 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Albert Johnson	FULL MAIDEN NAME	Amanda Peterson
RESIDENCE	Lund Ida	RESIDENCE	Lund Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Ogden Utah
OCCUPATION	Farmer	OCCUPATION	Farmer wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 4 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alice Aslan

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Bancroft

Filed Oct 10, 1915 Elis Karly
Registrar

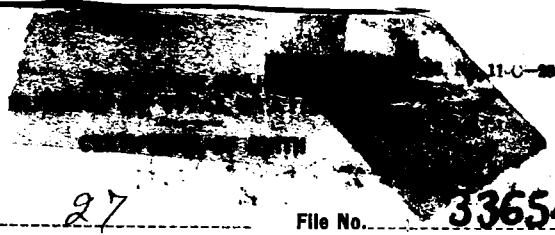
Elis Karly
Registrar

S-Y CO. 24655

SEP 8 1975

258-107-021-417

PLACE OF BIRTH



County of Franklin

City of Preston

No. ..... St.

Hospital Home

Registration District No. 27

File No. 33654

Primary Registration District No. 2119

Registered No. 242

FULL NAME OF CHILD McNaughton Emery M Snyder

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		yes	Sept (Month) 7 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Ben C. Snyder	FULL MAIDEN NAME	Mittie Maxfield
RESIDENCE	Preston Idaho	RESIDENCE	Preston Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Park City Utah	BIRTHPLACE	Murry Utah
OCCUPATION	day Laborer	OCCUPATION	House wife

Number of child of this mother, including present birth 8

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 3 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Nancy Beckstead

Midwife. (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Preston, Ida.

Filed 10/10 1915 Dr. A. R. Cutler Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 21 1942

FEB 21

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Utah }
County of Salt Lake } ss.

Certificate No. 33654

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Emery M. Snyder (Name on Original Certificate) who born (Was Born or Died) on Sept. 7, 1915 (Date of Event)
in Preston, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on about Sept. 7, 1915 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Emery M. Snyder	Emery McNaughton Snyder

Subscribed and sworn to before me this 24th
day of February, 1942
Everett W. Empey
Notary Public, residing at Bingham Canyon, Utah
My commission expires Sept. 5, 1945
(Seal)

Signed Artemisia Snyder,
(Signature of parent or attendant if birth record; of attendant, funeral director, informant if correcting death record; or other credible person.)
Copper Hotel
Bingham Canyon Utah.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah }
County of Salt Lake } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th
day of February, 1942
Everett W. Empey
Notary Public, residing at Bingham Canyon, Utah
My commission expires Sept. 5, 1945
(Seal)

Signed Leona Snyder
(Signature of Any Credible Person Other Than Previous Year)
Copper Hotel
Bingham Canyon, Utah
(Street Address, City, State)

2 1942

632-212-021-753

PLACE OF BIRTH

County of Franklin

City of Mink Creek

No. ..... St.

Hospital Home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

CERTIFICATE OF BIRTH

Registration District No. 27 File No. 33655

Primary Registration District No. 2119 Registered No. 243

FULL NAME OF CHILD Vernis Olsen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Female			yes	Sept 12 (Month) (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Gustave Olsen	FULL MAIDEN NAME	Elizabeth Peterson
RESIDENCE	Mink Creek	RESIDENCE	Mink Creek
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Sweeden	BIRTHPLACE	Sweeden
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1.30 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Nancy Beckstead

Midwife (Physician or midwife)

Address Preston, Ida.

Given names added from a supplemental report. ..... 19.....

Filed 10/16 1915 D. A. Preston Registrar

..... Registrar

2-Y CO. 24699

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 7 1972

553-225-021-319

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Glendale

No. _____ St.

Hospital Home

Registration District No. 97 File No. 33656

Primary Registration District No. 2119 Registered No. 244

FULL NAME OF CHILD Vesta Elizabeth Nelson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	June 25 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Hyrum W. Nelson	FULL MAIDEN NAME	Clara E Larson
RESIDENCE	Glendale	RESIDENCE	Glendale
COLOR	white — AGE AT LAST BIRTHDAY 21 (Years)	COLOR	white — AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE	Logan, Utah.	BIRTHPLACE	Glendale Idaho
OCCUPATION	Farmer.	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Nancy Beckstead
Midwife
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Preston Ida

Filed 10/10 1915 Dr A R Cutler
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP 001915-357921

465-407-021-299

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

No. ..... St.

Hospital Home

Registration District No. 27 File No. 33657

Primary Registration District No. 2119 Registered No. 245

FULL NAME OF CHILD Geo. K. Monson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	Date of Birth July (Month) 7 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Aaron Monson	FULL MAIDEN NAME	Sarah Kirkup
RESIDENCE	Preston,	RESIDENCE	Preston
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Richmond, Utah	BIRTHPLACE	Franklin Idaho
OCCUPATION	Macannie	OCCUPATION	House wife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Nancy Beckstead

Midwife (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Preston, Idaho

..... Registrar

Filed 10/10 1915 D. A. R. Cutler Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

CERTIFICATE

City of Mink Creek

Registration District No. 27

No. ..... St.

Primary Registration District No. 2119 Registered No. 246

Hospital Home

FULL NAME OF CHILD Tennie Julia Hansen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	July (Month) 9 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Andrew Hansen	FULL MAIDEN NAME	Josephine Hansen
RESIDENCE	Mink Creek, Idaho	RESIDENCE	Mink Creek, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Denmark	BIRTHPLACE	Weeden
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5-30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Nancy Beckstead, Midwife (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Preston Idaho

Filed 10/10 1915 Dr A R Butler Registrar

Registrar

S-Y CO. 24655

215-E3-007-915

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

[redacted] C-Rev-1-1-18

CERTIFICATE OF BIRTH

County of Bannock

City of Cleveland

Registration District No. 27 File No. 33659

No. ____ St.

Primary Registration District No. 2119 Registered No. 264

Hospital ____

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Aug. 3 1915

FATHER	MOTHER
FULL NAME: Preston G. Sant	FULL MAIDEN NAME: Libbie Ransom
RESIDENCE: Cleveland, Idaho	RESIDENCE: Cleveland, Idaho.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 30 (Years)	AGE AT LAST BIRTHDAY: 30 (Years)
BIRTHPLACE: Bountiful, Utah	BIRTHPLACE: Trenton, Utah
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6:20 P M on the date above stated.

(Signature) G. W. Sales

Physician (Physician or midwife)

Address Preston, Idaho.

Filed 10/10 1915 Drake Cullen Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

MAY 1 1967

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

363-105-003-493

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Treasureton

No. ..... St.

Hospital .....

Registration District No. 27 File No. 33660

Primary Registration District No. 2119 Registered No. 263

FULL NAME OF CHILD Newman Cole

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Aug. (Month) 5 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	John A. Cole	FULL MAIDEN NAME	Jane Millington
RESIDENCE	Treasureton, Idaho	RESIDENCE	Treasureton, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Willard Utah	BIRTHPLACE	Treasurton, Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8:55 A. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G W States

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Preston, Idaho.

Filed 10/10 1915 Dr A R Cutler Registrar

Registrar

S-Y CO. 24655

L.D.S. Church Cert. of Blessing, Oct. 3, 1915 gives full name of child as Newman Cole, son of John A. Cole and Jane Millington, born Aug. 5, 1915 at Treasureton, Idaho - viewed by V.S. L.D.S. Church Cert. of Ordination, ordained a Deacon, Feb. 26, 1929 gives full name as Newman Cole, son of John A. Cole and Jane Millington, born Aug. 5, 1915 at Treasureton, Idaho - viewed by V.S.

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of IDAHO
County of Franklin } ss.

Certificate No. 33660
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Cole (male child) (Name on Original Certificate) who was born (Was Born or Died) on Aug. 5, 1915 (Date of Event) in Treasureton, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Church Records (Bible Record, Insurance Policy, Etc.) prepared on Oct 3, 1915 & Feb 26, 1929 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Newman Cole

Subscribed and sworn to before me this 12 day of Feb, 1962
Rachel Holt
Notary Public, residing at Weston Ida
My commission expires Mar 16 1965
(Seal)

Signed Idelle Cole
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Franklin } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd day of February, 1962
W Dean Fairview
Notary Public, residing at Preston, Ida
My commission expires 9-7-62
(Seal)

Signed Melvin Kirby
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155 CL 1-29-62. one copy pd. rec. #6167.

FEB 16 1962

Amended 9-29-66

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 33661
Local Reg. No. 262
Reg. Dist. No. 27

1. PLACE OF BIRTH
a. COUNTY: Franklin
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Whitney
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Franklin
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Whitney
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Paul
b. (Middle): Neeley
c. (Last): Dunkley

4. SEX: Male

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): Aug. 7, 1915

FATHER OF CHILD

7. FULL NAME
a. (First): Benjamin
b. (Middle):
c. (Last): Dunkley

8. AGE (At time of this birth): 40 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Franklin, Idaho

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Susie
b. (Middle):
c. (Last): Neeley

13. AGE (At time of this birth): 37 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Franklin, Idaho

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 4
b. How many OTHER children were born alive but are now dead?
c. How many children were stillborn (born dead after 20 wks. pregnancy?)

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: G. W. States

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Preston, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: 10/10/1915

22. REGISTRAR'S SIGNATURE: Dr. A.R. Cutler

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address ION OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED SEP 6 1966 Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 33661

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Dunkley (male child) (Name on Original Certificate) who was born (Was Born or Died) on Aug. 7, 1915 (Date of Event)

in Whitney, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Paul Neeley Dunkley
Father's First Name	Banjamine	Benjamin

Subscribed and sworn to before me this 2nd day of Sept, 19 66

Notary Public, residing at Kaysville, Utah

My commission expires 27 March 1970

(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

..... (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Davis }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd day of Sept, 19 66

Notary Public, residing at Kaysville Utah

My commission expires 27 March 1970

(Seal)

Signed .....
(Signature of Any Credible Person)

..... (Street Address, City, State)

FORM DM 60-155

CL 8-23-66. one copy pd. rec. #18536.

L.D.S. Church Cert. of Ordination to the Holy Priesthood as a Deacon gives full name as Benjamin Miller Dunkley, born Oct. 30, ~~19~~ 1908 at Whitney, Idaho to Benj. G Dunkley and Susan Neeley - viewed by V.S. ordained Dec. 6, 1920 -

National Service Life Insurance Policy, dated March 1, 1943, cert. no. N 9 363 369 gives full name as Paul Neeley Dunkley - viewed by V.S.

Veterans Administration, change of beneficiary , dated Nov. 18, 1957 gives full name as Paul Neeley Dunkley, policy no. V - 1303 16 53 - Air Force - viewed by V.S.

396-1081003-763

PLACE OF BIRTH

County of Bannock

City of Treasurton

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11[illegible]

Registration District No. 27 File No. 33662

Primary Registration District No. 2119 Registered No. 261

FULL NAME OF CHILD _____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Aug. 8 1915

FATHER

FULL NAME: Wm G. Crockett

RESIDENCE: Treasureton, Idaho

COLOR: White

AGE AT LAST BIRTHDAY: 22 (Years)

BIRTHPLACE: Preston, Idaho

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Mary Ann Cole

RESIDENCE: Treasureton, Idaho

COLOR: White

AGE AT LAST BIRTHDAY: 20 (Years)

BIRTHPLACE: Treasureton, Idaho

OCCUPATION: Housewife

Number of child of this mother, including present birth: 1

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 9.40 A. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G W Yates

Physician (Physician or midwife)

Address Preston, Idaho.

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Filed 10/10 1915 D A R Cutler Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

435-112.021-316

[redacted]OF BIRTH

[redacted]nklin

City of Preston

No. _____ St.

Hospital _____

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 27 File No. 33663

Primary Registration District No. 2119 Registered No. 260

FULL NAME OF CHILD Lucy McNeil

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Aug. (Month) 12 (Day) 1915 (Year)

FATHER	MOTHER
FULL NAME: Marriner McNeil	FULL MAIDEN NAME: Lucy Cafferty
RESIDENCE: Preston, Idaho.	RESIDENCE: Preston, Idaho
COLOR: White — AGE AT LAST BIRTHDAY: 30 (Years)	COLOR: White — AGE AT LAST BIRTHDAY: 31 (Years)
BIRTHPLACE: Ramah, New Mexico	BIRTHPLACE: Fairview, Idaho
OCCUPATION: Salesman	OCCUPATION: Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1:20 A.M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. Sates

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Preston, Idaho

Filed 10/10 1915 Dr. A. R. Cullen Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 17 1941

693-113-021-753

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Mink Creek, I

No. ..... St.

Hospital .....

Registration District No. 27 File No. 33664

Primary Registration District No. 2119 Registered No. 559

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Aug. (Month) 13 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Oscar Wilde	FULL MAIDEN NAME	Martha Peterson
RESIDENCE	Mink Creek, Idaho	RESIDENCE	Mink Creek, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Mink Creek, Idaho	BIRTHPLACE	Smithfield, Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8:45 P.M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G W States

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Preston, Idaho.

Filed 10/10 1915 D A R Culter Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

814-225-021-381

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston, Idaho.

No. _____ St.

Hospital _____

Registration District No. 27 File No. 33665

Primary Registration District No. 2119 Registered No. 258

FULL NAME OF CHILD Rose Jane Hadley

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Aug. (Month) 25 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Henry Hadley	FULL MAIDEN NAME	Katty Chatterton
RESIDENCE	Preston, Idaho.	RESIDENCE	Preston, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Salt Lake, City Utah.	BIRTHPLACE	Salt Lake City, Utah.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7, A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Oscar Christensen

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Preston, Idaho.

Filed 10/10 1915 [signature] Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 7 1975

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
BUREAU OF
VITAL STATISTICS
AUG 15 1 12 PM '75

State of ..... } ss.
County of ..... }

Certificate No. 33665

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed (Name on Original Certificate) who was born (Was Born or Died) on Aug. 25, 1915 (Date of Event)
in Preston (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Rosey Jane Hadley

Subscribed and sworn to before me this 7 day of Sept., 1975

Notary Public, residing at Boise, Idaho
My commission expires Sept. 18, 1977
(Seal)

Signed LeLand L. Chatterton, Sr.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1812 Grant Ave. Boise, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12th day of September, 1975

Notary Public, residing at Salt Lake City, Utah
My commission expires June 6, 1976
(Seal)

Signed Virginia Hadley Jensen
(Signature of Any Credible Person)

263 Paxton Ave. Salt Lake, Utah
(Street Address, City, State)

FORM DH 60-155

Certificate of Baptism & Confirnation, LDS Church Rose Jane Hadley Mann, Daughter of John Henry Hadley & Katie May Chatterton born Aug. 25, 1915 at Preston, Idaho, baptized Sept. 1, 1951 by Elder W. Paul Buys.
Viewed by VS

LDS Temple Recommend Salt Lake City, Temple dated March 24, 1955 signed by Thomas Briggs, Mission President - Rose Jane Hadley Mann born Aug. 25, 1915 a Preston, Idaho.

Viewed by VS

AUG 1 5 1975

493-122-003-165

[redacted]ACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Oxford, Idaho.

No. ..... St.

Hospital .....

Registration District No. 27 File No. 33666

Primary Registration District No. 2119 Registered No. 250

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	Twin		Yes	Sept. 22 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	W. H. Millard	FULL MAIDEN NAME	Clara Jones
RESIDENCE	Oxford, Idaho.	RESIDENCE	Oxford, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Preston, Idaho.	BIRTHPLACE	Lewiston, Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11:55 PM on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G W States

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Preston, Idaho.

Filed 10/11 1915 D. A. R. Cutler
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

5

[redacted]

ACE OF BIRTH

Bannock

Oxford, Idaho.

ECORD

130-021-713

[redacted] OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33667

County of Franklin

City of Whitney, Idaho.

No. ..... St.

Hospital .....

Registration District No. 27 File No. .....

Primary Registration District No. 2119 Registered No. 251

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Sept. 30 1915

FATHER	MOTHER
FULL NAME: Gerabold Weaver	FULL MAIDEN NAME: Lizzie Packer
RESIDENCE: Whitney, Idaho.	RESIDENCE: Whitney, Idaho.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 23 (Years)	AGE AT LAST BIRTHDAY: 21 (Years)
BIRTHPLACE: Whitney, Idaho.	BIRTHPLACE: Franklin, Idaho.
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated. 8:30 a M

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. Slates

Physician (Physician or midwife)

Address Preston, Idaho.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 10/10 1915 D. A. Cullen Registrar

8-Y CO. 24659

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

319-217 021-912

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Mink Creek,

No. ..... St.

Hospital .....

Registration District No. 27 File No. 33668

Primary Registration District No. 2119 Registered No. 257

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Sept. 17 1915 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME Junious Larson	FULL MAIDEN NAME Charity Rasmunson
RESIDENCE Mink Creek, Idaho.	RESIDENCE Mink Creek, Idaho.
COLOR White AGE AT LAST BIRTHDAY 30 (Years)	COLOR White AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Mink Creek, Idaho.	BIRTHPLACE Mink Creek, Idaho.
OCCUPATION Farmer	OCCUPATION Housrwife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2:40 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G W States

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Preston, Idaho.

Filed 10/10 1915 Dr A R Cutler
Registrar

Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

-013-216-021-275

Amended 3-21-62

(Be sure the information is complete and accurate)

State File No. 33669
Local Reg. No. 253
Reg. Dist. No. 27

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH

a. COUNTY: Franklin

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston, Idaho

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Franklin

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Mary b. (Middle): Ann c. (Last): Watson

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH (Month) (Day) (Year): Sept. 16, 1915

FATHER OF CHILD

7. FULL NAME a. (First): Alfred b. (Middle): R. c. (Last): Watson

8. COLOR OR RACE: White

9. AGE (At time of this birth): 43 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): England

11a. USUAL OCCUPATION: Farmer

11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME a. (First): Ernistine b. (Middle): c. (Last): Bingham

13. COLOR OR RACE: White

14. AGE (At time of this birth): 37 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Weber Co., Utah

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 10

b. How many OTHER children were born alive but are now dead? 2

c. How many children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: G. W. States

18b. ATTENDANT AT BIRTH: M. D. [X] MIDWIFE [ ] OTHER (Specify)

18c. ADDRESS: Preston, Idaho

18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.: 10/10/1915

20. REGISTRAR'S SIGNATURE: Dr. A.R. Cutler

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

FOR MEDICAL AND HEALTH USE ONLY
(This section MUST be filled out)

22a. LENGTH OF PREG-

22b. WEIGHT AT BIRTH

23. Was a standard serological test for syphilis performed?

Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, a hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physicia or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this articl with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be r attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occu red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in su case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birt Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by mu cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charg with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper cert cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, a upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

Documents listed on back -

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 33669

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Walton (female child) (Name on Original Certificate) who was born (Was Born or Died) on Sept. 16, 1915 (Date of Event) in Preston, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Mary Ann Watson
Father's Last Name	Walton	Watson

Subscribed and sworn to before me this 15th day of January, 1961

Harold Cube

Notary Public, residing at Ogden, Ut.

My commission expires Mar. 27. 1961

(Seal)

Signed Loren O. Ray

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Weber }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed Carlen Hancock

(Signature of Any Credible Person)

.....

(Street Address, City, State)

FORM DH 60-155 CL 11-8-61. one copy pd. rec. #3045. and one copy pd. rec. #7718.

L.D.S. Church Certificate of Baptism and Confirmation, Aug. 3, 1924 gives full name of child as Mary Ann Watson, daughter of Alfred Watson and Margaret Bingham, born September 16, 1915 at Preston, Idaho - viewed by V.S.

~~Statement from~~

Notarized Statement from Mrs. Lois Proctor, Secretary, Department of Pupil Personnel Ogden, Utah Public Schools - states "The Ogden City Schools Record of Pupils shows that Mary Watson entered the third grade at the Washington School on 9-8-24 and resided at 3272 Adams. The Ogden City Schools Census records show that the above names student is the daughter of A.R. Watson, and shows her birthdate to be 9-16-15. Our records do not contain the place of birth." - viewed by V.S.

State of Utah, County of Davis, Marriage License and Certificate, married Aug. 18, 1950 at Farmington, Utah gives full name of groom as Edward F. Brown and full name of bride as Mary Ann Watson - viewed by V.S.

319-115-021-553

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Mink Creek,

No. ..... St.

Hospital .....

Registration District No. 27 File No. 33670

Primary Registration District No. 2119 Registered No. 254

FULL NAME OF CHILD Franklin Verlaine Larsen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Sept. 15 1915

FATHER	MOTHER
FULL NAME L. P. Larsen	FULL MAIDEN NAME Carrie Nelson
RESIDENCE Mink Creek, Idaho.	RESIDENCE Mink Creek, Idaho.
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 51 (Years)	AGE AT LAST BIRTHDAY 36 (Years)
BIRTHPLACE Pleasent Grove, Utah.	BIRTHPLACE Denmark
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 8

Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 21: 39 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G W Stoles

Physician (Physician or midwife)

Address Preston, Idaho.

Given names added from a supplemental report.

..... 19....

..... Registrar

Filed 10/10 1915 D. A. Rutter Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

319-206-021-763

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston, Idaho.

No. ..... St.

Hospital .....

Registration District No. 27 File No. 33671

Primary Registration District No. 2119 Registered No. 255

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	1			Yes	Sept. 6 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Clarence Carbridge	FULL MAIDEN NAME	Florence Golightly
RESIDENCE	Preston, Idaho.	RESIDENCE	Preston, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Franklin, Idaho.	BIRTHPLACE	Preston, Idaho.
OCCUPATION	R. F. D. Carrier	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6:10 AM on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Oscar Christensen

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19...

Address Preston, Idaho.

Filed 10/10 1915 Dr A R Cutler
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dep of 1915. DE 65. 065

Amended 8-15-57

PLACE OF BIRTH

356-231-003-869

County of Bannock

City of Oxford

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 27 File No. 33672

Primary Registration District No. 2119 Registered No. 256

FULL NAME OF CHILD Hazel Isabel Lewis
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Aug. 31, 1915

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Wm. A. Lewis	FULL MAIDEN NAME	Mary J. Horrocks
RESIDENCE	Oxford, Idaho	RESIDENCE	Oxford, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	48 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Richmond, Utah	BIRTHPLACE	Ogden, Utah
OCCUPATION	Rancher	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 p. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

..... Registrar.

(Signature) Oscar Christensen

Physician
(Physician or midwife)

Address Preston, Idaho

Filed 10-10-15 19.. Dr. A. R. Cutler
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Cert. of Blessing shows mother's correct name. - 11-5-15
Viewed by v.s.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Utah
County of Weber } ss.

Certificate No. 33672

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Lewis (Name on Original Certificate) who was born (Was Born or Died) on Aug. 31, 1915 11 p.m. (Date of Event)
in Oxford (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Own Child's Birth cert. (Bible Record, Insurance Policy, Etc.) prepared on Ogden, Utah - 12-18-1942 # 2057-D
May 15, 1938 (Give Date) #12278 PO are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	May 15, 1935 12277 (The Correct Facts)
		viewed b v.s.
Child's Name	Unnamed	Hazel Isabel Lewis
Mother's Maiden Name	Mary J. Hendricks	Mary J. Horrocks

Subscribed and sworn to before me this 24 day of June, 1957.

Notary Public, residing at Ogden Utah
My commission expires apr 5th 1960
(Seal)

Signed Mary J. Horrocks Lewis
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

2668 Van Buren
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah
County of Weber } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24 th day of June, 1957.

Notary Public, residing at Ogden Utah
My commission expires apr 5th 1960
(Seal)

Signed Ted N. Tyree
(Signature of Any Credible Person)

2668 Van Buren Ogden Utah
(Street Address, City, State)

FORM DPH 55. 155

L 6-21-57 nm

279-2 [redacted]

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of [redacted]

City of Preston, Idaho.

No. _____ St.

Hospital _____

Registration District No. 97 File No. 33673

Primary Registration District No. 2119 Registered No. 257

FULL NAME OF CHILD _____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Female			Yes	Aug. (Month) 25 (Day) 1915 (Year)

FATHER	MOTHER
FULL NAME: E. Spinden	FULL MAIDEN NAME: Lucile Ellis
RESIDENCE: Preston, Idaho.	RESIDENCE: Preston, Idaho.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 20 (Years)	AGE AT LAST BIRTHDAY: 17 (Years)
BIRTHPLACE: Logan, Utah.	BIRTHPLACE: Logan, Utah.
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5.30 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [redacted]

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Preston, Idaho.

Filed 10/10 1915 Dark Cutler Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

753-207-0 [illegible]-75

PLACE OF [illegible]

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Franklin

Registration District No. 27 File No. 33674

No. ..... St.

Primary Registration District No. 2119 Registered No. 236

Hospital .....

FULL NAME OF CHILD Wanda Peterson

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate Yes | Date of Birth 8 (Month) 7 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Carl E. Peterson	FULL MAIDEN NAME	Lena Peterson
RESIDENCE	Franklin	RESIDENCE	Franklin
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Laborer	OCCUPATION	Housework

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7 a. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. W. Tuleh

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Franklin, Ida.

Filed 10/10 1915 D. A. Cullen
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

413-110-021-619

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Franklin

Registration District No. 27 File No. 33675

No. _____ St.

Primary Registration District No. 2119 Registered No. 235

Hospital _____

FULL NAME OF CHILD Paul Farrell Mack

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	9 (Month) 10 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	John W. Mack	FULL MAIDEN NAME	Mary Farrell
RESIDENCE	Franklin	RESIDENCE	Franklin Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	44 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Barber	OCCUPATION	Housework

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11.30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. W. Tuck

Physician
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Franklin, Ida.

Filed 10/10 1915 D. A. R. Culter
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

cc 3/17/41 PMF

893-231-021-455

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 33676

County of Franklin

City of Franklin

Registration District No. 27

No. ..... St.

Primary Registration District No. 2119 Registered No. 93

Hospital .....

FULL NAME OF CHILD Venice Estella Hill

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural birth)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	July 31st 1915

FATHER		MOTHER	
FULL NAME	Aaron Hill	FULL MAIDEN NAME	Estella Lees
RESIDENCE	Weston Ida	RESIDENCE	Weston Ida
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Utah	BIRTHPLACE	Idaho.
OCCUPATION	Lawyer	OCCUPATION	Housework

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5.30 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. W. Zuck

Physician
(Physician or midwife)

Address Preston Franklin Ida.

Given names added from a supplemental report.

..... 19.....

Filed 10/10 1915 D. A. R. Cutler
Registrar

..... Registrar

S-Y CO. 24698

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

893-119-021-412

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33677

County of Franklin

City of Franklin

Registration District No. 27 File No.

No. St.

Primary Registration District No. 2119 Registered No. 233

Hospital

FULL NAME OF CHILD Leon Mark Hill

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	9 19 1915

FATHER		MOTHER	
FULL NAME	Geo. W. Hill	FULL MAIDEN NAME	Dessa Mark
RESIDENCE	American Falls Ida	RESIDENCE	American Falls
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. W. Quick

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Address Franklin, Ida.

Registrar

Filed 10/10 1915 D. A. Rulla Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 1 0 1968

165·107·021-155

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Dayton Idaho

Registration District No. 27

File No. 33678

No. ..... St.

Primary Registration District No. 2119

Registered No. 232

Hospital .....

FULL NAME OF CHILD Marvin George Jones

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	10 7 1915

FATHER		MOTHER	
FULL NAME	George Jones	FULL MAIDEN NAME	Mary Jenson
RESIDENCE	Dayton Idaho	RESIDENCE	Dayton
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Dayton Idaho	BIRTHPLACE	Clarkston Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Canfield

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Preston Idaho

Filed 10/9 1915 Dr A R Dulley

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 23 1953

SEP 17 1941

455-130-021 V65

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Dayton Idaho

Registration District No. _____ File No. 33679

No. _____ St.

Primary Registration District No. _____ Registered No. 231

Hospital _____

FULL NAME OF CHILD Willis Mendenhall

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Mail		Yes	9 (Month) 30 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Willis Mendenhall	FULL MAIDEN NAME	Ethel Jones
RESIDENCE	Dayton Idaho	RESIDENCE	Dayton Idaho
COLOR	AGE AT LAST BIRTHDAY 21 (Years)	COLOR	White AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE	Dayton Idaho	BIRTHPLACE	Franklin
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr C H Carfield

Physician (Physician or midwife)

Address Preston Idaho

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Filed 10/7 1915 Dr A R Cutler Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

666-120-021-749

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 33680
Local Reg. No.
Reg. Dist. No. 27

Amended 6/22/77

1. PLACE OF BIRTH
a. COUNTY: Franklin
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Franklin
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Franklin
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Franklin
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): James
b. (Middle): O.
c. (Last): Woodard

4. SEX: Male
5a. THIS BIRTH: SINGLE ____ TWIN ____ TRIPLET ____
5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____
6. DATE OF BIRTH (Month) (Day) (Year): Aug 20, 1915

FATHER OF CHILD

7. FULL NAME
a. (First): Leon
b. (Middle):
c. (Last): Woodard

8. AGE (At time of this birth): 26 YEARS
9. BIRTHPLACE (State or foreign country) (City or Town): Idaho
10. USUAL OCCUPATION: Laborer
11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Saphronia
b. (Middle):
c. (Last): Purnell

13. AGE (At time of this birth): 17 1. YEARS
14. BIRTHPLACE (State or foreign country) (City or Town): Idaho
15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living?
b. How many OTHER children were born alive but are now dead?
c. How many children were stillborn (born dead after 20 wks. pregnancy?)
16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: R. W. Quick
18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____
19. ADDRESS: Franklin, Ida.
20. DATE SIGNED:
21. DATE REC'D BY LOCAL REG.: 10/10/15
22. REGISTRAR'S SIGNATURE: Dr. A. R. Cutler
23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS
WEIGHT AT BIRTH ____ LBS. ____ OZS.
RACE OR COLOR OF FATHER: W
RACE OR COLOR OF MOTHER: W
METHOD OF DELIVERY:
Was 1% Silver Nitrate Used to prevent blindness? YES ____ NO ____

BIRTH INJURY TO INFANT
____ YES IF YES, DESCRIBE
____ NO

CONGENITAL MALFORMATIONS OF INFANT
____ YES IF YES, DESCRIBE
____ NO

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
MAR 10 3 35 PM '77

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss. Certificate No. 33680

County of ..... Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Russell Woodard (Name on Original Certificate) who was born (Was Born or Died) on Aug 20, 1915 (Date of Event)

in Franklin, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Church rec. (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Russell Woodard	James Orval Woodard
		James Orval Woodward

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.

County of Weber

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8 day of March, 1977

Claire G King

Notary Public, residing at Ogden 25th St Ogden, Utah

My commission expires ~~Commission Expires March 3, 1979~~

(Seal)

Signed Blain R. Anderson

(Signature of Any Credible Person)

456 [illegible]

(Street Address, City, State)

Ogden Utah

FORM DH 60-155

CL 11/12/76 lcc pd. rec. # 4989

Certif of birth from the LDS Church gives nameas James Orval Woodward born Aug 20, 1915 at Franklin, Idaho. father's name as James Leon Woodward and mother's nameas Saphronia Purnell. entered on record July 1, 1917. viewed by VS

Notification of Personnel Action(U. S. Civil Service) gives name as James O. Wooodward. born Aug 20,1915. Social Security No. 519-03-3740) dated 8.13/ 63. viewed by V. S.

Amended 3/5/70

PLACE OF BIRTH
-695-129.021-449

County of Franklin.

City of Preston.

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-13

CERTIFICATE OF BIRTH

Registration District No. 27 File No. 33681

Primary Registration District No. 2119 Registered No. 238

FULL NAME OF CHILD Glenn Clarence Frew.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		One	yes	Aug. 29, 1915

FATHER		MOTHER	
FULL NAME	Clarence Frew.	FULL MAIDEN NAME	Abbie Murdock.
RESIDENCE	Dayton.	RESIDENCE	Dayton.
COLOR	White	COLOR	White.
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Franklin.	BIRTHPLACE	Battle Creek.
OCCUPATION	Farmer	OCCUPATION	House Wife.

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alife. (Born alive or stillborn) at 5A M on the date above stated.

(Signature) C W Parkinson

(Physician or midwife)

Address: Preston, Ida.

Filed 10/12 1915 D A Cutler Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 3368 1

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)

for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)

in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	None given	Glenn Clarence Frew

Subscribed and sworn to before me this 23 day of April, 1943

Notary Public, residing at Boise

My commission expires 1/14/47
(Seal)

Signed X Abbie Frew.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

..... (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19 .....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

..... (Street Address, City, State)

DEC 3 0 1969

APR 2 3

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED FEB 2 1970 Bureau of Vital Statistics

State of Idaho
County of Elmore } ss.

Certificate No. 33681

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Glenn Clarence Frew (Name on Original Certificate) who was born (Was Born or Died) on Sept. 29, 1915 (Date of Event)

in Preston, ID (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Date of birth	September 29, 1915	August 29, 1915

Subscribed and sworn to before me this 27th day of January, 1970

[illegible] Sanders

Notary Public, residing at Mt. Home Idaho

My commission expires March 2, 1973

(Seal)

X Signed [illegible] (Sister)

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires

(Seal)

Signed

(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155 CL 1/16/70 1cc pd.

Discharge papers for Glenn C Frew. Honorable discharge. Date of birth Aug. 29, 1915, at Dayton, Idaho. date of sepraration Nov. 30, 1946. Signed by E M Macphee 1st Lt. AC. Viewed by VS.

MAR 5 1970

Application for insurance in the Order of Railway Employees, San Francisco, CA. gives name as Glenn C. Frew. date of birth as Aug. 29,1915. Dated Nov. 30, 1957. Signed by K. E. Richards. Viewed by VlS.

449-226-021-261

PLACE OF BIRTH Amended 12-29-78

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin.

City of Preston.

No. ..... St.

Hospital .....

Registration District No. 27 File No. 33682

Primary Registration District No. 2119 Registered No. 239

FULL NAME OF CHILD Elaine Dursteler

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female			One	yes	August (Month) 26 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Arnold Dursteler	FULL MAIDEN NAME	Ethel Swainston.
RESIDENCE	Whitney.	RESIDENCE	Whitney.
COLOR	White	COLOR	White.
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Preston	BIRTHPLACE	Whitney.
OCCUPATION	Farmer	OCCUPATION	House Wife.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alife. (Born alive or stillborn) at 3 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. L. Parkinson

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Preston, Ida.

Filed 10/1 1915 Dr. C. R. Cutler

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
VITAL STATISTICS
DEC 29 2 55 PM '78

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Franklin } ss.

Certificate No. 33682

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Elaine Dursteler (Name on Original Certificate) who was born (Was Born or Died) on Sept. 8, 1915 (Date of Event)
in Preston, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Church record (Bible Record, Insurance Policy, Etc.) prepared on Nov 7 1915 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Date of birth	Sept. 8, 1915	August 26, 1915

Subscribed and sworn to before me this 26th day of December, 19 78

LaRae S. Johnson
Notary Public, residing at Preston, Idaho
My commission expires Lifetime
(Seal)

Signed Ethel Mockli (Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Preston Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Franklin } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26th day of December, 19 78

LaRae S. Johnson
Notary Public, residing at Preston, Idaho
My commission expires Lifetime
(Seal)

Signed
(Signature of Any Credible Person)
256 East Oneida Preston, Idaho
(Street Address, City, State)

FORM DH 60-155 Correction Corresp. 11-17-78 (D) fc

Certificate of birth issued by the L. D. S. Church gives name as Elaine Dursteler born August 26, 1915, in Franklin County, Idaho. Elaine was born to Arnold Dursteler and Ethel Swainston. This certificate of birth was recorded in the Oneida Stake, Whitney Ward, Record of Births and Blessings 1915 Page 484, Line 471. Entered on record November 7, 1915.
Viewed by Vital Statistics

Public Employee Retirement System of Idaho's record lists name as Elaine D. Westerberg born in August of 1915 Employer Number 5201 0000000-00,
Record issued June of 1978. Original entry on record July 1973.
Viewed by V.S.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Franklin }

Certificate No. 33682

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for unnamed Durstella (Name on Original Certificate) who was born (Was Born or Died) on Sept. 8, 1915 (Date of Event)

in Preston (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	omitted Durstella	Elaine Dursteler
sex of child	omitted	female
Last name of father	Durstella	Dursteler

Subscribed and sworn to before me this 1st day of May, 1978

[signature]

Notary Public, residing at Preston, Id.

My commission expires life

(Seal)

Signed Ethel Dursteler Mockli

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

68 So. 2 E Preston Ida.

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Franklin }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st day of May, 1978

[signature]

Notary Public, residing at Preston Id.

My commission expires life

(Seal)

Signed Wendy K Westerberg

(Signature of Any Credible Person)

R F D #2 Preston, Idaho

(Street Address, City, State)

FORM DH 60-155

Correction corresp 3-16-78 1 copy pd Rec. # 234

Certif of Birth from the LDS Church gives name as Elaine Dursteler born Aug 26, 1915 in Whitney, Idaho, Franklin County. father's name Ws Arnold Dursteler and mother's name as Ethel Swainston. entered on record Nov 7, 1915 viewed by V. S. SEP 18

Own child's birth certif ~~of~~ on file in Idaho gives child's name as Pamela Westerberg born May 19, 1946 at Preston, Idaho. Russeel Delphin ~~W~~ Westerberg was given as the father and the mother'sname as Elaine Dursteler. viewed by V. S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

331-131-021-314

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston,

No. ..... St.

Hospital .....

Registration District No. 27 File No. 33683

Primary Registration District No. 2119 Registered No. 219

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	9 (Month) 31 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Thos. E. Clayton,	FULL MAIDEN NAME	Rosa Nell Lamoreaux
RESIDENCE	Preston, Idaho.	RESIDENCE	Preston, Idaho.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	42 (Years)
BIRTHPLACE	Franklin, Ida.	BIRTHPLACE	Logan, Ut.
OCCUPATION	Paper Hanger	OCCUPATION	Housewife.

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Albert R Cutler

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Preston, Idaho.

Filed 10/9 1915 Dan R Cutler

Registrar

Registrar

S-Y-CO 38071

JUL 1 2 1976

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

155-27-021-781

PLACE OF BIRTH

Amended 4-29-77

County of Franklin

City of Preston

No. ____ St.

Hospital ____

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33684

Registration District No. 27 File No. ____

Primary Registration District No. 2119 Registered No. 220

FULL NAME OF CHILD Lola Jensen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	9 27 1915

FATHER

FULL NAME: Joseph W. Jensen

RESIDENCE: Preston, Idaho.

COLOR: white

AGE AT LAST BIRTHDAY: 35 (Years)

BIRTHPLACE: Preston, Idaho.

OCCUPATION: Laborer

MOTHER

FULL MAIDEN NAME: Sarah S. Chadwick

RESIDENCE: Preston, Idaho.

COLOR: white

AGE AT LAST BIRTHDAY: 33 (Years)

BIRTHPLACE: Franklin, Idaho.

OCCUPATION: housewife

Number of child of this mother, including present birth: 7

Number of children of this mother now living, including present birth: 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4:45 P. M. on the date above stated.

(Signature) Albert R Cutler

Physician (Physician or midwife)

Address Preston, Idaho.

Filed 10/9 1915 D. A. R. Cutler Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of IDAHO
County of Bonneville } ss.

Certificate No. 33684

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for unnamed Jensen (femael) (Name on Original Certificate) who was born (Was Born or Died) on Sept 8, 1915 (Date of Event)
in Preston, Idaho (Franklin) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by LDS church records (Bible Record, Insurance Policy, Etc.) prepared on November 9, 1915 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Lola Jensen
Date of birth	September 8, 1915	September 27, 1915

Subscribed and sworn to before me this 14th day of March, 1977

Notary Public, residing at Idaho Falls, Idaho
My commission expires
(Seal)

Signed ✗ Lola Chadwick
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah
County of Salt Lake } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 31st day of March, 1977.

Sandra Nieto

Notary Public, residing at Salt Lake City, Utah
My commission expires July 15, 1980
(Seal)

Signed Gerald C Jensen
(Signature of Any Credible Person)

436 East 13th So. Salt Lake City Utah
(Street Address, City, State)

FORM DH 60-155

CL 2/22/77

Certif of Birth from the LDS Church gives nameas Lola Jensen born Sept. 27, 1915. at Preston,Idaho. father's name as Joseph W. Jensen and ~~xxx~~ Sarah Chadwick. Entered on recors Nov 7, 1915. viewed by V. S.

APR 6 0 1977

Insurance policy from American Republic Ins. Co. gives insured's name as Cleo C. Chadwick. wife's name as Lola Chadwick born Sept 28, ~~19xx~~.1915. dated Jan 20, 1965. Policy no. B 3124647. viewed by V. S.

APR 2 9 1976

553-125-021-691

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

No. _____ St.

Hospital _____

Registration District No. 27 File No. 33685

Primary Registration District No. 2119 Registered No. 221

FULL NAME OF CHILD _____

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	9 (Month) 25 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Nels J. Nelson	FULL MAIDEN NAME	Lidia Wray,
RESIDENCE	Preston, Idaho.	RESIDENCE	Preston, Idaho.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Provox Utah.	BIRTHPLACE	Hyrum Utah.
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2:30P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Preston, Idaho.

Filed 10/9 1915 [signature]

Registrar

S-Y-CO 38071

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

262-124-021-469

PLACE OF BIRTH

amended 9-4-81

County of Franklin

City of Preston

No. _____ St.

Hospital _____

FULL NAME OF CHILD Cleon Morgan Bosworth

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 27 File No. 33686

Primary Registration District No. 2119 Registered No. 222

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male		yes	9 24 1915

FATHER		MOTHER	
FULL NAME	Brigham Bosworth	FULL MAIDEN NAME	Myrtle Catherine Morgan
RESIDENCE	Mapleton, Idaho.	RESIDENCE	Mapleton, Idaho.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Kaysville, Utah.	BIRTHPLACE	Kaysville, Utah.
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4:15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R Cutler

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Address Preston, Idaho.

Filed 10/9 1915 Dr A R Cutler

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

RECEIVED
AUG 24 1981
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Utah
County of Weber } ss.

Certificate No. 33686
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for Clyn MOrgan Bosworth (Name on Original Certificate) who was born (Was Born, Died, etc.) on Sept. 24, 1915 (Date of Event)

in Mapleton ~~xxxxxx~~ (Franklin) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	Clyn Morgan Bosworth	Cleon Morgan Bosworth

Subscribed and sworn to before me this 20th day of August, 19 81

Notary Public, [illegible]
Residing at Ogden, Utah
My commission expires October 16, 1983
(Seal)

x Cleon M. Bosworth
Signature of Applicant

6061 South 1900 West Roy, Ut 84067
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah
County of Weber } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20th day of August, 19 81

Notary Public, [illegible]
Residing at Ogden, Utah
My commission expires October 16, 1983
(Seal)

x Seth M. Bosworth
Supporting Signature

3750 Madison Ave. Ogden, Ut
Street Address, City, State

Correction corresp. 8-18-81

SEP 4 1981

LDS Church Cert of record gives Cleon Morgan Bosworth born 9-24-15 was blessed12-17-15 and baptised 2-26-27. Dated 9-22-60. Parents names Brigham Bosworth and Myrtle C Morgan. Viewed by V.S.

Separation order from U.S. Navy gives Cleon Morgan Bosworth released from Navy . Detached 4-13-46. Viewed by V.S.

653-222-021-318

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston,

No. _____ St.

Hospital _____

Registration District No. 27 File No. 33687

Primary Registration District No. 2119 Registered No. 223

FULL NAME OF CHILD _____

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	9 (Month) 22 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Alfred E. Wells,	FULL MAIDEN NAME	Bessie Taylor
RESIDENCE	Preston, Idaho.	RESIDENCE	Preston, Idaho.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Preston, Idaho.	BIRTHPLACE	Fairview, Idaho.
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10:7 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Address Preston, Idaho.

Filed 10/9 1915 [signature] Registrar

S-Y-CO 38071

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

913-121-021-693

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

No. ..... St.

Hospital .....

Registration District No. 27 File No. 33688

Primary Registration District No. 2119 Registered No. 224

FULL NAME OF CHILD Elbert Alonzo Dalley

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	9 (Month) 21 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Abraham Dalley	FULL MAIDEN NAME	Stellam A. Wilcox
RESIDENCE	Whitney, Idahol	RESIDENCE	Whitney, Idaho.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Parowan, Utah.	BIRTHPLACE	Utah.
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7:55 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Preston, Idaho.

Filed 10/9 1915 [signature] Registrar

S-Y-CO 38071

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
JUL 14 4 07 PM '76
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 33688

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for unnamed male Dalley (Name on Original Certificate) who was born (Was Born or Died) on September 21, 1915. (Date of Event)
in Preston, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name of child	unnamed Dalley	Elbert Alonzo Dalley
name of mother	Stellan A. Wilcox	Stella Altana
name of father	Abraham Dalley	Abram Fitzgerald Dalley

Subscribed and sworn to before me this 21 day of June, 1976

Notary Public, residing at Roberts, Idaho 83444
My commission expires Aug 1976
(Seal)

Signed Del Ray Holm
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

..... (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Jefferson }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21 day of June, 1976

Notary Public, residing at Roberts, Idaho 83444
My commission expires Aug 1976
(Seal)

Signed Clara Hand
(Signature of Any Credible Person)

..... (Street Address, City, State)

FORM DH 60-155

1 cc. paid rec. 11614 CL 4 30 76

Marriage License and Certif from Idaho gives name as Elbert A. Dalley and the birde's name as Virginia L. Linsemann. dated Jan 31, 1969. viewed by VS

SEP 2 0 1976

Insurance policy from Western Farm Bureau Life Insurance Co. gives name as Elbert Alonzo Dalley dated Feb 26, 1960. No. 24249. viewed by V. S.

APR 1 7 1996

595·1191021-389

PLACE OF BIRTH Amended 8/14/73

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33689

County of Franklin

City of Preston,

No. ..... St.

Hospital .....

Registration District No. 27 File No. .....

Primary Registration District No. 2119 Registered No. 225

FULL NAME OF CHILD Wendell C. Nielsen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male		yes	9 19 1915

FATHER		MOTHER	
FULL NAME	Clarence S. Nielsen	FULL MAIDEN NAME	Hannah Elizabeth Christensen
RESIDENCE	Preston, Idaho.	RESIDENCE	Preston, Idaho.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Salt Lake City, Utah.	BIRTHPLACE	Logan, Utah.
OCCUPATION	carpenter	OCCUPATION	housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Preston, Idaho.

Filed 10/9 1915 [signature] Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 7 1972

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS AUG 10 30 AM '73

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss. Certificate No. 33689

County of ..... Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Nelson (Male) (Name on Original Certificate) who was born (Was Born or Died) on Sept. 19, 1915 (Date of Event)

in Preston, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed Nelson	Wendell Clarence Nielsen
Father's last name	Nelson	Nielsen

Subscribed and sworn to before me this 27th day of July, 1973

Laura Fackrell

Notary Public, residing at 115 So Main

My commission expires July 5, 1976

(Seal)

Signed X Mrs Beth Nielsen

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.

County of Salt Lake City

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th day of July, 1973

Laura Fackrell

Notary Public, residing at 115 So Main

My commission expires July 5, 1976

(Seal)

Signed Delora Nielsen James

(Signature of Any Credible Person)

35 So 7th E Apt #10 Salt Lake City

(Street Address, City, State)

FORM DH 60-155 CL 11/7/72

Sister birth certificate on file in Idaho (88402) gives father's name as Clarence S. Nielsen. child's name given as Clothiel Nielsen. Was born Mar. 4, 1921. Viewed by V. S.

AUG 14 1973

Honorable Discharge from Army gives name as Wendell C. Nielsen. Born Sept. 19, 1915. Date of Separation Oct. 24, 1945. Viewedb y v S.

Marriage License from Arkansas. gives groom's name as Wendell C. Nielsen and the bride's name as Mrs. Doris Applegate. Dated April 1, 1943. Viewed by V. S.

412-111-021-155

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston,

No. _____ St.

Hospital _____

Registration District No. 27 File No. 33690

Primary Registration District No. 2119 Registered No. 226

FULL NAME OF CHILD William Jensen Mason

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male		yes	9 11 1915.

FATHER		MOTHER	
FULL NAME	Edgar Mason	FULL MAIDEN NAME	Alma Jensen
RESIDENCE	Preston, Idaho.	RESIDENCE	Preston, Idaho.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	England	BIRTHPLACE	New Zealand
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11:45P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R Cutler

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address Preston, Idaho.

Filed 10/9 1915 Dr A R Cutler Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 24 1946
JUL 7 1960

215-108021-791

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Clifton

No. ..... St.

Hospital .....

Registration District No. 27

File No. 33691

Primary Registration District No. 2119

Registered No. 227

FULL NAME OF CHILD Thomas Nephi Sant

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male		yes	9 8 1915.

FATHER		MOTHER	
FULL NAME	Thos. Heber Sant	FULL MAIDEN NAME	Sarah Melissa Pratt.
RESIDENCE	Clifton, Idaho.	RESIDENCE	Clifton, Idaho.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Clifton, Idaho.	BIRTHPLACE	Fulmore, Ut.
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5:15 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Preston, Idaho.

Filed 10/9 1915 [signature]

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

713:102:021-235

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston,

No. ..... St.

Hospital .....

Registration District No. 27 File No. 33692

Primary Registration District No. 2119 Registered No. 227

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			yes	9 2 1915

FATHER	MOTHER
FULL NAME: Charles Patterson,	FULL MAIDEN NAME: Beatrice Bleasdale
RESIDENCE: Preston, Idaho.	RESIDENCE: Preston, Idaho.
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 27 (Years)	AGE AT LAST BIRTHDAY: 38 (Years)
BIRTHPLACE: Georgia	BIRTHPLACE: England
OCCUPATION: construct Iron worker	OCCUPATION: housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2:20 A. M. on the date above stated.

(Signature) Allen K Cutler

Physician (Physician or midwife)

Address Preston, Idaho.

Filed 10/9 1915 D K Cutler Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

452-201-021-764

PLACE OF BIRTH

County of Franklin

City of Clifton

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

Registration District No. 27 File No. 33693

Primary Registration District No. 2119 Registered No. 228

FULL NAME OF CHILD Beth Elda Despain

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	9 1 1915.

FATHER	MOTHER
FULL NAME: Aseal Despain	FULL MAIDEN NAME: Zaida Goucher
RESIDENCE: Clifton, Idaho	RESIDENCE: Clifton, Idaho.
COLOR: White	COLOR: white
AGE AT LAST BIRTHDAY: 24 (Years)	AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: Granet Utah.	BIRTHPLACE: Iowa,
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10:10A. M. on the date above stated.

(Signature) Ellen R Cutler

Physician (Physician or midwife)

Address Preston, Idaho.

Filed 1/9 1915 Ellen R Cutler Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

5-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 9 1975

4 9 75

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS NOV 2 10 45 AM '76

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss. Certificate No. 33693

County of ..... Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Despain (Name on Original Certificate) who was born (Was Born or Died) on Sept. 1, 1915 (Date of Event)

in Clifton, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Omitted	Beth Elda Despain

Subscribed and sworn to before me this 9 day of April, 1975

[illegible]

Notary Public, residing at Idaho

My commission expires Sept. 18, 1977

(Seal)

Signed [illegible]

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

4609 Franklin Rd Boise Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Arizona } ss.

County of Maricopa

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Signature of AMY D. SANDERS

Subscribed and sworn to before me this 18th day of October, 1976

[illegible]

Notary Public, residing at Mesa, Arizona

My commission expires October 9, 1978

(Seal)

Signed Amy D. Sanders

(Signature of Any Credible Person)

41 So. Udall Mesa Az 85204

(Street Address, City, State)

FORM DH 60-155

Own childs birth certificate , LaMont Reed Scott born July 31, 1953 at Boise, Idaho, State file # 53-7765 gives mothers name as Beth Elda Despain.
Viewed by Vs

Certificate of Blessing issued by the L.D.S.Church gives name as Beth Despain born to Acel O. Despain and Zaida Guacher on the 1st fay of September 1915 at Clifon ,daho.
Blessed December 1915.
Viewed by V.S.

754/25-021-666

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

No. ____ St.

Hospital ____

Registration District No. 27 File No. 33695

Primary Registration District No. 2119 Registered No. ____

FULL NAME OF CHILD Joseph ~~////~~ Woolley Geddes

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	9 25 1915.

FATHER	MOTHER
FULL NAME: Jos. A. Geddes	FULL MAIDEN NAME: Grace Woolley
RESIDENCE: Preston, Idaho.	RESIDENCE: Preston, Idaho
COLOR: white	COLOR: White
AGE AT LAST BIRTHDAY: 30 (Years)	AGE AT LAST BIRTHDAY: 27 (Years)
BIRTHPLACE: Plain City, Utah.	BIRTHPLACE: Glendale, Idaho.
OCCUPATION: Teacher & School supt.	OCCUPATION: housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8:50 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R Cutler

Physician (Physician or midwife)

Address Preston, Idaho.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 10/9 1915 D A R Cutler Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss. JAN 24 Certificate No. 33695
County of ..... } Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (BIRTH OR DEATH)
for ..... (NAME ON ORIGINAL CERTIFICATE) who ..... (WAS BORN OR DIED) on ..... (DATE OF EVENT)
in ..... (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	Joseph Arch Geddes Jr.	Joseph Woolley Geddes
mother's name	Grace Wooly	Grace Woolley

Subscribed and sworn to before me this 22nd day of January, 1942
Homer Stephenson
Notary Public, residing at Logan, Utah
My commission expires .....
(SEAL)

Signed Joseph Arch Geddes
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
644 East 6th North St Logan, Utah
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Cache }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

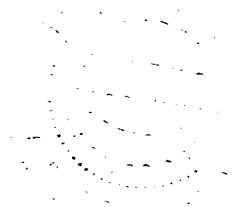
The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22nd day of January, 1942
Homer Stephenson
Notary Public, residing at Logan, Utah
My commission expires .....
(SEAL)

Signed Grace Woolley Geddes
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
644 E. 6 N. Logan Utah
(STREET ADDRESS, CITY, STATE)

Received for filing on JAN 24 1942 By .....
(REGISTRAR'S SIGNATURE)

OCT 5 1965



546203-021155

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Fairview

No. ..... *St.*

Hospital .....

Registration District No. 27 **File No.** 33696

Primary Registration District No. 2119 **Registered No.** 265

FULL NAME OF CHILD Ethal Laree Nuffer

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Aug. 3 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Louis F. Nuffer	FULL MAIDEN NAME	Ruby May Jensen
RESIDENCE	Preston, Idaho	RESIDENCE	Preston, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Preston, Idaho.	BIRTHPLACE	Ephraim, Utah
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7:50 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. States

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Preston, Idaho.

Filed 10/10 1915 D. C. R. Clinton
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 6 1975

318-122-021-592

PLACE OF BIRTH

County of Franklin

City of Minkcreek

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-13

CERTIFICATE OF BIRTH

Registration District No. 27 File No. 33697

Primary Registration District No. 2169 Registered No. 240

FULL NAME OF CHILD Christe Gillet Cahoon

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			yes	sept 1 1915

FATHER		MOTHER	
FULL NAME	John Cahoon	FULL MAIDEN NAME	Regina Erkleen
RESIDENCE	minkcreek	RESIDENCE	minkcreek
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Brigham city	BIRTHPLACE	minkcreek
OCCUPATION	Farmer	OCCUPATION	Home Wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was a live (Born alive or stillborn) at M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) .....

Nancy Rasmussen (Physician or midwife)

Address minkcreek

Filed 10/10 1915 Dora B Cutler Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

319-111-021-253

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Minkcreek

No. ..... St.

Hospital .....

Registration District No. 27 File No. 33698

Primary Registration District No. 2119 Registered No. 241

FULL NAME OF CHILD Leflie Russell Larsen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
mail	one		Sep 11 1915

FATHER		MOTHER	
FULL NAME	Mahonra Mahonry Laren	FULL MAIDEN NAME	Adell Keller
RESIDENCE	Minkcreek	RESIDENCE	Minkcreek
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Montrose	BIRTHPLACE	Minkcreek
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at ..... M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

Nancy Rasmussen
(~~Physician or~~ midwife)

Given names added from a supplemental report.

..... 19....

Address Minkcreek Idaho

..... Registrar

Filed 10/10 1915 D A R Cutler
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 27 1967

JUN 16 1969

453-103-021-5[redacted]

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of

No. St.

Hospital

Registration District No. 27 File No. 33699

Primary Registration District No. 2119 Registered No. 247

FULL NAME OF CHILD Alma Vail Mecham

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	Oct (Month) 3 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Milando Smart Mecham	FULL MAIDEN NAME	Vida Margaret Vail
RESIDENCE	Riverdale	RESIDENCE	Riverdale
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3d Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11:50 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Curtis Bland

Physician (Physician or midwife)

Address Preston, Idaho

Given names added from a supplemental report

19

Registrar

Filed 10/10 1915 D. A. Rulla Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued Dec. 26, 1940. E.W.

[redacted]

693-205-024389

PLACE OF BIRTH

Form V. S. No. 11-C—26m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of

No. St.

Hospital

Registration District No. 27 File No. 33700

Primary Registration District No. 2119 Registered No. 248

FULL NAME OF CHILD Roberta Virginia Wilde

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		Yes	Sept (Month) 5 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Lawrence Brown Wilde	FULL MAIDEN NAME	Sophia Christiansen
RESIDENCE	Mink Creek	RESIDENCE	Mink Creek
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Denmark
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9th. Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8 A. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Curtis Bland

Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Preston Idaho

19

Filed 10/10 1915 D. A. K. Culter
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 30 1967

292-111-021-663

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of

No. St.

Hospital

Registration District No. 27 File No. 33701

Primary Registration District No. 2119 Registered No. 248

FULL NAME OF CHILD Carl Alfred

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	Sept. 11 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Vernon David Bishop	FULL MAIDEN NAME	Marian Wold
RESIDENCE	Riverdale	RESIDENCE	Riverdale
COLOR	W. AGE AT LAST BIRTHDAY 23 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2nd Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11:45 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Curtis Bland

Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Address Preston Idaho

Filed 10/10 1915 D. A. Ricketts
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 1 9 1976

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

296-115-020275

Form V. S. No. 11-C

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

[redacted] Elmore,

City of Mayfield

Registration District No. ~~9~~ - 34 File No. 33702

No. ..... St.

Primary Registration District No. ~~2004~~ 2020 Registered No. ~~68~~ 34

Hospital .....

FULL NAME OF CHILD Thomas McMillan Brown

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Sept. 15, 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	William Alex Brown	FULL MAIDEN NAME	Agnes L. Stewart
RESIDENCE	Mayfield, Idaho	RESIDENCE	Mayfield, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Scotland	BIRTHPLACE	England
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 6th Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at ..... M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Maurice H. Tallman M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Boise, Idaho

Filed 9-21 1915 M. L. Parker Registrar

Registrar

9/24-15 B. W. Mather

S-Y CO. 24655

K

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

[redacted]

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

RECEIVED
JUL 29 1941

State of Idaho } ss.
County of Elmore

Certificate No.
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Thomas McMillan Brown (Name on original certificate) who Was born (Was born or died) on Sept 15 1915 (Date of event)
in Mayfield (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true
facts as shown by Bible record (Bible record, insurance policy, etc.) prepared on Sept 15 1915 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.	FROM (As on original)	TO (The correct facts)

Subscribed and sworn to before me this 26th
day of July, 1941

Notary Public, residing at Portland, Oregon
My commission expires 1-5-1945
[SEAL]

Signed Agnes Stewart Brown Brother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

7366 W. Burnside St.
(Street Address, City, State)
Portland, Oregon

Supporting Affidavit of a Second Person

State of } ss.
County of

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
[SEAL]

Signed
(Signature of any credible person other than the previous affiant)

(Street Address, City, State)

Received for filing on by
(Registrar's signature)

796-113-020-391

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Elmore

City of Mountain Home

Registration District No. 34

File No. 33703

No. — St.

Primary Registration District No. 2020

Registered No. 37

Hospital —

FULL NAME OF CHILD Arthur Stanley Grove

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		yes	Sept 13 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wm Grove	FULL MAIDEN NAME	Bessie Crabb
RESIDENCE	Mtn Home	RESIDENCE	Mtn Home
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Ill	BIRTHPLACE	Idaho
OCCUPATION	Clerk in Grocery Store	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11 15 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W L Fragier

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19...

Address Mtn Home Ida

Filed Oct. 16th 1915

B W Walker
Registrar

Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

8/18/4

FEB 7 1974

629.118.020-259

name added 8/11/80

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Elmore

City of Mountain Home

No. — St.

Hospital —

Registration District No. 34

File No. 33704

Primary Registration District No. 2020

Registered No. 34

FULL NAME OF CHILD Francisco Obieta

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	—		—	yes	Sept. 18th 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Urbano Obieta	FULL MAIDEN NAME	Eulogia Berasategui
RESIDENCE	Mountain Home	RESIDENCE	Mountain Home
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Spain	BIRTHPLACE	Spain
OCCUPATION	Sheepman	OCCUPATION	Hwife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8 45 P.M. on the date above stated.
(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. W. Mather

(Physician or ~~midwife~~)

Given names added from a supplemental report.

19

Address Mountain Home

Registrar

Filed Sept. 20th 1915 B. W. Mather
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dep. 1915. 51735

6-26-80

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of NEVADA,
County of HUMBOLDT. } ss.

Certificate No. 33704
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for unnamed Obieta (Name on Original Certificate) who was born (Was Born, Died, etc.) on Sept. 18, 1915 (Date of Event)

in Mcuntain Home (Elmore) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	omitted	Francisco Obieta

Subscribed and sworn to before me this 3rd day of July, A.D., 1980.

Notary Public, Evelyn Marcueroquiaga
Residing at Winnemucca, Nevada
My commission expires _____
(Seal)

EVELYN Y. MARCUERQUIAGA
Notary Public State of Nevada
Humboldt County
My Commission Expires July 11, 1982

Francisco Obieta
Signature of Applicant

152 W. Railroad St., Winn., Nevada
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed __)
(Is not necessary X)

State of _____
County of _____

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19__.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

U. S. Passport gives name as Francisco Obieta born Sept 18,1915 at Idaho. dated
ted Nov 5, 1965. viewed by V. S.

rtCertif of Baptism from St. John's Cathedral, Boise Idaho gives name as Francisco
Obieta Berasategui child of Urban Obieta and Eulogia Berasategui. born
Sept 18 1915 and was Baptized Oct 2, 1915. viewed by S. S.

795-102-020-455

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Elmore

City of Mountain Home

Registration District No. 34 File No. 33705

No. — St.

Primary Registration District No. 2020 Registered No. 38.

Hospital —

FULL NAME OF CHILD Everett Gordon Pierce

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	—		—	yes	Aug 2 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Ralph Pierce	FULL MAIDEN NAME	Christine Denny
RESIDENCE	Mtn Home	RESIDENCE	Mtn Home
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Arkansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3 30 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W L Frazier

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Mtn Home Ida

Filed Oct. 16th 1915 B W Mather
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 25 1942

(Be sure the information is complete and accurate)

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 33706
Local Reg. No. 35
Reg. Dist. No. 34

1. PLACE OF BIRTH
a. COUNTY: Elmore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain Home
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Elmore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain Home
d. STREET ADDRESS (If rural, give location): 565 E. 2 So.

3. CHILD'S NAME (Type or print)
a. (First): Saxon
b. (Middle):
c. (Last): Ladd

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH (Month) (Day) (Year): September 25, 1915

FATHER OF CHILD

7. FULL NAME
a. (First): James
b. (Middle): A.
c. (Last): Ladd

8. COLOR OR RACE: white

9. AGE (At time of this birth): 55 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): Texas

11a. USUAL OCCUPATION:

11b. KIND OF BUSINESS OR INDUSTRY: Farmer

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Sarah
b. (Middle):
c. (Last): Ladd

13. COLOR OR RACE: white

14. AGE (At time of this birth): 46 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Sulphur Springs, Texas

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 5
b. How many OTHER children were born alive but are now dead? 0
c. How many children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT'S SIGNATURE OR NAME (Relationship): Sarah Ladd — Mother

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: B. W. Mather

18b. ATTENDANT AT BIRTH: M. D. [X] MIDWIFE [ ] OTHER (Specify)

18c. ADDRESS: Mountain Home

18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.: Sept. 28, 1915

20. REGISTRAR'S SIGNATURE: B. W. Mather

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

FOR MEDICAL AND HEALTH USE ONLY
(This section MUST be filled out)

22a. LENGTH OF PREGNANCY:

22b. WEIGHT AT BIRTH:

23. Was a standard serological test for syphilis performed? YES [ ] NO [ ]

Correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

JUN 26 1

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occu hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physi or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this ar with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there b attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or own the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth o red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of b Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by n cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person cha with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper ce cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

689-1141 020-419

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Elmore

City of Mountain Home

Registration District No. 34

File No. 33707

No. — St.

Primary Registration District No. 2020

Registered No. 36

Hospital —

FULL NAME OF CHILD Wayne E Whitney

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	—		—	yes	Sept 14 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Phelps Whitney	FULL MAIDEN NAME	Etta Magden
RESIDENCE	Mtn Home	RESIDENCE	Mtn Home
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	19 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Mich
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5 P M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W L Frazier

(Physician or midwife)

Given names added from a supplemental report.

19

Address Mtn Home Ida

Filed Oct. 16th 1915

Registrar

Bill Walker

Registrar

S-Y CO. 24658

689-210'020-391

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Elmore

City of Mountain Home

Registration District No. 34 File No. 33708

No. — St.

Primary Registration District No. 2020 Registered No. 39

Hospital

FULL NAME OF CHILD Anna Bell ~~Whitney~~ Whitright

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		Yes	July 10 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Frank F Whitright	FULL MAIDEN NAME	Clara A Travis
RESIDENCE	Mtn Home	RESIDENCE	Mtn Home
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Michigan	BIRTHPLACE	Mich
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1:30 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W L Frazier

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19...

Address Mtn Home Ida

Filed Oct. 16th 1915 B W Mather
Registrar

Registrar

S-Y CO. 24653

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

869 [redacted] 2617

[redacted] IRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lincoln

City of Falls City

Registration District No. 23 File No. 33710

No. ..... St.

Primary Registration District No 1017-2017 Registered No. .....

Hospital .....

FULL NAME OF CHILD John Arthur Houston

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	—		—	Yes	Sept 22 1915

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Elden B Houston	FULL MAIDEN NAME	Nella B. Van Wagner
RESIDENCE	Falls City Idaho	RESIDENCE	Falls City Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Ohio
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Normaline (Born alive or stillborn), at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. D. Pipes M. D.

(Physician or midwife)

Address Jerome Idaho

Given names added from a supplemental report

..... 19.....

Filed Oct 5 1915 E. D. Pipes

..... Registrar

S-Y CO. 20174

Registrar

STATE OF ID
BUREAU OF VITAL
CERTIFICATE OF

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

City of Jerome — Registration District No. 23 — File No. 33711

No. ____ St. — Primary Registration District No. 1017-1027 — Registered No. ____

Hospital ____

FULL NAME OF CHILD Irving Madison Towle

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	—	—	Yes	Oct 2 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Guy E Towle	Mona E. [redacted] Roberson
RESIDENCE	Falls City Idaho	Falls City Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	30	27
BIRTHPLACE	Mass.	Kas.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1 — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. D. [illegible] M.D.

(Physician or midwife)

Address Jerome Ida

Given names added from a supplemental report

....., 19.....

Filed Oct 6 1915 E. D. [illegible]

B-Y CO. 20174

Registrar

Registrar

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

216412032-386

Form V. S. No. 11-[illegible]

PLACE OF BIRTH

County of Lincoln

City of Jerome

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... File No. 33712

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD A C Sawyer Jr. (no given name)

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
male	—	2	yes	July 12 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	A C Sawyer	FULL MAIDEN NAME	Rose V. Thompson
RESIDENCE	Jerome	RESIDENCE	Jerome
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Ogden Utah	BIRTHPLACE	Kansas
OCCUPATION	farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. F. Henning

Jerome Ida (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed Aug 19 15

..... Registrar

..... Registrar

S-Y CO. 20174

331-2151032 d92

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lincoln

City of Jerome

No. ..... St.

Hospital .....

Registration District No. 23 File No. 33713

Primary Registration District No. 1017–1027 Registered No. .....

FULL NAME OF CHILD Clay Poole

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	—	—	yes	Sept 15 1915

FATHER

FULL NAME: Aaron Claypool

RESIDENCE: 7½ mi. S.E. of Jerome

COLOR: white AGE AT LAST BIRTHDAY: 28 (Years)

BIRTHPLACE: Iowa

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Viola Kidd

RESIDENCE: 7½ mi. S. E. of Jerome

COLOR: white AGE AT LAST BIRTHDAY: 23 (Years)

BIRTHPLACE: North Carolina

OCCUPATION: Housewife

Number of child of this mother, including present birth: 2

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9:15 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. D. Pope M.D.

(Physician or midwife)

Address Jerome Idaho

Given names added from a supplemental report

..... 19.....

Filed Oct 6 1915 E. D. Pope

..... Registrar

S-Y CO. 20174 Registrar

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

819-227-[redacted]93

PLACE OF [redacted]

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of New Plymouth

Registration District No. 5

File No. 33714

No. RFD 1 St.

Primary Registration District No. 2009

Registered No. 36

Hospital

FULL NAME OF CHILD Josie Galena Harris

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
f		Yes	Sept 27 1915

FATHER		MOTHER	
FULL NAME	J. L. Harris	FULL MAIDEN NAME	Myrtle Pitman
RESIDENCE	New Plymouth	RESIDENCE	New Plymouth
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Decatur Co Iowa	BIRTHPLACE	Gambill Co Oregon
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 a.m. on the date above stated.

(Signature) Wm T. Drysdale M.D.

(Physician or midwife)

Address New Plymouth Ida

Filed Oct 1 1915 Wm T. Drysdale Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

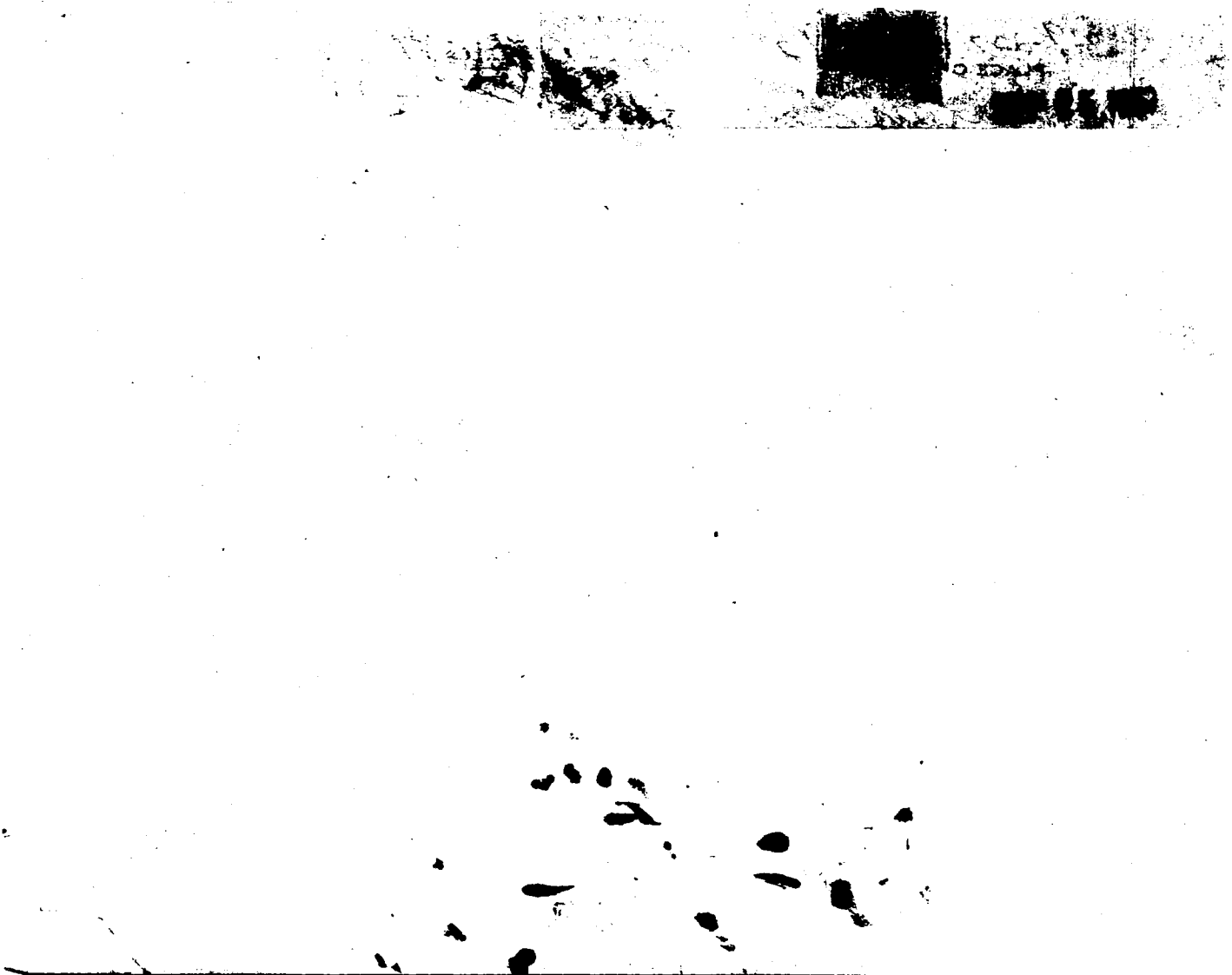
..... Registrar

6-V CO. 34658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 33715
Local Reg. No.
Reg. Dist. No. 5

Amended 3/12/74

1. PLACE OF BIRTH

a. COUNTY: Canyon

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: New Plymouth

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Canyon

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: New Plymouth

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Bertha b. (Middle): Mahalia c. (Last): Detherage

4. SEX: F

5a. THIS BIRTH: SINGLE ____ TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): Sept. 7, 1915

FATHER OF CHILD

7. FULL NAME

a. (First): J. b. (Middle): A. c. (Last): Detherage

8. AGE (At time of this birth): 26 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Ark.

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Bessie b. (Middle): c. (Last): Beregin

13. AGE (At time of this birth): 21 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Mo.

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 2

b. How many OTHER children were born alive but are now dead?

c. How many children were stillborn (born dead after 20 wks. pregnancy?)

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Wm. T. Drysdale, M. D.

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: New Plymouth, Ida.

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.:

22. REGISTRAR'S SIGNATURE: Wm. T. Drysdale

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS

WEIGHT AT BIRTH ____ LBS. ____ OZS. TIME: 12:10 AM

RACE OR COLOR OF FATHER: W

RACE OR COLOR OF MOTHER: W

METHOD OF DELIVERY:

Was 1% Silver Nitrate Used to prevent blindness? YES ____ NO ____

BIRTH INJURY TO INFANT ____ YES IF YES, DESCRIBE ____ NO

CONGENITAL MALFORMATIONS OF INFANT ____ YES IF YES, DESCRIBE ____ NO

correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED FEB 28 1974 Bureau of Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of .....

Certificate No. 33715

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Detheridge (Female) (Name on Original Certificate) who was born (Was Born or Died) on Sept. 7, 1915 (Date of Event) in New Plymouth, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed Detheridge	Bertha Mahalia Detherage
father's last name	Detheridge	Detherage

Subscribed and sworn to before me this 23 day of February, 1974

Notary Public, residing at ELEANOR M. DAVIS

My commission expires My Commission Expires Sept. 3, 1977

(Seal)

Signed Bessie Loretta Detherage
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

2505 W. Grand Springfield, Mo. 65802
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Missouri } ss.
County of Greene

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24 day of February, 1974

Eleanor M. Davis

Notary Public, residing at ELEANOR M. DAVIS

My commission expires My Commission Expires Sept. 3, 1977

(Seal)

Signed Helen A. Stark
(Signature of Any Credible Person)

3749 W. Grand
(Street Address, City, State)
Springfield, Mo. 65802

FORM DH 60-155 CL 1/23/74 nm

Page from Family Bible gives father's name as Abb Dethrage born March 22, 1890. child's name given as Bertha Mahalia Dethergae born Sept. 7, 1915 at New Plymouth, Idaho, married to James Argus McIntosh. Viewed by V. S.

Missouri Operator's License gives name as Bertha M. McIntosh. issued 9-11-69. License No. M M033-2144-5655-4582 Viewed by V. S.

215-107-014-493

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of New Plymouth

No. RFD 2 St.

Hospital

Registration District No. 5 File No. 33716

Primary Registration District No. 2009 Registered No. 35

FULL NAME OF CHILD William Walter Baer

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	Sept 9 1915

FATHER		MOTHER	
FULL NAME	~~J. A. Dutheridge~~ Samuel Baer	FULL MAIDEN NAME	Ottilia Mitschall
RESIDENCE	New Plymouth	RESIDENCE	New Plymouth
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Russia	BIRTHPLACE	Russia
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm T. Drysdale M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address New Plymouth Ida

Filed Sept. 19 15 Wm T Drysdale

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MAY 20 1942

962-20-014-966

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33717

County of Caribou

City of New Plymouth

Registration District No. 5 File No.

No. R F D 1 St.

Primary Registration District No. 2009 Registered No. 32

Hospital

FULL NAME OF CHILD Fred Rosenberger

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			yes	Aug 20 19[illegible]

FATHER		MOTHER	
FULL NAME	Wm. Rosenberger	FULL MAIDEN NAME	Addie Rowland
RESIDENCE	New Plymouth	RESIDENCE	New Plymouth
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	49 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10 P— M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm J Dryedale M D
(Physician or midwife)

Address New Plymouth Ida

Given names added from a supplemental report.

.....19.....

.....
Registrar

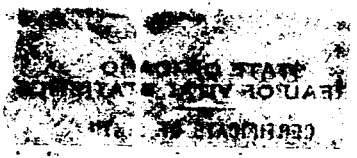
Filed Sept 19 [illegible] Wm J. Dryedale
Registrar

8-Y CO. 24668

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



AUG 11 1952

141-201-01445

PLACE OF BIRTH Amended 4/20/77

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Wayside Rfd 1

No. ..... St.

Hospital .....

Registration District No. 5 File No. 33718

Primary Registration District No. 2009 Registered No. 26

FULL NAME OF CHILD Esther Marie Adams

Sex of Child: F

Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth

Legitimate? Yes

Date of Birth: Aug. (Month) 1 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Thomas Adams	FULL MAIDEN NAME	Lovie Dunn
RESIDENCE	Nyssa Ore.	RESIDENCE	Nyssa Ore
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Texas	BIRTHPLACE	Mo.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth: 6

Number of children of this mother now living, including present birth: 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4:20 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm I. Dysdale M D

(Physician or midwife)

Address New Plymouth Ida

Given names added from a supplemental report.

..... 19.....

Filed Aug 19 15 Wm I. Dysdale Registrar

..... Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED JUL 13 1967 Bureau of Vital Statistics

State of ..... } ss.
County of .....

Certificate No. 33718

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Marie Esther Adams (Name on Original Certificate) who was born (Was Born or Died) on Aug. 1, 1915 (Date of Event) in Payette, Rt. 1 - Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Marie Esther Adams	~~Ester~~ Marie Adams

Subscribed and sworn to before me this 10 day of June, 1967

Notary Public, residing at North San Juan

My commission expires .....

(Seal)

KATHERINE [illegible] Notary Public
In and for the County of Nevada, State of California
My Commission Expires Feb. 27, 1968
North San Juan, California

Signed Louise Adams
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Box 22 No. San Juan Calif
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of .....

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed Fanny M. Irvine
(Signature of Any Credible Person)

Rt. 1 Box 307 Nevada City Calif
(Street Address, City, State)

FORM DH 60-155 CL 3-22-61. one copy pd. rec. #67-16790.

Family Bible record gives name as Esther Marie Adams born Aug 1, 1915. viewed by V. S.

APR 20 1977

Statement by brother, David Alexander Adams born Oct 21, 1903 concering family record gives name as Ester Marie Adams. born Aug. 1, 1915. viewed by V. S.

993-201-014-397

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of New Plymouth

No. ..... St.

Hospital .....

Registration District No. 5

File No. 33719

Primary Registration District No. 1009

Registered No. 27

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
f		Yes	Aug (Month) 1 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Richard Richey	FULL MAIDEN NAME	Georgia Light
RESIDENCE	New Plymouth Ida	RESIDENCE	New Plymouth
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Iowa
OCCUPATION	Livryman	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4:45 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm T. Drysdale M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address New Plymouth Ida

Filed Aug 1915 Wm T. Drysdale Registrar

..... Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

255-103-016-335

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of New Plymouth Registration District No. 5 File No. 33720

No. ..... St. Primary Registration District No. 2009 Registered No. 28

Hospital .....

FULL NAME OF CHILD Robert Horace Seeley

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	Aug. 3 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Frank E. Seeley	Lucia Clement
RESIDENCE	New Plymouth	New Plymouth
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	40	39
BIRTHPLACE	Ohio	Ohio
OCCUPATION	Travelling Salesman	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2:30 PM on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm I Dugdale M.D.

(Physician or midwife)

Address New Plymouth

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Sept. 30 19 15 Wm I Dugdale Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 22 1942

493-113-014291

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33721

County of Canyon

City of New Plymouth

No. R F D 1 St.

Hospital

Registration District No. 5

File No.

Primary Registration District No. 2009

Registered No. 29

FULL NAME OF CHILD Ivan Lee Milligan

Sex of Child M.	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth Aug (Month) 13 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Lester Milligan	FULL MAIDEN NAME	Lilly Brady
RESIDENCE	New Plymouth	RESIDENCE	New Plymouth
COLOR	W AGE AT LAST BIRTHDAY 19 (Years)	COLOR	W AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Colo
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3:50 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm T. Drysdale M D

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address New Plymouth

Filed Sept. 15 1915 Wm T. Drysdale Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 4 1942

515-113-01-4493

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Canyon

City of New Plymouth

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33722

Registration District No. 5 File No. .....

Primary Registration District No. 1009 Registered No. 30

FULL NAME OF CHILD Fannie Dan Natta

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	Aug 13 1915

FATHER		MOTHER	
FULL NAME	John Dan Natta	FULL MAIDEN NAME	Nellie Miller
RESIDENCE	New Plymouth	RESIDENCE	New Plymouth
COLOR	W	AGE AT LAST BIRTHDAY (Years)	55
COLOR	W.	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Wis	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9:30 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm J. Drysdale M.D.
(Physician or midwife)

Address New Plymouth Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Sept 19.16 Wm J. Drysdale
Registrar

S-Y CO. 24655

MAY 22 1984

646-115-014-312

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33723

County of Canyon

City of New Plymouth

No. R F D 2 St.

Hospital

Registration District No. 5

Primary Registration District No. 2009

File No.

Registered No. 31

Died

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			Yes	Aug 15 1915

FATHER		MOTHER	
FULL NAME	Charles O'Donnell	FULL MAIDEN NAME	Margaret Castles
RESIDENCE	New Plymouth	RESIDENCE	New Plymouth
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Ireland	BIRTHPLACE	Neb.
OCCUPATION	~~Farmer~~ Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6:30 P. M. on the date above stated.

(Signature) Wm J. Dryedale M D

(Physician or midwife)

Address New Plymouth Ida

Filed Sept 15 1915 Wm J. Dryedale Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

8-Y CO. 24695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

795-104-034.

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BI[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33724

County of Minidaka

City of

Registration District No. 18 ~~117~~ File No.

No. St.

Primary Registration District No. 2102 Registered No. ~~391~~ 13

Hospital Residence

FULL NAME OF CHILD Ralph Alvord Greenwell

Sex of Child	Twin Triplet or other? and Number order of birth	Legitimate?	Date of Birth
Male	5 (To be answered only in event of plural births)	Yes	Aug 4 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Lee Greenwell	FULL MAIDEN NAME	Florence Alvord
RESIDENCE	Minidaka Co	RESIDENCE	~~[illegible]~~ Minidaka Co
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	West Weber Utah	BIRTHPLACE	West Weber Utah
OCCUPATION	Farmer	OCCUPATION	House Work

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 6 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Minter
Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

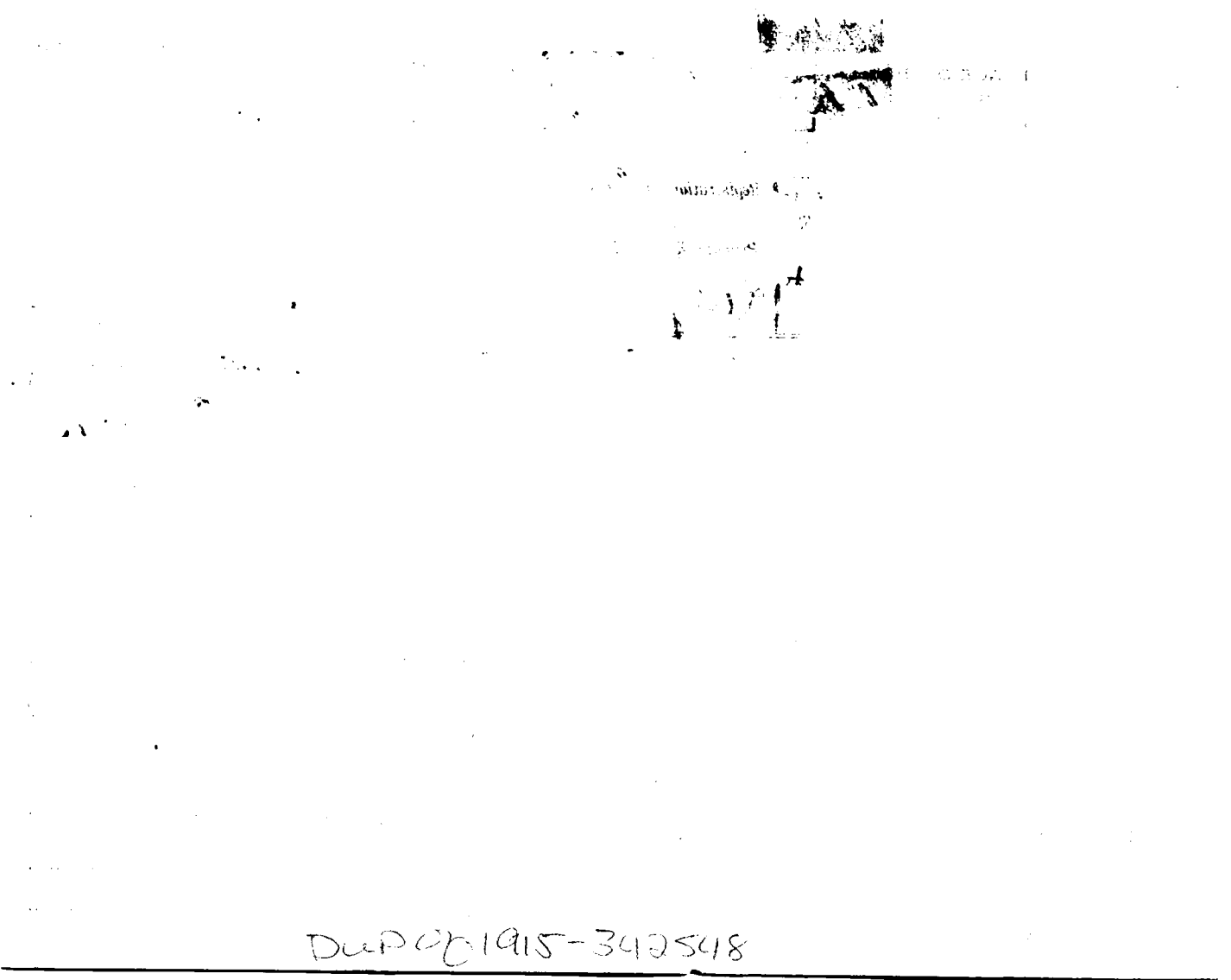
Filed Sept 30 1915 V. R. Killen
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



DuPont 1915-3425418

618-131-03

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lincoln

City of

No. St.

Hospital Residence

Registration District No. 117

File No. 33725

Primary Registration District No. 2196

Registered No. 392

FULL NAME OF CHILD Almo Slater Waymant

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male	0	Yes	July 31 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Almo Earnest Waymant	FULL MAIDEN NAME	Mary Jane Slater
RESIDENCE	Burley	RESIDENCE	Burley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Pain City Utah	BIRTHPLACE	Slaterville Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2:30 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Minter

Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Address

Registrar

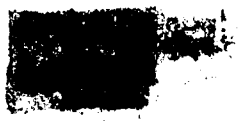
Filed Aug 1915 V. R. Killen
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



DUP OF 15 D 73-167

Form V. S. No. 11-C—25m-1-1-18

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

County of .....

City of .....

No. ..... St.

Hospital .....

Registration District No. 18 File No. .....

Primary Registration District No. 2[illegible] Registered No. 14

FULL NAME OF CHILD JOHN THOMAS WALKER

Sex of Child: Male

Twin, Triplet or other? Single and Number in order of birth

(To be answered only in event of plural births)

Living? Yes.

Date of Birth: Aug. (Month) 8 (Day) 1915 (Year)

	FATHER	MOTHER
FULL NAME	Arthur John Walker	Rosona Dorman
RESIDENCE	Paul, Idaho.	Paul.
COLOR	White	White
AGE AT LAST BIRTHDAY	41 (Years)	27 (Years)
BIRTHPLACE	West Weber, Utah	Salt Lake, Utah
OCCUPATION	Farmer	Home Wife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4:45 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ben Schuetz M.D.

Physician (Physician or midwife)

Address Burley Ida

Filed Sept 30 1915 [illegible] Registrar

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y CO. 24655

SEP 23 1969

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
OCT 13 1969
Bureau of Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 33726

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Walker (Name on Original Certificate) who was born (Was Born or Died) on Aug. 8, 1915 (Date of Event)

in Linclon County, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Add name	Unnamed	John Thomas Walker

Subscribed and sworn to before me this 7th day of October, 1969

Josephine Guttlemine

Notary Public, residing at 1520 Country Hill Dr.

My commission expires 5-19-73

(Seal)

X Signed G. Rulon Walker (alias Brother)

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Weber }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

Church record obviously very old, gives name as John Thomas Walker, male, born August 8, 1915 ; to Arthur J. Walker, and Rosana Dorman. at Burley, Idaho. Blessed by John L. Morgan on Sept. 5, 1915 and Baptized by John G. Price, Jr. on July 7, 1924. Viewed by V. S.

OCT 24 1969

Social Security Card No. 564-18-4905 John Thomas Walker. Dated 1/30/37. Viewdby V. S.

133-213-032-317

PLACE OF BIRTH

County of Lincoln

City of _____

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—20m-3-15-13

33727

Registration District No. 18 File No. _____

Primary Registration District No. 2102 Registered No. 15

FULL NAME OF CHILD Helen Allen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			Yes	Aug. 13 1915

FATHER

FULL NAME: Hugh Allen

RESIDENCE: Marshfield

COLOR: White AGE AT LAST BIRTHDAY: 33 (Years)

BIRTHPLACE: Missouri

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Vida Catlin

RESIDENCE: Marshfield

COLOR: White AGE AT LAST BIRTHDAY: 27 (Years)

BIRTHPLACE: Missouri

OCCUPATION: Housewife

Number of child of this mother, including present birth: 1

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. R. Killen M. D.

(Physician or midwife)

Address _____

Given names added from a supplemental report

_____ 19____

_____ Registrar

Filed Oct 15 1915 T. R. Killen Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
AU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

284-216-034-818

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Mundoka

City of Heyburn

No. _____ St.

Hospital _____

Registration District No. 18

File No. 33728

Primary Registration District No. 2102

Registered No. 16

FULL NAME OF CHILD Shubo

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		yes	Aug. 16th 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	U. Shubo	FULL MAIDEN NAME	Kiku Hayakama
RESIDENCE	Heyburn Ida	RESIDENCE	Heyburn Ida.
COLOR	Jap	COLOR	Jap.
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 7 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson
M.D.
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Burley, Idaho

Filed Sept 30 1915

V. R. Killen
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 1915-301728

331-103-034349

[redacted] OF IDAHO

Form V. S. No. 11-C—10m-8-7-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

33729

PLACE OF BIRTH

County of Minidoka

City of Heyburn

No. ....., ... St.

Hospital .....

Registration District No. 18 File No. .....

Primary Registration District No. 2102 Registered No. 17

FULL NAME OF CHILD Clyde L. Clayville

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) Aug (Day) 3 (Year) 1915
Male		Yes	

FATHER		MOTHER	
FULL NAME	J. G. Clayville	FULL MAIDEN NAME	Honor Turner
RESIDENCE	Heyburn	RESIDENCE	Heyburn
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 8 30 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) V. R. Killen M.D.

(Physician or Midwife)

Given names added from a supplemental report

....., 19...

Address .....

Filed Sept. 10 1915 V. R. Killen

Registrar

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Bill of Sale - dated 17 Dec. 1952 - shows name as Clyde L. ClayvilleP
viewed by v.s.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss. Certificate No. 33729
County of Ada } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Clayville (Name on Original Certificate) who born (Was Born or Died) on Aug. 3, 1915 (Date of Event)
in Heyburn (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Social Security Card (Bible Record, Insurance Policy, Etc.) prepared on #544-34-3706 - viewed by v.s. (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Unnamed	Clyde Lewis Clayville

Subscribed and sworn to before me this 21 day of April 1958
Hazel L. Hurlbert
Notary Public, residing at Eagle Idaho
My commission expires Sept 28, 1960
(Seal)

Signed Honor Clayville
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
[illegible] Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21st day of April, 1958
[illegible]
Notary Public, residing at Boise, Idaho
My commission expires May 16, 1961
(Seal)

Signed Mabel W. [illegible]
(Signature of Any Credible Person)
1505 N. 15th St.
(Street Address, City, State)
Boise, Idaho

FORM DPH 55-155

APR 24 1958

569-118-040-415

PLACE OF BIRTH

[redacted] TATE OF IDAHO
OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

CERTIFICATE OF BIRTH

33730

County of Shoshone

City of Wallace

Registration District No. 70

File No.

No. St.

Primary Registration District No. 1011

Registered No. 56

Hospital Providence

FULL NAME OF CHILD ~~Oscar Charles~~ Nordquist

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	one	1st	yes	Aug 18 1915

FATHER		MOTHER	
FULL NAME	Oscar Nordquist	FULL MAIDEN NAME	~~Gulleen Carlson~~ Hilda Davidson
RESIDENCE	Wallace Idaho	RESIDENCE	Wallace, Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	~~40~~ 39
BIRTHPLACE	Sweden	BIRTHPLACE	Sweden
OCCUPATION	Carpenter	OCCUPATION	Housework

Number of child of this mother, including present birth one

Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born dead (Born alive or stillborn) at 9 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [redacted] J. Mowry

Physician

(Physician or midwife)

Address Wallace, Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Oct 14 1915 F. Leo Lundy

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

666-21-040-893

PLACE OF BIRTH

County of Shoshone

City of Wallace

No. ..... St.

Hospital Providency

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

CERTIFICATE OF BIRTH

Registration District No. 70 File No. 33731

Primary Registration District No. 1011 Registered No. 57

FULL NAME OF CHILD Elizabeth Juanita Wood

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	one	2d	yes	Aug 19 1915

FATHER		MOTHER	
FULL NAME	John C. Wood	FULL MAIDEN NAME	Anna Jane Hicks
RESIDENCE	Gem Idaho	RESIDENCE	Gem Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Idaho
OCCUPATION	Mill foreman	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Mowery

Physician

(Physician or midwife)

Address Wallace Idaho

Dec 14 1915 F. Leo Lundy

Registrar

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y CO. 24695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

AUG 21 1942

OCT 2 5 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of Spokane }

Certificate No. 33731

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth certificate (Birth or Death) for Elizabeth Juanita Wood (Name on Original Certificate) who born (Was Born or Died) on August 19 1915 (Date of Event) in Wallace Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (Correct Facts)
Mother's name	Annie Hayes	Anna Jane ~~Anne~~ Hicks
Father "	John Wood	John C Wood

Subscribed and sworn to before me this 17 day of Oct, 1942

Winifred McPheroon
Notary Public, residing at Spokane

My commission expires 8-7-1944
(Seal)

Signed Anna J. Wood,
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

W1737-10th Ave Spokane, Wash.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Spokane }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17 day of Oct, 1942

Winifred McPheroon
Notary Public, residing at Spokane Wash

My commission expires 8/7/1944
(Seal)

Signed [illegible]
(Signature of Any Credible Person Other Than Previous Year)

W1737-10th E [illegible]
(Street Address, City, State)

OCT 2 8 1942

JUL 14 1952

619-226-040-759

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Shoshone

City of Wallace

No. ..... St.

Hospital Providence

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 70 File No. 29 33732 6

Primary Registration District No. 1011 Registered No. 58

FULL NAME OF CHILD Still Born

Sex of Child F	Twin Triplet or other? One and Number in order of birth 5 (To be answered only in event of plural births)	Legitimate? yes	Date of Birth 9 (Month) 26 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	John C Faris	FULL MAIDEN NAME	Mary L. St Germain
RESIDENCE	Wallace Ida	RESIDENCE	Wallace, Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Michigan
OCCUPATION	Hardware Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Drs Mowery

Physicians (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Wallace Idaho

Registrar

Oct 14 1915 F. Leo [illegible]

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STILL BORN AND LIVE BORN ON BIRTH

155-201-040-369

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace

No. Cannon Road St.

Hospital

Registration District No.

File No. 33733

Primary Registration District No.

Registered No. 504

FULL NAME OF CHILD Mildred Anna Jensen

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	June 1st 1915

FATHER		MOTHER	
FULL NAME	Christian Valdemar Jensen	FULL MAIDEN NAME	Emma Bowenson
RESIDENCE	Wallace Idaho	RESIDENCE	Wallace
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Denmark	BIRTHPLACE	Nebraska
OCCUPATION	Millman	OCCUPATION	—

Number of child of this mother, including present birth One

Number of children, of this mother, now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3:45 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C S Stone MD

(Physician or Midwife)

Given names added from a supplemental report

Address

Filed June 12 1915 H. Leo Tundy Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

262 202 · 040-165

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Shoshone

City of Osborn Road

No. ....., ... St.

Hospital .....

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 70 File No. 33734

Primary Registration District No. 1011 Registered No. 50

FULL NAME OF CHILD Frances Solum

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	9 2 1915

FATHER		MOTHER	
FULL NAME	John M. Solum	FULL MAIDEN NAME	Nayette M. Jones
RESIDENCE	Osborn Road	RESIDENCE	Osborn Road
COLOR	W. AGE AT LAST BIRTHDAY 34 (Years)	COLOR	White AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Wisconsin
OCCUPATION	Dairyman	OCCUPATION	Housewife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frances E. Thomson M.D.

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed Sept 10 1915 F. Leo Findley

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

DECEASED

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
FEB 8 11 57 AM '77

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Bear Lake } ss.

Certificate No. 33734

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Solum (female) (Name on Original Certificate) who was born (Was Born or Died) on Sept 2, 1915 (Date of Event) in Osborn Road, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
chil'd sname	Unnamed	Frances Solum
sex of child'	male	female

Subscribed and sworn to before me this 7 day of February, 1977

Notary Public, residing at Montpelier, Ida

My commission expires Lifetime

(Seal)

Signed [signature]

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

163 S. 3rd Montpelier, Ida

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bear Lake } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7 day of February, 1977

Notary Public, residing at Montpelier, Ida

My commission expires Lifetime

(Seal)

Signed [signature]

(Signature of Any Credible Person)

Paris, Idaho 83261

(Street Address, City, State)

FORM DH 60-155

CL 1/13/77

Statement regarding family records gives name of child as Frances Jean Solum and this record states that Frances was born at home in Wallace, Idaho.
Notorized statement issued February 2, 1977. Original record obviously old.
Viewed by V.S.

Family Record gives name of child as Frances Jean Solum, daughter of Carl Johan Solum and Myrtle Minerva Jones. Family Record issued by the church L.D.S.
Viewed by V.S.

351-106-040-468

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace

No. ..... St.

Hospital Providence

Registration District No. 70

File No. 33735

Primary Registration District No. 1011

Registered No. 51

FULL NAME OF CHILD Daniel Patrick O'Leary LEARY

Sex of Child Male	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of birth 9 (Month) 6 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Daniel O'Leary LEARY	FULL MAIDEN NAME	Sarah Doyle
RESIDENCE	Burke, Ida	RESIDENCE	Burke, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Ireland	BIRTHPLACE	Ireland
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ronald E. Hanson

M.D.

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

SEP 18 1915, 19 F. Leo Tuesday

Registrar

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

33755

State of ..... } ss.
County of ..... }

Certificate No. .....

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (BIRTH OR DEATH)
for Daniel Patrick Leary (O'Leary) (NAME ON ORIGINAL CERTIFICATE) who Was Born (WAS BORN OR DIED) on 9/6/15 (DATE OF EVENT)
in ..... (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
SurName	O'Leary	Leary

Subscribed and sworn to before me this 2nd day of August, 1942.

Marie Scheermann

Notary Public, residing at Wallace, Idaho

My commission expires June 5, 1945
(SEAL)

Signed Dan Leary
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

.....
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Shoshone }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd day of August, 1942.

Marie Scheermann

Notary Public, residing at Wallace, Idaho

My commission expires June 5, 1945
(SEAL)

Signed J. R. Randall
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Box 789 Wallace, Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

OCT 6

268-45:240-819

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Shoshone

City of Wallace

No. ....., ... St.

Hospital Hope

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 70 File No. 33736

Primary Registration District No. 1011 Registered No. 52

FULL NAME OF CHILD Norma Bohn

Sex of Child Female	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	Date of birth 9 (Month) 15 (Day) 191 (Year)

FATHER		MOTHER	
FULL NAME	William George Bohn	FULL MAIDEN NAME	Gladys Joy Yarbrough
RESIDENCE	Wallace	RESIDENCE	Wallace
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Kellogg, Idaho
OCCUPATION	Millman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8.05 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Herman E. Hanson M.D.

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address

Filed SEP 22 1915 19.....

F. Leo Tuesday

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

MAY 1 4 1975

249-102-040-955

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace

Registration District No. 70 File No. 33737

No. _____ St.

Primary Registration District No. 1011 Registered No. 53

Hospital Providence

FULL NAME OF CHILD Robert Oneil Smith

Sex of Child M	Twin Triplet or other? 1 and Number in order of birth 1st (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth Sept 2 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Leon William Smith	FULL MAIDEN NAME	Ida Reed
RESIDENCE	Wallace Ida	RESIDENCE	Wallace, Ida
COLOR	W AGE AT LAST BIRTHDAY 27 (Years)	COLOR	W AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE	Minnesota	BIRTHPLACE	Oregon
OCCUPATION	Common Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 6 P. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Mowery

Physician

(Physician or midwife)

Given names added from a supplemental report.

Address Wallace Ida

19

Filed SEP 24 1915 19 F. Leo Tuntey

Registrar Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 18 1944

JUL 15 1944

Amended 10-27-65

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 33738
Local Reg. No. 54
Reg. Dist. No. 70

1. PLACE OF BIRTH
a. COUNTY: Shoshone
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Wallace
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: Providence Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Wallace
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME *(Type or print)*
a. (First): William
b. (Middle): Ellsworth
c. (Last): Mullen

4. SEX: M.

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): 9 - 16 - 1915

FATHER OF CHILD

7. FULL NAME
a. (First): William
b. (Middle):
c. (Last): Mullen

8. AGE (At time of this birth): 22 YEARS

9. BIRTHPLACE (State of foreign country) (City or Town): Montana

10. USUAL OCCUPATION: Bartender

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Hattie
b. (Middle):
c. (Last): Burnelle

13. AGE (At time of this birth): 22 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Montana

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 0
b. How many OTHER children were born alive but are now dead? 0
c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Dr. Mowery

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Wallace, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: Sept. 24, 1915

22. REGISTRAR'S SIGNATURE: F. Leo Quigley

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

Use BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the Registrar of the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED SEP 8 1965 Bureau of Vital Statistics

State of IDAHO } ss.
County of SHOSHONE

Certificate No. 33738

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Will Ellsworth Mullin (Name on Original Certificate) who was born (Was Born or Died) on Sept. 16, 1915 (Date of Event) in Wallace, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Will Ellsworth Mullin	William Ellsworth Mullen
Father's Last Name	Mullin	Mullen

Subscribed and sworn to before me this 3rd day of September, 1965

Marie Schermanson

Notary Public, residing at Wallace, Idaho

My commission expires June 5, 1969

(Seal)

Signed Harriett Mullen

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

4541 Brighton San Diego Calif

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO } ss.
County of SHOSHONE

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd day of September, 1965

Marie Schermanson

Notary Public, residing at Wallace, Idaho

My commission expires June 5, 1969

(Seal)

Signed Mrs. Ray [illegible]

(Signature of Any Credible Person)

[illegible] St. Wallace Idaho

(Street Address, City, State)

FORM DH 60-155 CL 7-23-65. one copy pd. rec. #17869. total of 2 copies pd. one copy pd. rec. #1075.

Our Lady of Lourdes Academy, Music Diploma, given at Wallace, Idaho on May 20, 1934 gives full name as William E. Mullen - viewed by V.S.

Our Lady of Lourdes Academy, Grade Report, seventh grade, school year 1927-1928 gives full name of student as William Mullen - viewed by V.S.
core v correcting first and last name -

Probate Court, Shoshone County, State of Idaho, Matter of Estate for Deceased William Mullen, dated Aug. 11, 1947 - viewed by V.S.

Statment of Victory Tax ~~Whit~~ Withheld, calendar year 1943gives full name as William Mullen - viewed by V.S.

791-115-040-155

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace

Registration District No. 70

File No. 33739

No. ..... St.

Primary Registration District No. 1011

Registered No. 55

Hospital Providence

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	1		6	Yes	9 (Month) 15 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Otto Graffenberger	FULL MAIDEN NAME	Martha Jenkel
RESIDENCE	Wallace Ida	RESIDENCE	Wallace Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Germany
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... alive ..... at 4 a. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Drs Mowery

Physicians
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Wallace Ida

Filed SEP 24 1915 19.... H. L. Tumbey
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 1 1972

258-116-009-248

PLACE OF BIRTH

[redacted] F IDAHO
BU[redacted]TAL STATISTICS
[redacted]E OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

County of Bonner

City of Priest River

No. ..... St.

Hospital .....

Registration District No. 81 File No. 2 33740

Primary Registration District No. 2158 Registered No. 44

FULL NAME OF CHILD Henry H. Keysen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Sept (Month) 16 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Henry J. Keysen	FULL MAIDEN NAME	Helena Kuhnhofer
RESIDENCE	Priest River	RESIDENCE	Priest River
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Washington	BIRTHPLACE	Germany
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Houston E. Snyder MD

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Priest Ri[redacted]

Filed Sept. 20 19 5[redacted]

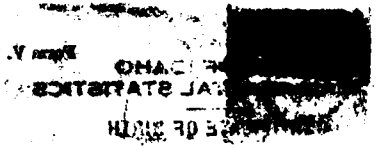
..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



712-1291040-715

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE [redacted]
BUREAU OF V[redacted]TICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Black Bear

Registration District No. 122

File No. 33741

No. _____ St.

Primary Registration District No. 2206

Registered No. 77

Hospital —

FULL NAME OF CHILD Charley Idaho Pastore

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	one		2nd	yes	Sept 29 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Charles Pastore	FULL MAIDEN NAME	Carmela Janoni
RESIDENCE	Black Bear	RESIDENCE	Black Bear
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Italy	BIRTHPLACE	Italy
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 1:00 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Mowery

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Wallace Ida.

19

Filed 10/6 1915 H. C. Mowery

Registrar

Registrar

S-Y CO. 24685

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

331-22010 40653

PLACE OF BIRTH

County of Shoshone

City of Gem

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

Registration District No. 122 File No. 33742

Primary Registration District No. 2200 Registered No. 76

FULL NAME OF CHILD Winifred Martha Clark

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	One		Y.	Sept 20 1915

FATHER		MOTHER	
FULL NAME	William Clark	FULL MAIDEN NAME	Beatrice Welsh
RESIDENCE	Gem	RESIDENCE	Gem
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	England	BIRTHPLACE	England
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 11 30 P M. on the date above stated.

(Signature) Dr. Chas. A. Dittman

(Physician or midwife)

Address Burke Ida

Filed 9/27 1915 H. S. Mowry Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECEASED

Amended 8-21-59

PLACE OF BIRTH

466-2171 40-213

County of Shoshone

City of Sunset

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 122 File No. 33743

Primary Registration District No. 2200 Registered No. 75

FULL NAME OF CHILD Irene Margaret Downs
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F.		Yes	Sept. 17, 1915

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Frank Emmet Downs	FULL MAIDEN NAME	Loretta Galloway
RESIDENCE	Sunset, Ida.	RESIDENCE	Sunset, Ida.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Michigan	BIRTHPLACE	Colorado
OCCUPATION	Assayer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 3 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Mowery

Physician
(Physician or midwife)

Address Wallace, Ida.

Filed 9/25/1915 H.C. Mowery
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Documents listed on back

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 33743

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Eleanora Downs (Name on Original Certificate) who born (Was Born or Died) on Sept. 17, 1915 (Date of Event) in Sunset, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Eleanora Downs	Irene Margaret Downs
First Name of Father	Frank	Francis Emmet Downs

Subscribed and sworn to before me this 14 day of July, 1959

Notary Public, residing at Ogden, Utah

My commission expires MY COMMISSION EXPIRES MAY 14, 1963

(Seal)

Signed Hattie F. Downs
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1320 Hamp Ogden Utah
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DPH 55. 155

CL 7-9-59. one copy pd. receipt #12344

Own Child's Hospital Birth Certificate, July 12, 1942, Christ Hospital, Jersey City, New Jersey, gives mother's name as Irene Margaret Downs - viewed by V.S.

Engagement Reception, Newspaper clipping of reception, appears old-about 1938 - gives name as Irene Margaret Downs parents names are given as Mr. & Mrs. Frank Downs - viewed by V.S.

Church Marriage Certificate for Irene M. Downs and George W. Balling, April 30, 1938 in New York City, New York at St. Luke's Lutheran Church - viewed by V.S.

259-213-040-214

Form V. S. No. 11-C—[illegible]-1-1-18

PLACE OF BIRTH

County of Shoshone

City of Mullan

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33744

Registration District No. 122 File No. _____

Primary Registration District No. 2200 Registered No. 74

FULL NAME OF CHILD _____

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Sept 13 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Chas Bertulla	FULL MAIDEN NAME	Lempi Kamberla
RESIDENCE	Mullan	RESIDENCE	Mullan
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Finland	BIRTHPLACE	Finland
OCCUPATION	Miner	OCCUPATION	Miner

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1 a.m. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James R Bean

MD
(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Address _____

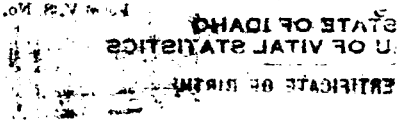
Filed 9/24 1915 H. C. Mowery Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



PERTTULA

Dep of 1915. DES7-408

194-202-001-666

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33747

County of Ada

City of

No. Ustick St.

Registration District No. 8 File No.

Primary Registration District No. 2004 Registered No. 61

Hospital

FULL NAME OF CHILD Fayette Margarite Simpson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes.	Aug. 2 1915

FATHER	MOTHER
FULL NAME Lew Simpson	FULL MAIDEN NAME Fayette Wood
RESIDENCE Ustick	RESIDENCE Ustick
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 31 (Years)	AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE Ada Co.	BIRTHPLACE Boise
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 11 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm. F. Smith M. D.

(Physician or midwife)

Address

Given names added from a supplemental report.

19

Registrar

Filed Sep 7 19 15

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 1 1 1968

791-206-001-989

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33748

County of Ada

City of Ustick

No. _____ St.

Hospital _____

Registration District No. 8

File No. _____

Primary Registration District No. 2004

Registered No. 62

FULL NAME OF CHILD Margaret Emma Graue

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.				Yes.	Aug 6 1915

FATHER		MOTHER	
FULL NAME	Alexander H. Graue	FULL MAIDEN NAME	Bertha Thorp
RESIDENCE	Ustick	RESIDENCE	Ustick
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Kansas.	BIRTHPLACE	Kansas.
OCCUPATION	Rancher.	OCCUPATION	House wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) H. M. Roberson

M. D.
(Physician or midwife)

Address .....

Filed Sep 7 1915

W. S. Parker
Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 2 7 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

814-28-8-001-659

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33749

County of Ada

City of Boise

No. Franklin School Dist.

Registration District No. 8

Primary Registration District No. 2004

File No.

Registered No. 63

Hospital

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
f.			Yes.	Aug 28 1915

FATHER		MOTHER	
FULL NAME	John Hammer	FULL MAIDEN NAME	Verta Ferrel
RESIDENCE	Franklin School District	RESIDENCE	Franklin School Dist
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN ~~OR MIDWIFE~~

I hereby certify that I attended the birth of this child, who was born alive (or stillborn) at 2 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) John Bacek

(Physician or midwife)

Address Boise Idaho

Filed Sep 6th, 15

H. S. Parker Registrar

S-Y CO. 24655

HARMON

NAME CHANGES

DUP OF 15-271097

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the [illegible] of each, in order of birth stated

Hospital DONALD HAULTERMAN McCROSKY

FULL NAME OF CHILD Donald Haulterman McCrosky.

Sex of Child M | Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes. | Date of birth Jul (Month) 31 (Day), 1915 (Year)

FATHER		MOTHER	
FULL NAME	Saml B. McCrosky	FULL MAIDEN NAME	Margaret Potter
RESIDENCE	Whitney	RESIDENCE	Whitney
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Ohio	BIRTHPLACE	Nebraska.
OCCUPATION	Cook.	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H M Holverson

M. D.

(Physician or Midwife)

Given names added from a supplemental report

..... 19.....

Registrar

Address

Filed Sep 7 1915 [signature] Registrar

S-Y CO., 16670

819-12 [illegible]-963

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33751

County of Ada

City of Barbuton Jct.

Registration District No. 8 File No.

No. St.

Primary Registration District No. 2004 Registered No. 65

Hospital

FULL NAME OF CHILD RAYMOND Hardisty

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			Yes.	Aug 22 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Alfred Hardisty	Myrtle Roller
RESIDENCE	Barbuton	Barbuton
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	40	30
BIRTHPLACE	Illinois	Illinois
OCCUPATION	Laborer.	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 a. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) I. M. Holverson

M.D. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address

Filed Sep 7 1915

..... Registrar

M. S. Parker Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 2 1941

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada

Certificate No. 33751
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Raymond Hardisty (Name on original certificate) who Born (Was born or died) on August 22, 1915 (Date of event)
in Barber, Ada County, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Omitted	Raymond Hardisty

Subscribed and sworn to before me this 3rd
day of August, 1941

Notary Public, residing at Boise, Idaho
My commission expires August 19, 1943
[SEAL]

Signed
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Alfred Hardisty
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
[SEAL]

Signed
(Signature of any credible person other than the previous affiant.)
(Street Address, City, State)

Received for filing on By
(Registrar's signature)

695126100243

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of I mile West of

No. Maple School St.

Hospital

Registration District No. 8 File No. 33752

Primary Registration District No. 2004 Registered No. 66

FULL NAME OF CHILD Marion Albert Wines

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	/		/	yes	August (Month) 26 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	W. E. Wines	FULL MAIDEN NAME	Clara Sutton
RESIDENCE	near, Boise, Idaho	RESIDENCE	near, Boise, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Nevada	BIRTHPLACE	Idaho.
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, Aug 24/15 at 3 P. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. P. McCalla

(Physician or midwife)

Given names added from a supplemental report.

19

Address Boise Idaho

Filed Sept 21 1915 M. S. Parker
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Sex of Child

Hospital

FULL

Family bible record gives date of birth as August 26, 1915. The record is obviously old. Viewed by VS.

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

The Capitol Life Insurance company gives date of birth as August 26, 1915. Viewed by VS. Dated

Affidavit to Correct or Amend An Original Certificate of Birth or Death 6-6-45

State of Idaho
County of Ada } ss.

Certificate No. 33752

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Marion Albert Wines (Name on Original Certificate) who was born (Was Born or Died) on Not Given (Date of Event) in Ada County, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Full Date of Birth	Not Given	August 26, 1915

Subscribed and sworn to before me this 27th day of October, 19 60

Notary Public, residing at Boise, Idaho
My commission expires June 17, 1964
(Seal)

Signed (Mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Ada } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th day of October, 19 60

Notary Public, residing at Boise, Idaho
My commission expires June 17, 1964
(Seal)

Signed (Sister)
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

CL 9-27-60. one copy pd. receipt #07643.

MAR 28 1960

244-208-001-317

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33753

County of Ada

City of Whitney School Dist.

Registration District No. 8

File No.

No. St.

Primary Registration District No. 2004

Registered No. 67

Hospital

FULL NAME OF CHILD Opal Summers

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
f.		Yes.	Sept 8 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	H. C. Summers	FULL MAIDEN NAME	Nettie Capps
RESIDENCE	Whitney School Dist.	RESIDENCE	Whitney School Dist.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Ark.	BIRTHPLACE	Ark.
OCCUPATION	farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN ~~OR MIDWIFE~~

I hereby certify that I attended the birth of this child, who was Born Alive 8.30 A.M. on the date above stated.

~~Born alive or stillborn~~

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Boeck

(Physician ~~or midwife~~)

Given names added from a supplemental report.

19

Address Boise Ida

Filed 9 21 1915

M. S. Parker
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JAN 2 1975

APR 30 1951

DECEASED

249-110001-706

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33754

County of ada County.

City of Dry Creek. 2 miles north of Eagle.

Registration District No. 8 File No.

No. — St.

Primary Registration District No. 2004 Registered No. 69

Hospital —

FULL NAME OF CHILD William Henry Smith

Sex of Child: M | Twin, Triplet or other? (To be answered only in event of plural births) | and Number in order of birth: 4 | Legitimate? Yes | Date of Birth: Sept 10 (Month) (Day) 191 5 (Year)

FATHER	MOTHER
FULL NAME: albert B Smith	FULL MAIDEN NAME: Blanche Goodal
RESIDENCE: ada Co.	RESIDENCE: ada Co.
COLOR: W.	COLOR: W.
AGE AT LAST BIRTHDAY: 30 (Years)	AGE AT LAST BIRTHDAY: 28 (Years)
BIRTHPLACE: Idaho	BIRTHPLACE: Kansas
OCCUPATION: Farmer.	OCCUPATION: House wife

Number of child of this mother, including present birth: 4

Number of children of this mother now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. S. Sprunger

(Physician or midwife)

Address —

Given names added from a supplemental report.

....., 19.....

.....
Registrar

Filed Sept 25 1915

W. S. Barber
Registrar

S-Y CO. 24656

7 1943

413-225-001-437

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Peaceful Valley

No. ..... St.

Hospital .....

Registration District No. 8

File No. 33755

Primary Registration District No. 2004

Registered No. 70

FULL NAME OF CHILD Bertha Estella Daly

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F.		Yes	9/25 1915

FATHER		MOTHER	
FULL NAME	Charles M. Daly.	FULL MAIDEN NAME	Marie McGinnis.
RESIDENCE	Ada County	RESIDENCE	Ada County
COLOR	White	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Kansas.	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19...

Address .....

Filed Sept 27 1915

M. S. Parker
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

433-124001-523

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33756

County of Ada

City of

No. Ash Park St.

Registration District No. 8 File No.

Primary Registration District No. 2004 Registered No. 71

Hospital

FULL NAME OF CHILD Roger Edwin McCurry

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	yes	Sept. 24th 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	N. E. McCurry	Ida May Castro
RESIDENCE	Ash Park - Mrs Spaldings ✗	Ash Park
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	36	34
BIRTHPLACE	Arkansas	Arkansas
OCCUPATION	Solicitor for Cap. News	Housewife

Number of child of this mother, including present birth 2nd

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2:00 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Taylor M.D.
(Physician or midwife)

Address Boise Idaho

Given names added from a supplemental report.

..... 19.....

Filed Oct 1 1915

H. D. Parker
Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 28 1952

253-112-001-296

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33757

County of Ada

~~City of~~ Country

~~No.~~ School Dist. No. 38 ~~St.~~

Registration District No. 8 File No.

Primary Registration District No. 2004 Registered No. 744

Hospital

FULL NAME OF CHILD John Woodrow Kellar

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Sept. 12, 1915

FATHER

FULL NAME John Blair Kellar

RESIDENCE Boise (School Dist 38, Ada Co.)

COLOR White AGE AT LAST BIRTHDAY 39 (Years)

BIRTHPLACE Indiania Co. Pa.

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Jessie Belle Brown

RESIDENCE Boise (Same as father)

COLOR White AGE AT LAST BIRTHDAY 39 (Years)

BIRTHPLACE Wright Co. Iowa

OCCUPATION Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 11 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Ella S Hemsted

(Physician or midwife)

Address Mayfield Stage Boise Idaho

Given names added from a supplemental report.

..... 19.....

Filed 10/8 19 15 M.S. Parker

Registrar

..... Registrar

S-Y CO. 24695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 7 1955

PLACE OF BIRTH

02.001-864

[illegible] BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33758

County of Ida

City of Barberton, Ida.

Registration District No. 8

File No.

No. — St.

Primary Registration District No. 2004

Registered No. 758

Hospital —

FULL NAME OF CHILD Wilbur Wendell Kneer

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	—		—	yes	Oct. 2 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Harry J. Kneer	FULL MAIDEN NAME	Leona C. Youngblood
RESIDENCE	Barberton, Idaho	RESIDENCE	Barberton, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	New York	BIRTHPLACE	Missouri
OCCUPATION	Station operator	OCCUPATION	housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6:40 A.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Lukey.

Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Address 315 Overland Bldg.

Filed 10/6 1915 M.S. Parker

Registrar

Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVE FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Selective Service Notice of Classification, dated July 30, 1941, Order No. 2451, Class 3-A gives full name as Mr. Wilbur Wendell Kneer - viewed by V.S. Cert. Copy of Own Child's Birth Certificate, IDAHO DEPARTMENT OF HEALTH State of California, child born Sept. 15, 1938 at San Francisco, Calif. gives full name of father as Wilbur Wendell Kneer, age 22, born in Boise, Idaho - cert. copy issued

Affidavit to Correct or Amend An Original Certificate of Birth or Death

JAN 1 6 1963

BUREAU OF VITAL STATISTICS

State of Aug. 30, 1949 - Local Registered No. of Birth Cert. Certificate No. 33/58
County of 6292 - viewed by V.S. } ss. Bureau of Vital S[illegible] Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for unnamed Kneer (Name on Original Certificate) who was born (Was Born or Died) on October 2, 1915 (Date of Event)
in Barberton, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name of child	unnamed Kneer	Wilbur Wendell Kneer

Subscribed and sworn to before me this ..... day of ....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed Deceased
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of San Mateo }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4th day of January, 1963

Notary Public, residing at Redwood City, Calif.
My commission expires 12-14-1964
(Seal) Redwood City, Calif

Signed Herbert J. Kneer
(Signature of Any Credible Person)

798 7th Ave. Redwood City, Cal.
(Street Address, City, State)

Brother

FORM DH 60. 155

1 copy pd. rec. #20977.

JAN 24 1963

551-203.001-753

PLACE OF BIRTH

Form V. S. No. 11-C—Rev. 1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Beach, Boise

Registration District No. 8 File No. 33759

No. ..... St.

Primary Registration District No. 2004 41 Registered No. 721

Hospital .....

FULL NAME OF CHILD Marjorie Genevieve Evans

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	10 — 3 — 1911

FATHER		MOTHER	
FULL NAME	William Davis Evans	FULL MAIDEN NAME	Stella Peterson
RESIDENCE	RD. 2 — Beach, Boise Idaho	RESIDENCE	Beach, Boise, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Utah
OCCUPATION	Cook	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1:00 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Maurice V. Tallmann M.D.

(Physician or midwife)

Address Boise Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 10/3 19 15 M. S. Parker Registrar

4685

SERVED FOR BINDING
UNFADING INK—THIS IS A PERMANENT RECORD

...n one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

992-10410012 34

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Ada

City of Boise

No. 707 No 20

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

Registration District No. 2 File No. 33760

Primary Registration District No. 1004 Registered No. 107

FULL NAME OF CHILD Russell Oswald Risen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	Sept 4 1917

FATHER	MOTHER
FULL NAME Oswald Risen	FULL MAIDEN NAME Gertrude Studebaker
RESIDENCE 707 No 20 — Boise	RESIDENCE Boise
COLOR W.	COLOR White
AGE AT LAST BIRTHDAY 40 (Years)	AGE AT LAST BIRTHDAY 37 (Years)
BIRTHPLACE Ohio	BIRTHPLACE Iowa
OCCUPATION Teacher	OCCUPATION H. Kpg.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 10a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W S Peters

(Physician or midwife)

Given names added from a supplemental report.

.....19.....

.....
Registrar

Address .....

Filed Oct 1st 19 15 M.S. Parker
Registrar

S-Y CO. 24655

NOV 5 1962

613-230-001-942

Form V. S. No. 11-C—25m-1-1-13

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Hospital St. Alphonsus

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2 File No. 33761

Primary Registration District No. 1004 Registered No. 106

FULL NAME OF CHILD Lois Heyburn Walton.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Female			Yes	Sept. 30 (Month) (Day) 1915 (Year)

FATHER

FULL NAME Percy Joel Walton

RESIDENCE Boise

COLOR White AGE AT LAST BIRTHDAY 28 (Years)

BIRTHPLACE Kennett, Pa.

OCCUPATION Mechanic

MOTHER

FULL MAIDEN NAME Gertrude Margaret Russel

RESIDENCE Boise

COLOR White AGE AT LAST BIRTHDAY 27 (Years)

BIRTHPLACE Troy, N.Y.

OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4:30 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. [illegible]

Physician.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed Oct 5 19 15 M.S. Parker
Registrar

..... Registrar

S-Y CO. 24655

AUG 4 1947

JUL 6 1956

FEB 6 1975

469-22-1001-816

PLACE OF BIRTH Amended June 5, 1951

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of _____

No. _____ St.

Hospital St. Alphonsus

Registration District No. 2 File No. 33762

Primary Registration District No. 1004 Registered No. 105

FULL NAME OF CHILD Mary Isabel Morrison
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	Sept. 24 1915

What bactericidal solution was used in eyes? _____

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

FATHER	MOTHER
FULL NAME: J. E. Morrison	FULL MAIDEN NAME: Belle Hawkins
RESIDENCE: Nampa, Idaho	RESIDENCE: Nampa, Idaho
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 45 (Years)	AGE AT LAST BIRTHDAY: 36 (Years)
BIRTHPLACE: Franklin, Idaho	BIRTHPLACE: Eminence, Missouri
OCCUPATION: Farmer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 p.m. _____ M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

_____, 192_____

_____
Registrar.

(Signature) L. P. McCalla
(Physician or midwife)

Address Boise, Idaho

Filed Oct. 1st 1915 M.S. Paeker
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 33762
Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
date of birth	Sept. 25, 1915	Sept. 24, 1915

Subscribed and sworn to before me this 5th day of June, 1951

Mabel F. Eeder
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed Mrs Isabel Stewart
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DPH - 51117

433-104-004437

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-19

PLACE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Hospital St. Alphonsus

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2

File No. 33763

Primary Registration District No. 1004

Registered No. 104

FULL NAME OF CHILD Donald McCall

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Oct 4 1915

FATHER		MOTHER	
FULL NAME	James D. McCall	FULL MAIDEN NAME	Martha McGee
RESIDENCE	McCall, Ida.	RESIDENCE	McCall, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Oregon
OCCUPATION	Forester	OCCUPATION	Home wife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on Oct 4, 1915 at 7:30 P. M., on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jno. R. Numbers

(Physician or midwife)

Address Boise, Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Oct 8 1915 M. S. Parker

Registrar

S-Y CO. 24665

996-123-001-763

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33764

County of Ada

City of Boise

Registration District No. 2 File No.

No. St.

Primary Registration District No. 1004 Registered No. 103

Hospital St. Alphonsus

FULL NAME OF CHILD Robert Geo. Irwin

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Sept. (Month) 23 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Robert Irwin	FULL MAIDEN NAME	Gertrude Potter
RESIDENCE	310 Thatcher	RESIDENCE	310 Thatcher
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	New Meadows	BIRTHPLACE	Lincoln Neb.
OCCUPATION	Electrician	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 9 9 M on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Jas L. Stewart N.H.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed Oct 1st, 1915 M.S. Parker

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

FEB 2 5 1942

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

DECEASED

128-222-001-168

19508

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1909 Wash St.

Hospital

Registration District No. 2

File No. 33765

Primary Registration District No. 1004

Registered No. 102

FULL NAME OF CHILD Mildred Marian Ash

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Sept. 22 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	William Gray Ash.	FULL MAIDEN NAME	Gertrude Johnson
RESIDENCE	1909 Wash.	RESIDENCE	1909 Wash.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26. (Years)	AGE AT LAST BIRTHDAY	24. (Years)
BIRTHPLACE	Raymond Ill.	BIRTHPLACE	Youngstown Ill.
OCCUPATION	Agency Mgr. of Overland Automobile	OCCUPATION	Housewife

Number of child of this mother, including present birth 2nd

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 3 a. M., on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Jas L. Stewart U. H.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed Oct 1st 19 15 M.S. Parker
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

3/19/41 L. E.

693-022-001-295

PLACE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Hospital St. Alphonsus

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

33766

Registration District No. 2 File No. .....

Primary Registration District No. 1004 Registered No. 101

FULL NAME OF CHILD Laura Mae Will

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	Sept 22 1915

FATHER

FULL NAME Burt Will

RESIDENCE Bruneau Idaho

COLOR W AGE AT LAST BIRTHDAY 31 (Years)

BIRTHPLACE Fullerton Nebraska

OCCUPATION Machinist

MOTHER

FULL MAIDEN NAME Mae King

RESIDENCE Bruneau Idaho

COLOR W AGE AT LAST BIRTHDAY 31 (Years)

BIRTHPLACE Utah

OCCUPATION H. W.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10:15 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. S. Peters

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

..... Registrar

Filed Oct 1 1915 M. S. Parker Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued Feb. 3, 1941. E.W.

FEB 28 1973

OCT 24 1974

314-126-001-296

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33767

County of Ada

City of Boise

Registration District No. 2 File No.

No. St.

Hospital St. Alphonsus Primary Registration District No. 1004 Registered No. 100

FULL NAME OF CHILD Donald Durant Campbell

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Sept 26 1914

FATHER		MOTHER	
FULL NAME	Donald George Campbell	FULL MAIDEN NAME	Katherine Durant Brown
RESIDENCE	Boise	RESIDENCE	Boise
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Canada	BIRTHPLACE	Massachusetts
OCCUPATION	Mining Engineer	OCCUPATION	House wife

Number of child of this mother, including present birth 1st. Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4:00 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Maurice N. Tallmadge, M.D.
(Physician or midwife)

Address Boise, Idaho

Given names added from a supplemental report. 19

Filed Oct 1st 19 15 M.S. Parker
Registrar

Registrar

S-Y CO. 24685

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 21 1973

236-222.00-295

PLACE OF BIRTH

Form V. S. No. 11-C—20m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33768

County of Ada

City of Boise

Registration District No. 2

File No.

No. 1615 Harrison Blvd.

Primary Registration District No. 1004

Registered No. 99

Hospital

FULL NAME OF CHILD Mary Adaline Stokes

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—		—	yes	Sept 22nd 1915

FATHER	MOTHER
FULL NAME E. M. Stokes	FULL MAIDEN NAME Lillie M. Grass
RESIDENCE 1602 North 20th St.	RESIDENCE 1602 North 20th St.
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 24 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Kansas	BIRTHPLACE Ohio
OCCUPATION Janitor, High School	OCCUPATION Housewife

Number of child of this mother, including present birth 1st

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3:20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Taylor M.D.

(Physician or midwife)

Address Boise Idaho

Given names added from a supplemental report.

....., 19.....

.....
Registrar

Filed Oct 1st, 19 15

M.S. Parker
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

AUG 4 1966

992-229100-238

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33769

County of Ada

City of Boise

Registration District No. 2 File No.

No. St.

Primary Registration District No. 1004 Registered No. 98

Hospital St Alphonsus

FULL NAME OF CHILD Mary Helena Risser

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth Sept. (Month) 29 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Thos. S. Risser	FULL MAIDEN NAME	Carol Schrap.
RESIDENCE	Near Meridian	RESIDENCE	Near Meridian
COLOR	White AGE AT LAST BIRTHDAY 34 (Years)	COLOR	White AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	N. Dak
OCCUPATION	Lawyer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive Sept. 29 at 3 P. M., on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jos. R. Numbers
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Boise, Idaho

Filed Oct. 3 1915 M. S. Parker
Registrar

Registrar

S-Y CO. 24685

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

c.c. 6/5/41. w.h.

367-212-001-795

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1304 N 19 St.

Registration District No. 2 File No. 33770

Primary Registration District No. 1004 Registered No. 97

Hospital

FULL NAME OF CHILD Helen Kathryn Kathryn Coppedge

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
female	—	—	yes	Sept 12 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	William H. Coppedge	FULL MAIDEN NAME	Harriet Gresham
RESIDENCE	Boise Ida	RESIDENCE	Boise
COLOR	AGE AT LAST BIRTHDAY 41 (Years)	COLOR	white AGE AT LAST BIRTHDAY 35 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Mo
OCCUPATION	Shorthand professor	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8 45 AM on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. L. Glase

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Boise

Filed 9/29 19 5 M. S. Parker

Registrar Registrar

S-Y CO. 24698

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

669-213-001-493

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Ada

City of Boise

No. Vernon Hotel Maine St

Hospital

Form V. S. No. 11-C—20m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2 File No. 33771

Primary Registration District No. 1004 Registered No. 96

FULL NAME OF CHILD Dolores Huntington

Sex of Child: Female | Twin, Triplet or other? | and | Number in order of birth | (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth 9/13/ (Month) (Day) 191 (Year)

FATHER		MOTHER	
FULL NAME	Everett R Huntington	FULL MAIDEN NAME	Mary E Mitchell
RESIDENCE	Huntington	RESIDENCE	Huntington
COLOR	White	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Washington	COLOR	White
OCCUPATION	Clerk	AGE AT LAST BIRTHDAY (Years)	19 Yrs
		BIRTHPLACE	Colorado
		OCCUPATION	House

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) William L Hellen MD
(Physician or midwife)

Address 201-4 McCarty Bld Boise

Given names added from a supplemental report.

..... 19.....

Filed 9/22 19 15 M. S. Parker
Registrar

..... Registrar

S-Y CO. 24455

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

APR 13 19[illegible]

949-121-001-466

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Hospital .....

Registration District No. 2 File No. 33772

Primary Registration District No. 1004 Registered No. 95

FULL NAME OF CHILD Raymond Zurcher

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	Sept (Month) 21 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Otto F. Zurcher	FULL MAIDEN NAME	Della E. Moore
RESIDENCE	414 S 12	RESIDENCE	414 S 12
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Kansas
OCCUPATION	merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10:30 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Bock

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Boise Ida

Filed 9.22 19 15 M. S. Parker

Registrar Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

914-118-001-815

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

of Ada

Boise

1619 Hays St.

al

Registration District No. 2

File No. 33773

Primary Registration District No. 1004

Registered No. 94

NAME OF CHILD ~~Infant~~ John Rawn

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
M	0	4	yes	Sept 18 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
Paul L Rawn		FULL MAIDEN NAME	Annie Hammentl
RESIDENCE	1619 Hays	RESIDENCE	1619 Hays
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Toledo O.	BIRTHPLACE	Chattanooga Ten
OCCUPATION	Civil Eng.	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C H Parker

McCarty Bldg
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed 9/22 19 15 M. S. Parker
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N.B. In case of more than one child at birth, a SEP... of each, in ord...

DEC 16
SEP 9 1976

[redacted]

5/23/41 L. B.

239-119-00-819

PLACE OF BIRTH

Form V. S. No. 11—25m-1-1-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. — St.

Hospital —

Registration District No. 2

File No. 33774

Primary Registration District No. 1004

Registered No. 93

FULL NAME OF CHILD

Sex of Child	Twin ~~Triplet~~ or other?	and Number in order of birth	Legitimate?	Date of Birth
male		2 (To be answered only in event of plural births)	yes	May (Month) 19th (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	William E. Stroupe	FULL MAIDEN NAME	Edna Hart
RESIDENCE	Boise	RESIDENCE	Boise
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	North Carolina	BIRTHPLACE	Idaho
OCCUPATION	Conductor on Street Car	OCCUPATION	House Wife

[illegible] 2 [illegible] 2

[illegible] M.

[illegible] is one that [illegible] evidence of life

(Signature) [illegible]

(Physician or ~~midwife~~)

Given names added from a supplemental report.

19

Address Boise

Registrar

Filed 9/22 19 15 M. S. Parker Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

[illegible]AINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

[illegible] of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. [illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of [illegible]

OCCUPATION

[illegible]

NAME IN FULL

[illegible]

Address

Filed

Registrar

Registered

366-117-001-962

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Ada

City of Boise

No. 1415 Franklin St.

Hospital St Alphonsus

Form V. S. No. 11—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2 File No. 33775

Primary Registration District No. 1004 Registered No. 92

FULL NAME OF CHILD RALPH ROLAND TOWLE

Sex of Child M. | Twin, Triplet, or other? | and | Number in order of birth 2 | Legitimate? Yes | Date of Birth August 17 (Month) (Day) 1918 (Year)

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME Ralph R Towle	FULL MAIDEN NAME Grace Rose
RESIDENCE Boise	RESIDENCE Boise
COLOR White	AGE AT LAST BIRTHDAY 28 (Years)
COLOR White	AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Nebraska	BIRTHPLACE Neb.
OCCUPATION Optician	OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or stillborn) at 8 15 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

.....19.....

.....
Registrar

(Signature) J S Sprunger

(Physician or midwife)

Address Boise Ida

Filed 9/22 19 18 M. S. Parker
Registrar

S-Y CO. 24686

MAR 1 [illegible] 1942

FEB 12 1975

681-128-001-799

Form V. S. No. 11—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33776

County of Ada

City of Boise

No. ..... St.

Hospital St alphonsus

Registration District No. 2

Primary Registration District No. 1004

File No. .....

Registered No. 91

FULL NAME OF CHILD Oliver Vernon Wheeler

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		2	Yes	aug 28 1915

FATHER	MOTHER
FULL NAME Archie O Wheeler	FULL MAIDEN NAME Marie W Price
RESIDENCE Juntura Oregon	RESIDENCE Juntura Ore.
COLOR White	AGE AT LAST BIRTHDAY 37 (Years)
BIRTHPLACE Iowa	COLOR White
OCCUPATION Farmer	AGE AT LAST BIRTHDAY 34 (Years)
	BIRTHPLACE Chicago
	OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9/0 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

(Signature) J. S. Springer

(Physician or midwife)

Address Boise

Filed 9/22 19 15

M. S. Parker
Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

213-123-001-445

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Hospital St alphonsus

Registration District No. 2 File No. 33777

Primary Registration District No. 1004 Registered No. 90

FULL NAME OF CHILD .....

Sex of Child m	Twin Triplet or other? and Number in order of birth 1 (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth Aug 23 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	George Backus	FULL MAIDEN NAME	Emma C Dunnagan
RESIDENCE	Ada Co.	RESIDENCE	Ada Co.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Georgia
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 9 p M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J S Springer
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address 9/22 Boise

Filed 9/22 1915 M. S Parker
Registrar

Registrar

8-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

419-122-001-386

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

33778

County of Ada

City of Boise

No. 503, S-15th St.

Registration District No. 2 File No.

Hospital

Primary Registration District No. 1004 Registered No. 89

FULL NAME OF CHILD LESTER HENRY MARCH

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male	1	Yes	9 22 1915

FATHER		MOTHER	
FULL NAME	Nicholas H March	FULL MAIDEN NAME	Vera R Thompson
RESIDENCE	Arrow Rock	RESIDENCE	Boise
COLOR	W AGE AT LAST BIRTHDAY 21 (Years)	COLOR	W AGE AT LAST BIRTHDAY 16 (Years)
BIRTHPLACE	Pine Utah	BIRTHPLACE	Prairie Kansas
OCCUPATION	Cavalleryman Mechanics	OCCUPATION	—

Number of child of this mother, including present birth 1 Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas V Genoway
(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address 223 Main Bldg Boise

Filed 9/23 1915 M. S. Parker
Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDA

JAN 17 19[illegible]

719-106.001-849

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33779

County of Ada

City of Boise

Registration District No. 2

File No.

No. ____ St.

Primary Registration District No. 1004

Registered No. 88

Hospital St. Alphonsus

FULL NAME OF CHILD Don Martin Parkinson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	Sept 6th 191[illegible]

FATHER		MOTHER	
FULL NAME	W. K. Parkinson	FULL MAIDEN NAME	Lydia A. Quigley
RESIDENCE	812 McKinley Ave.	RESIDENCE	812 McKinley Ave.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Ohio
OCCUPATION	Horse dealer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2nd

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 25 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Taylor M.D.

(Physician or midwife)

Address Boise Idaho

Given names added from a supplemental report.

....., 19.....

.....
Registrar

Filed 9/21 19 5 M. S. Parker
Registrar

S-Y CO. 24625

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the order of each, in order of birth stated.

413-119-001-165

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

[redacted]

County of Ada

City of Boise

No. ..... St.

Hospital St. Alphonsus

Registration District No. 2

Primary Registration District No. 1004

File No. 35780

Registered No. 87

Died

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Sept. 19 1915

FATHER	MOTHER
FULL NAME: Ben Malmin	FULL MAIDEN NAME: Dora Jonnoson
RESIDENCE: Boise	RESIDENCE: Boise
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 28 (Years)	AGE AT LAST BIRTHDAY: 25 (Years)
BIRTHPLACE: Norway	BIRTHPLACE: Norway
OCCUPATION: Laborer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 4

Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician
(Physician or midwife)

Address .....

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 9.21 5

M. S. Parker
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

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236-219:001-851

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33782

County of Ada

City of Boise

No. ..... St.

Hospital St. Alphonsas

Registration District No. 2 File No. .....

Primary Registration District No. 1004 Registered No. 85

FULL NAME OF CHILD Leila Francis Stocker

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		Yes	Sept 19 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Geo. O. Stocker	FULL MAIDEN NAME	Emma Heath
RESIDENCE	1204 E. Jeff.	RESIDENCE	1204 E. Jeff.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive Sept 19 at 11:30 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jos R. Newberry
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Boise, Idaho

Filed 9/21 1915 M. S. Parker
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

853-103-001-281

Form V. S. No. 11-C—25m-1-1-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Hospital St. Luke's

Registration District No. 2 File No. 33783

Primary Registration District No. 100r4 Registered No. 84

FULL NAME OF CHILD Charles Jonathan Helsley

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Sept. 3 1915

FATHER	MOTHER
FULL NAME C. H. Helsley	FULL MAIDEN NAME Eva Shaw
RESIDENCE 211 So 16.	RESIDENCE 211 So 16.
COLOR White AGE AT LAST BIRTHDAY ..... (Years)	COLOR White AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE Missouri	BIRTHPLACE Missouri
OCCUPATION Laborer	OCCUPATION Housewife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) on the date above stated. at 11 A. M

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Jas. L. Stewart M. D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed 9/21 19 5 M. S. Parker

Registrar

S-Y CO. 24695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 23 1967

DEC 30 1941

667-215-001-366

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Ada

City of _____

No. _____ St.

Hospital St Alphonsus

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2 File No. 33784

Primary Registration District No. 1004 Registered No. 83

FULL NAME OF CHILD Josephine Fox

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	/		/	yes	Sept. 15 1915

FATHER		MOTHER	
FULL NAME	W. C. Fox	FULL MAIDEN NAME	Mary Townsend
RESIDENCE	Star, Idaho	RESIDENCE	Star Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Franklin Minn.	COLOR	White
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	27
		BIRTHPLACE	Minn.
		OCCUPATION	House wife

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on Sept. 15 / 15 at 7 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. P. McCall

(Physician or midwife)

Address Boise Idaho

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed 9/21 19 5 M. S. Parker Registrar

S-Y CO. 24655

1—

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 7 1965

433-214-001-254

PLACE OF BIRTH

County of Ada

City of Boise

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

CERTIFICATE OF BIRTH

33785

Registration District No. 2 File No. _____

Primary Registration District No. 1004 Registered No. 81

FULL NAME OF CHILD Justine Frances McCue

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	/	/	yes	Sept. 14, 191[illegible]

(To be answered only in event of plural birth)

FATHER		MOTHER	
FULL NAME	John J. McCue	FULL MAIDEN NAME	Stella Bedard
RESIDENCE	Boise Idaho	RESIDENCE	Boise Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Buffalo New York	BIRTHPLACE	Minn.
OCCUPATION	Lawyer	OCCUPATION	House wife

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive Sept. 14/15 at 9 P. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. P. McCall

(Physician or midwife)

Address Boise Idaho

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed 9/21 19 5 M. S. Parker

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

793-202-001-113

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise - S

No. ..... St.

Hospital .....

Registration District No. 2 File No. 33786

Primary Registration District No. 1004 Registered No. 80

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other	and Number in order of birth (To be [illegible] in event of plural births)	Legitimate?	Date of Birth
Female			yes	Sept (Month) 2 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Alfred [illegible]	FULL MAIDEN NAME	Selma Jacobson
RESIDENCE	South Boise	RESIDENCE	South Boise
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Eugene Ore.	BIRTHPLACE	Beaver Hill Ore.
OCCUPATION	Labrer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 6.30 a.m. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. S. Williamson M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address 824 Franklin St

Filed 9/20 1915 M. S. Parker

Registrar Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

3755994

753-205-001-254

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 914 Miller St.

Hospital

Registration District No. 2

File No. 33787

Primary Registration District No. I004

Registered No. 79

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
f.		Yes	Sept 5 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	C. R. Peterson	FULL MAIDEN NAME	Karen Knudson
RESIDENCE	914 Miller	RESIDENCE	914 Miller
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)		AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Denmark	BIRTHPLACE	Denmark.
OCCUPATION	Clerk.	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN ~~OR MIDWIFE~~*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 7 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Bank

(Physician ~~or midwife~~)

Given names added from a supplemental report.

Address Boise Ida

19

Filed 9/20 1915 M. S Parker

Registrar

Registrar

B-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PEDERSEN

DUP OF 15-301745

743. 219.001-389

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH 33788

County of Ada

City of Boise

Registration District No. 2 File No.

No. 1802, Franklin St.

Hospital Residence

Primary Registration District No. I004 Registered No. 78

FULL NAME OF CHILD MARJORIE EURA GILLUM

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		2nd	yes	Sept 19, 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Carl J Gillum	Lucy Elizabeth Christer
RESIDENCE	1802 Franklin St	1802 Frank St
COLOR / AGE AT LAST BIRTHDAY (Years)	White / 24	White / 21
BIRTHPLACE	Kansas	Wis
OCCUPATION	Auto Cab driver	Housekeeper

Number of child of this mother, including present birth 2 Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10:45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C W Kingsbury DO

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Registrar

Address .....

Filed 9/20 1915 M. S. Parker

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Missouri } ss.
County of St Louis }

Certificate No. 33788

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Marjorie Eura Gillum (NAME ON ORIGINAL CERTIFICATE) who Born (WAS BORN OR DIED) on Sept 19 1915 (DATE OF EVENT)
in Boise Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on SEPT. 19 1915 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Marjorie Ema Gillum
Sept 19 1915	Marjorie Eura Gillum	Marjorie Eura Gillum

Subscribed and sworn to before me this 9 day of May, 19 45

Notary Public, residing at St. Louis Mo

My commission expires My Term Expires Jan. 6, 1945.
(SEAL)

Signed Lucy E Gillum
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

5123 Bircher Ave 19 1.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Missouri } ss.
City County of St. Louis }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18 day of May, 19 45

Notary Public, residing at St. Louis Mo

My commission expires JAN. 6, 1945
(SEAL)

Signed Carl J. Gillum
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

5123 Bircher Ave St. Louis 19 1.
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

MAY 25 1940

281-211-001-296

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33789

County of Ada

City of Boise

No. 916 N. 28th St.

Hospital St. Alphonsus

Registration District No. 2

File No.

Primary Registration District No. 1004

Registered No. 77

FULL NAME OF CHILD Mary Shane

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	9 (Month) - 11 (Day) - 1915 (Year)

FATHER		MOTHER	
FULL NAME	Harry Shane	FULL MAIDEN NAME	Clara Brooks
RESIDENCE	Boise	RESIDENCE	Boise
COLOR	W. AGE AT LAST BIRTHDAY 43 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 36 (Years)
BIRTHPLACE	New York	BIRTHPLACE	Oregon
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2:10 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Maurice H. Tallman, M.W.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Boise, Idaho

Filed 9/16 19 5 M. . Parker
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 30 1950

962-213-001-365

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33790

PLACE OF BIRTH

County of Ada

City of Boise

No. 807 E. State St.

Hospital

Registration District No. 2 File No.

Primary Registration District No. 1004 Registered No. 76

FULL NAME OF CHILD Virginia Margarette Ross

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	Sept 13 1915

FATHER		MOTHER	
FULL NAME	Victor B Ross	FULL MAIDEN NAME	Georgia May Converse
RESIDENCE	Spirit Lake Idaho	RESIDENCE	Boise
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Seattle Wash	BIRTHPLACE	Canton Mo
OCCUPATION	Railroad Clerk	OCCUPATION	H. W.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Citizen at 330P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W S Lutes
(Physician or midwife)

Address Boise.

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed 9.16 19 5 M. S. Parker
Registrar

S-Y CO. 24655

493-103-001-434

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Hospital St Alphonsus

Registration District No. 2

File No. 33791

Primary Registration District No. 1004

Registered No. 75

FULL NAME OF CHILD Robert Mills Jr.

Sex of Child	Number in order of birth (only in event of plural births)	Legitimate?	Date of Birth
male		Yes	Sept. 3 1915 (Month) (Day) (Year)

	FATHER		MOTHER
FULL NAME	Robert Mills	FULL MAIDEN NAME	Agnes McDonald
RESIDENCE	Garden Valley	RESIDENCE	Garden Valley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	N.Y.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born dead Sept 3 at 2 P. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jos R Nunans
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Boise, Idaho

Filed 9/15 1915 M. S. Parker
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

D

296-104-001-296

PLACE OF BIRTH

Form V, S. No. 11-C—25m-1-1-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1021 N. 22 St.

Hospital

Registration District No. 2 File No. 33792

Primary Registration District No. 1004 Registered No. 74

FULL NAME OF CHILD Robert Corey Brown

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
White			Yes.	Sept. 4 1915

FATHER		MOTHER	
FULL NAME	George E. Brown	FULL MAIDEN NAME	Daisy Bud Brown
RESIDENCE	1021 N 22	RESIDENCE	1021 N. 22.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	21.	COLOR	White	AGE AT LAST BIRTHDAY (Years)	19.
BIRTHPLACE	Boise.	BIRTHPLACE	Missouri
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth.....

Number of children of this mother now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 1.20 A. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Drs. Jas. L. Stewart M. D.

(Physician or midwife)

Address

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed 9/15 5 19..... M. S. Parker
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

2 c.c. 5/13/41. w.h.

JAN 12 1953

193-126-001-236

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Ada

City of Boise

No. 310 E. Bannock

Hospital

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2 File No. 33793

Primary Registration District No. 1004 Registered No. 73

FULL NAME OF CHILD JACK STUART ARCHIBALD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	Aug 26 1915

FATHER	MOTHER
FULL NAME Everett Archibald	FULL MAIDEN NAME Lily Mae Stofer
RESIDENCE Boise	RESIDENCE Boise
COLOR W.	COLOR W.
AGE AT LAST BIRTHDAY 28 (Years)	AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE Omaha Neb.	BIRTHPLACE Helena Montana
OCCUPATION Traveling Man	OCCUPATION H W

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 3:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W S Peters M D
(Physician or midwife)

Address

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed 9/II 19 5 M. S. Parker -
Registrar

S-Y CO. 24655

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of San Diego }

Certificate No. 33793

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Everett Allen Archibald (Name on Original Certificate) who born (Was Born ~~or Died~~) on August 26, 1915 (Date of Event)
in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Everett Allen Archibald	Jack Stuart Archibald

Subscribed and sworn to before me this 12th day of February, 1942

Notary Public, residing at San Diego, County of San Diego, State of California.

My commission expires Public. My Commission Exp. Feb. 23, 1944. (Seal)

Signed Lily Mae Gilliland (Mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

4152-10th Ave San Diego, Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of San Diego }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21st day of February, 1942

Albert L. Griffiths

Notary Public, residing at San Diego Calif

My commission expires
(Seal)

Signed Celia Belle Hart - "Great Aunt"
(Signature of Any Credible Person Other Than Previous Year)

1831-30th St San Diego Calif
(Street Address, City, State)

793-123-001-493

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Ada

City of Boise

No. 411 Harrison St.

Hospital

Registration District No. 2 — File No. 33794

Primary Registration District No. 1004 — Registered No. 72

FULL NAME OF CHILD James Miles Pitcher

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	July 23 1915

	FATHER	MOTHER
FULL NAME	James Ledger Pitcher	FULL MAIDEN NAME Joan Pearl Miles
RESIDENCE	411 Harrison St	RESIDENCE
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE	Smithfield	BIRTHPLACE Smithfield
OCCUPATION	Salesman	OCCUPATION Married Wife

Number of child of this mother, including present birth 1 — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 5:45 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. H. Landy

(Physician or midwife)

Address .....

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 9/11 19 5 M. S. Parker Registrar

S-Y CO. 24695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 5 1970

266-103-001-449

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1117 Grove *St.*

Hospital

Registration District No. 2

Primary Registration District No. 1004

File No. 33795

Registered No. 71

FULL NAME OF CHILD William Henry Boot

Sex of Child Male	**Twin Triplet or other?** — **and** **Number in order of birth** — (To be answered only in event of plural births)	**Legitimate?** yes	**Date of Birth** Sept 3 1915 (Month) (Day) (Year)

FATHER	**MOTHER**
FULL NAME Alfred Frederick Boot	**FULL MAIDEN NAME** Helen Murray
RESIDENCE Boise	**RESIDENCE** Boise
COLOR White **AGE AT LAST BIRTHDAY** 27 (Years)	**COLOR** White **AGE AT LAST BIRTHDAY** 24 (Years)
BIRTHPLACE Oregon	**BIRTHPLACE** England
OCCUPATION Printer	**OCCUPATION** Housewife

Number of child of this mother, including present birth 4 **Number of children of this mother now living, including present birth** 4th

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9:30 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ralph Fo[illegible]

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address.....

Filed 9/II 1915 M. S. Parker
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 9 1954

258-122-001-235

Form V. S. No. 11-C—20m-8-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1318 N. 21st St.

Hospital

Registration District No. 2 File No. 33796

Primary Registration District No. I004 Registered No. 70

FULL NAME OF CHILD Charles Fredrick Beymer

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	1	2	yes	Aug (Month) 22 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Charles E. Beymer	FULL MAIDEN NAME	Mary E. Steen
RESIDENCE	1318 N. 21st St.	RESIDENCE	1318 N. 21st St.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Nebraska
OCCUPATION	Bank clerk.	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8.50 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Thomas N. Braxtan

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address 509 Empire Bldg Boise

Filed 0 9/II 19 5 M. S. Parkerr

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

255-127.001-395

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1515 N 19 *St.*

Hospital

Registration District No. 2

Primary Registration District No. 1004

File No. 33797

Registered No. 69

FULL NAME OF CHILD Richard Treffry Bennett

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	Aug (Month) 27 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	W. S. Bennett	FULL MAIDEN NAME	Jessie Treffry
RESIDENCE	1515 North 19	RESIDENCE	1515 North 19
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Ontario	BIRTHPLACE	South Dakota
OCCUPATION	merchant	OCCUPATION	Horse wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN ~~OR MIDWIFE~~

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6.30 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Boeck

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19.....

Address Boise Ida

Filed 9/11 1915 M. S. Parker Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

5/21/41 L. B.

OCT 22 1942

692-726-001-317

PLACE OF BIRTH

County of Ada

City of Boise

No. 1510 N 11 St.

Hospital

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33798

Registration District No. 2 File No.

Primary Registration District No. 1004 Registered No. 67

FULL NAME OF CHILD Leigh Henderson Fischer

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			Yes	Aug 26 1915

	FATHER	MOTHER
FULL NAME	J. S. ~~Fischer~~ Fischer	Georgia Caperton
RESIDENCE	1510 N 11	1510 N 11
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	37	31
BIRTHPLACE	Ohio	Ala
OCCUPATION	farm loan business	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR ~~MIDWIFE~~*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7.30 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) John Bacon

(Physician ~~or Midwife~~)

Address Boise Ida

Filed 9/11 19 15 M. S. Parker Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

MAR 29 [illegible]

FEB 15 1954

CC 4/5/41 OPMF
11-7-41-2 copies

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

33800

City of Boise

Registration District No. 2 File No.

No. 131 S Ellis City

Primary Registration District No. 1004 Registered No. 66

Hospital

FULL NAME OF CHILD Mary Elizabeth Blaine

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female	—	—	yes	Aug 21 1915

	FATHER	MOTHER
FULL NAME	Samuel E Blaine	
FULL MAIDEN NAME		Ruth Rose
RESIDENCE	Boise Idaho	
COLOR	white	white
AGE AT LAST BIRTHDAY	37 (Years)	32 (Years)
BIRTHPLACE	Wisc	Iowa
OCCUPATION	Lawyer	Housewife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8 9 M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. L. Grace

(Physician or midwife)

Address Boise

Given names added from a supplemental report.

19

Registrar

Filed 9/9 19 5 M. S. Parker Registrar

S-Y CO. 24688

SEP 26 1957

415-230-001-369 name added 1/15/80

11-C—25m-1-1-18

PLACE OF BIRTH

996

STATE OF
BUREAU OF VITAL

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 2 File No.

No. S.

Hospital St. Alphonsus

Primary Registration District No. 1004 Registered No. 67

FULL NAME OF CHILD Tom J. Davis

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Aug 30 1915

FATHER	MOTHER
FULL NAME Edwin Davis	FULL MAIDEN NAME Marcella Garrison
RESIDENCE Boise	RESIDENCE Boise
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 30 (Years)	AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE Boise	BIRTHPLACE Boise
OCCUPATION Farmer	OCCUPATION Farmer

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 10 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Wm. F. Smith. M. D.

(Physician or midwife)

Given names added from a supplemental report.

19 Address

Registrar

Filed 9/9 19 5 M. S. Parker Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 15 1980

Contents—Merchandise 3rd or 4th Class Matter.

Postmaster—May be opened for Postal Inspection.

Return Postage Guaranteed.

Postmaster:—If not Delivered in ten days, check reason for non-delivery and return to us. Do not return before expiration of ten days, **regardless of reason for non-delivery.** See amended Secs. 595 & 637 P. L. & R.

Unclaimed [ ] **Refused** [ ]
Unknown [ ]

To:

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____

Certificate No. 33801
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Davis ((Name on Original Certificate) who was born (Was Born, Died, etc.) on Aug 30, 1915 (Date of Event)

in Boise, Idaho (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	Unnamed	Tom J. Davis
sex of child	female	Male

Subscribed and sworn to before me this 15th day of January, 1980.

Notary Public, Florence Curtright

Residing at Boise

My commission expires Lifetime

(Seal)

Tom J. Davis
Signature of Applicant

Cascade Idaho
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

1/15/80 in office.

Financial Statement for Agriculture Business. child's name given as Tom J. Davis. dated 10-8-73. from First National Bank of Oregon. viewed by V. S.

Certif of Brand Registration gives name as Tom J. Davis. dated 8-10-59 in Book C. No. 1321. Brand is JO Cascade, Idaho viewed by V. S.

434-222-001-562

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 317 No 9th St.

Hospital

Registration District No. 2

File No. 33802

Primary Registration District No. 1004

Registered No. 68

FULL NAME OF CHILD Dorothy Ann McDonald

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
female	—		—	yes	Aug 22nd 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Angus McDonald	FULL MAIDEN NAME	Nellie Mabel Noble
RESIDENCE	317 North 9th St.	RESIDENCE	317 North 9th St.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	54 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Canada	BIRTHPLACE	Idaho
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 3rd

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 55 A. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Taylor M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Boise, Idaho

Filed 9-3 1915

M. S. Parker
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

12/27/40 L. B.

449.125 : 001-463

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. _____ St.

Hospital St. Alphonsus

Registration District No. 2

File No. 33803

Primary Registration District No. 1004

Registered No. 69

FULL NAME OF CHILD John Graham Dunham

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
male	—	—	yes	Aug. 25th 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	J. G. Dunham	FULL MAIDEN NAME	Augusta D. Dolphin
RESIDENCE	1503 No. 18th St.	RESIDENCE	1503 No. 18th St.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Minnesota
OCCUPATION	Adv. Manager - Statesman	OCCUPATION	Housewife

Number of child of this mother, including present birth 2nd

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4 15 A. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Taylor M.D.
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Boise, Idaho

Filed 9-3 1915

M. S. Parker Registrar

_____ Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

234-118-001-554

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada.

City of Boise

No. Manitou St.

Hospital

Registration District No. 2

File No. 33804

Primary Registration District No. I004

Registered No. 65

FULL NAME OF CHILD (Died)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M.		Yes.	Aug 18 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Edward Stickroth	FULL MAIDEN NAME	Laura Endsley
RESIDENCE	Manitou Ave So Boise	RESIDENCE	So Boise
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Kansas.
OCCUPATION	Plumbers assistant	OCCUPATION	House wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth

• CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive died in 30 minutes at FA M on the date above stated. premature (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H McAlverson

M. D.

(Physician or midwife)

Given names added from a supplemental report.

9/9 1915

Address

Filed Aug 1915

M. S. Parker

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

D

[redacted]-229

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of [redacted]

City of Harrison — Registration District No. 126 — File No. 33807

No. ____ St. — Primary Registration District No. ____ — Registered No. 30½

Hospital ____

FULL NAME OF CHILD Edna Anna Hewson, (Twin see 30190)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	5-21-15

FATHER		MOTHER	
FULL NAME	Albert Herbert Hewson	FULL MAIDEN NAME	Gladys Skinner
RESIDENCE	Harrison	RESIDENCE	
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Ontario, Canada	BIRTHPLACE	Winconsin
OCCUPATION	Rancher	OCCUPATION	H. Wife

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8- p. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Didier, M.D.

Physician (Physician or midwife)

Address Harrison, Idaho

Given names added from a supplemental report. ____ 19____

Filed 6-4-15 19____ R. S. Jensen Registrar

Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED BUREAU OF VITAL STATISTICS APR 19 9 31 AM '73

State of ..... } ss. Certificate No. 33807

County of ..... } Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Hewson (female) (Name on Original Certificate) who was born (Was Born or Died) on May 21, 1915 (Date of Event)

in Harrison, Idaho (Place of Event) MARRIAGE, LICENSE # 9-17-38 are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by BAPTISMAL CERTIFICATE (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Edna Anna Hewson

Subscribed and sworn to before me this 13 day of April, 1973

[signature]

Notary Public, residing at Lewiston Idaho

My commission expires 4-74

(Seal)

Signed Douglas S. Eier

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

401-6th Ave Lewiston, Idaho 83501

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.

County of Nez Perce }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13 day of April, 1973

[signature]

Notary Public, residing at Lewiston

My commission expires 4-74

(Seal)

Signed Patty J. Schumacher

(Signature of Any Credible Person)

911-14th Ave Lewiston Id

(Street Address, City, State)

FORM DH 60-153

CL 3/21/73 ret'd $1

Baptismal Certificate from Evangelical Lutheran Church gives name as Edna Ann Klappenbach. Dated Aug. 10, 1952. Viewed by V. S.

JUN 6 1973

Licesa ar Registered ~~S~~ Cosmetician in Idaho gives name as Edna A. Hewson.(Cos. 2020) for 1937-38. Viewed by V. S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

493-12210

PLACE OF B[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

CERTIFICATE OF BIRTH

33809

County of Bannock

City of Oxford

No. ..... St.

Registration District No. 27

File No. .....

Hospital .....

Primary Registration District No. 2119

Registered No. 250½

FULL NAME OF CHILD Millard (Twin) See 33666

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	Twin (To be answered only in event of plural births)			Yes	9-22-15

FATHER		MOTHER	
FULL NAME	W. H. Millard	FULL MAIDEN NAME	Clara Jones
RESIDENCE	Oxford	RESIDENCE	Oxford
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Preston, Idaho	BIRTHPLACE	Lewiston, Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11:55 p.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) G. W. States

Physician (Physician or midwife)

Address Preston, Idaho

Filed 10-10-15 19..... Dr. A. R. Cutler Registrar

S-Y CO. 24655

[redacted]

965 101-02 [redacted]

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d' Alene

Registration District No. 12

File No. 33810

No. 718, Second St.

Primary Registration District No. 1003

Registered No. 825

Hospital

FULL NAME OF CHILD Jesse Kenneth Roe

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Sept 1st 1915

FATHER		MOTHER	
FULL NAME	Jesse J. Roe	FULL MAIDEN NAME	Maud May Plunkett
RESIDENCE	Coeur d' Alene	RESIDENCE	Coeur d' Alene
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Buffalo Missouri	BIRTHPLACE	St Louis
OCCUPATION	Salvation Army Officer	OCCUPATION	wife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 p M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Louis H. Most

Physician (Physician or Midwife)

Given names added from a supplemental report

, 19

Address Coeur d' Alene Idaho

Registrar

Filed Sept 1915 D D Drumm

Registrar

Oct. 10 - 1915

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JAN 31 1942

[redacted]

744124 028 179

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boatman

City of Rathdrum

No. ..... St.

Hospital .....

Registration District No. 14

File No. 33811

Primary Registration District No. 2051

Registered No. 824

FULL NAME OF CHILD Richard Jay Pennington

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	Aug 24 1915

FATHER		MOTHER	
FULL NAME	Jay Pennington	FULL MAIDEN NAME	Augusta Agrusaard
RESIDENCE	Rathdrum R4D	RESIDENCE	"
COLOR	Sr	COLOR	Sr
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Minn.	BIRTHPLACE	S. Dak
OCCUPATION	Farmer	OCCUPATION	Hse

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 11 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. D. Drennan M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Rathdrum

Filed 9/10 1915 D. D. Drennan Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

243-127-028-217

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of [redacted]

No. ..... St.

Hospital .....

Registration District No. 12 File No. 33814

Primary Registration District No. 2051 Registered No. 821

FULL NAME OF CHILD Guy Robert Butler

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Aug. 27. 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Robert E. Butler	FULL MAIDEN NAME	Pearl N. Sage
RESIDENCE	Athol, Ida.	RESIDENCE	Athol, Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Mo.	BIRTHPLACE	Iowa.
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8.30 a. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Wenz

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Rathdrum, Ida.

Filed 10/10 1915 D D Drennan Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

864.125C028-963

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33815

County of Kootenai

City of Rathdrum

No. _____ St.

Hospital _____

Registration District No. 14 File No. _____

Primary Registration District No. 2051 Registered No. 820

FULL NAME OF CHILD Walter Roth Hannahs

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		Yes	Aug. 25, 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Walter W. Hannahs	FULL MAIDEN NAME	Jessie A. Roth
RESIDENCE	Rathdrum, Ida.	RESIDENCE	Rathdrum
COLOR	wh. AGE AT LAST BIRTHDAY 29 (Years)	COLOR	white AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE	Mich.	BIRTHPLACE	Ill
OCCUPATION	Sawmill employee	OCCUPATION	housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1.45 A. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Venz
Physician
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Rathdrum Ida.

Filed 10/10 1915 D D Overmeyer
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 2 1 1942

MAY 2 6 1976

844115028993

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Rathdrum

No. _____ St.

Hospital _____

Registration District No. 12 File No. 33816

Primary Registration District No. 2051 Registered No. 819

FULL NAME OF CHILD Cecil Earl Hudlow

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Aug. 15, 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Comer Hudlow	FULL MAIDEN NAME	Rachel Rickman
RESIDENCE	Hayden Lake	RESIDENCE	Hayden Lake
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Wash.
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4.30 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Henry

Physician
(Physician or midwife)

Address Rathdrum, Ida.

Given names added from a supplemental report.

_____ 19__

Filed 10/10 1915 D D Drennan
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 6 1954

249-1051028-238

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Rathdrum

No. ..... St.

Hospital .....

Registration District No. 17

File No. 33817

Primary Registration District No. 2051

Registered No. 818

FULL NAME OF CHILD Norman Wesley Kurtz

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Aug. 5. 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	William C. Kurtz	FULL MAIDEN NAME	Lena W. Schneider
RESIDENCE	Rathdrum, Ida	RESIDENCE	Rathdrum, Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Wis.	BIRTHPLACE	Wis.
OCCUPATION	Methodist Minister	OCCUPATION	housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5.00 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Wenz

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Rathdrum, Idaho

Filed 10/10 1915 D D Drennan
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

8-22

STATE OF
BUREAU OF VIT
CERTIFICATE

AUG 8 1944

525-101-028-262

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Hauser Ja

No. ..... St.

Hospital .....

Registration District No. 17

File No. 33818

Primary Registration District No. 2051

Registered No. 817

FULL NAME OF CHILD Walter William Eisenhauer

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	Aug 1 1915 (Month) (Day) (Year)

	FATHER		MOTHER
FULL NAME	Wm Eisenhauer	FULL MAIDEN NAME	Mollie Boston
RESIDENCE	Hauser	RESIDENCE	"
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	S-Dak	BIRTHPLACE	Mich
OCCUPATION	Furner	OCCUPATION	Hw

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 12 30 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D D Drennan MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address R

Filed Sept 10 1915 D D Drennan
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

755·201-014-318

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Payette

No. ..... St.

Hospital .....

Registration District No. 4 File No. 33819

Primary Registration District No. 1008 Registered No. 64

FULL NAME OF CHILD MARY MARGARET Pence

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem		yes	Oct 1 1915

FATHER		MOTHER	
FULL NAME	Albert Lloyd Pence	FULL MAIDEN NAME	Carrie Taylor
RESIDENCE	Payette Ida	RESIDENCE	Payette Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Idaho	BIRTHPLACE	Oreg
OCCUPATION	Stock raiser	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 12 35 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J R Woodward
Phys
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Payette, Ida

Filed 10/1 1915 J C Woodward Jr
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH 6-3-69

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
JUN 12 1969
Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 33819

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Pence (Name on Original Certificate) who was born (Was Born or Died) on Oct. 1, 1915 (Date of Event)
in Payette, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name of child	omitted	Mary Margaret Pence

Subscribed and sworn to before me this 12 day of June, 1969

Harold L. Hurlbert
Notary Public, residing at Nampa, Ida.
My commission expires Sept 28, 72
(Seal)

Signed Katherine D Nelson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

3126 Crescent Rim Dr
(Street Address, City, State) Boise, Ida 83704

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

JUN 12 1969

Family Bible Record lists name as Mary Margaret Pence born Oct. 1, 1915 in Payette, Idaho. Notorized copy taken from original, obviously old. Viewed by V.S.

High School Record issued by Payette High School, Payette, Idaho lists name as Mary Margaret Pence born Oct. 1, 1915.
Viewed by V.S

391-101-014-643

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of

No. St.

Hospital

Registration District No. 4

File No. 33820

Primary Registration District No. 1008

Registered No. 65

FULL NAME OF CHILD SAMUEL KEITH CRAM

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Oct. 1 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Roy S Cram	FULL MAIDEN NAME	Madge Fulton
RESIDENCE	Payette Oregon Slope	RESIDENCE	Payette Oregon Slope
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Montana	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4.00 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Woodward

Physician (Physician or midwife)

Given names added from a supplemental report

19

Address Payette Id

Filed Oct. 1 1915 J. C. Woodward Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of OREGON } ss.
County of Yamhill }

Certificate No. 33820

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for Unnamed Cram (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on October 1, 1915 (DATE OF EVENT)
in Canyon County, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by bible record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on October 7th, 1915 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed Cram	Samuel Keith Cram

Subscribed and sworn to before me this 6th
day of January, 19 42

Augusta Marsh

Notary Public, residing at McMinnville, Ore.

My commission expires June 15, 1945
(SEAL)

Signed Roy S. Cram
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

835 W. Baker St., McMinnville, Ore.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(SEAL)

Signed
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on JAN 1 By
(REGISTRAR'S SIGNATURE)

MAR 1 5 1953

296-114-014-662

Form V. S. No. 11-C—25m-1-1-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33821

County of Canyon

City of Payette

No. 645 N. 6th St.

Hospital no

Registration District No. 4

File No.

Primary Registration District No. 1008

Registered No. 66

FULL NAME OF CHILD Veryl Ross Brown

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	9 - 14 - 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	F. R. Brown	FULL MAIDEN NAME	Ella Foster
RESIDENCE	Payette Idaho	RESIDENCE	Payette Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Tilden Nebr.	BIRTHPLACE	Spafford Kans
OCCUPATION	Professor of agriculture Payette High School	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10.30 A.M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. C. Hiatt D.O.

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Payette, Idaho

Filed Oct 2 1915 J. C. Woodward

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 7 1942

893-205-01X295

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Near Payette

Registration District No. 4

File No. 33822

No. ..... St.

Primary Registration District No. 1008

Registered No. 67

Hospital .....

FULL NAME OF CHILD Agnes Emma Hill

Sex of Child Female

Twin / Triplet / or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth Oct 5 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Albert Hill	FULL MAIDEN NAME	Laura McKee
RESIDENCE	Canyon Co	RESIDENCE	Canyon Co
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4:00 p M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J C Woodward

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Payette Id

Filed Oct 6 1915 J C Woodward Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 29 1942

792-222-0274-493

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of _____

City of _____

No. _____ St.

Hospital _____

Registration District No. 4

Primary Registration District No. 1008

File No. 33823

Registered No. 68

FULL NAME OF CHILD Emma Petra Giesel

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	1		Yes	Sept. 22 1915

FATHER		MOTHER	
FULL NAME	Soren Giesel	FULL MAIDEN NAME	Lena Mickelson
RESIDENCE	French Idaho	RESIDENCE	French Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Denmark	BIRTHPLACE	Minnesota
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 11.15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

_____ 19____

_____ Registrar

(Signature) Sophia M. Shrimp (Physician or midwife)

Address Payette Idaho

Filed Oct 9 1915 J C Woodward Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 19 1950

455107-04-669

PLACE OF BIRTH Amended 7/9/79

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of

No. St.

Hospital

Registration District No. 4

File No. 33824

Primary Registration District No. 1008

Registered No. 69

FULL NAME OF CHILD Joseph Clay Mendenhall

Sex of Child Male

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? yrs

Date of Birth Aug. 7 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	G. P. Mendenhall	FULL MAIDEN NAME	Victoria Worfe
RESIDENCE	Near French Ida.	RESIDENCE	Near French, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Virginia	BIRTHPLACE	Virginia
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9

Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I ~~attended the birth of~~ have seen this child, who was Born alive at M on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. H. Avey

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Address Payette, Ida

Filed 10/20 1915 J. C. Woodward Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
JUN 19 11 09 AM '79

State of _____ } ss.
County of _____

Certificate No. 33824
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Joseph Clay Mendenhall (Name on Original Certificate) who was born (Was Born, Died, etc.) on ~~Oct.~~ AUG. 7 1915 (Date of Event)

in Canyon Co. near French (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
date of birth	Oct , 1915	~~Oct.~~ AUG. 7, 1915

Subscribed and sworn to before me this 14th day of June, 1979

Notary Public Joan H. Hafem
Residing at Ontario Oregon
My commission expires 6-15-81
(Seal)

Joseph C. Mendenhall
Signature of Applicant

455 Lovridge Dr. - Ontario, Ore.
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

CL 6/4/79

Family Bible record gives name as Joseph Clay Mendenhal born Aug 7, 1915. viewed by V. S.

JUL 9 1979

Application to insurance policy gives name as Joseph Clay Mendenhall born Aug 7, 19
1915. dated Aug. 26, 1952. viewed by V. S.

761-113-014-693

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

Registration District No. _____ File No. 33825

No. _____, _____ St.

Primary Registration District No. _____ Registered No. 70

Hospital _____

FULL NAME OF CHILD Masler Goade

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Boy		Yes	Oct 13, 1915

	FATHER		MOTHER
FULL NAME	Alfred Earl Goade	FULL MAIDEN NAME	Delight Williams
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	white AGE AT LAST BIRTHDAY 25 (Years)	COLOR	white AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 6:10 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Sarah E Hoagland

Midwife (Physician or Midwife)

Given name added from a supplemental report

_____, 19____

Address _____

Filed Oct 15 1915 J C Woodward Registrar

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

859.120.014-249

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33826

County of Canyon

City of Payette

Registration District No. 4 File No.

No. ____ St.

Primary Registration District No. 1008 Registered No. 71

Hospital

FULL NAME OF CHILD Alfred Perry Hazeltine

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	No 1	1	Yes	Oct 20 1915

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Walter L Hazeltine	FULL MAIDEN NAME	Elsie May Smith
RESIDENCE	Payette	RESIDENCE	Payette
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Mo
OCCUPATION	Chauffeur	OCCUPATION	Housewife

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 1.20 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. O. Crouch

Physician (Physician or midwife)

Address Payette

Given names added from a supplemental report.

____ 19____

____ Registrar

Filed Oct 21 1915 J C Woodward Registrar

S-Y CO. 24655

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada

Certificate No. 33826
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for Alfred Perry Hazeltine (Name on original certificate) who born (Was born or died) on Oct. 20, 1915 (Date of event)
in Lafayette, Idaho (Place of event), are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by mother (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
name	Hazeltine	Hezeltine

Subscribed and sworn to before me this 22d
day of December, 1941
Myrna L. Brewer
Notary Public, residing at Boise
My commission expires April 1, 1945
[SEAL]

Signed Elsie Hezeltine
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Emmett Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This affidavit MUST also be executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
[SEAL]

Signed
(Signature of any credible person other than the previous affiant.)

(Street Address, City, State)

Received for filing on By
(Registrar's signature)

DEC 22 1943

NOV 21 1960

165-130-014-719

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 33827

County of Canyon

City of Payette Registration District No. 4

No. Gilmore Hotel St. Primary Registration District No. 1008 Registered No. 72

Hospital

FULL NAME OF CHILD HAROLD EUGENE JONES

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Oct 30 1915

FATHER	MOTHER
FULL NAME Ashley R Jones	FULL MAIDEN NAME Ada Parton
RESIDENCE Payette, Ida	RESIDENCE Payette, Ida
COLOR White AGE AT LAST BIRTHDAY 33 (Years)	COLOR White AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Missouri	BIRTHPLACE Arkansas
OCCUPATION Farmer	OCCUPATION Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J C Woodward

Physician (Physician or midwife)

Address Payette, Ida

Given names added from a supplemental report

.....19.....

Filed Oct 31 1915 J C Woodward Registrar

.....Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 12 1951

219-104-024-252

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gooding

City of Wendell

Registration District No. 22 File No. 33829

No. ..... St.

Primary Registration District No. 2018 Registered No. .....

Hospital .....

FULL NAME OF CHILD Walter Cicero Barton

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Male	no	4	yes	Sep 4 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Burton Lloyd Barton	FULL MAIDEN NAME	Mary Alice Best
RESIDENCE	Wendell Ida	RESIDENCE	~~Colorado~~ Wendell Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Colorado
OCCUPATION	Blacksmith	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2 A M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. L. Simonton

Physician

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed Oct 28 1915 E. L. Simonton

Registrar

Registrar

6-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

693-12-02X366

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33831

County of Gooding

City of Wendell

Registration District No. 22 File No.

No. St.

Primary Registration District No. 2018. Registered No.

Hospital

FULL NAME OF CHILD JOHN SCOTT WILSON

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	3d	yes	Mar 21 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	LeRoy Wilson	Hannah Pool
RESIDENCE	Wendell Ida	Wendell Ida
COLOR / AGE AT LAST BIRTHDAY	White / 28 (Years)	White / 22 (Years)
BIRTHPLACE	Missouri	Colorado
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 3d

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4:45 P. M. on the date above stated.

(Given alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E L Simonton

Physician

(Physician or midwife)

Address Wendell Ida

Given names added from a supplemental report.

....., 19....

Filed Oct 28 1915 E. L. Simonton

Registrar

S-Y CO. 24655

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 1 6 1976

MAY 24 1957

JUN 8 1942

Dup001915-183910 + 2397416

281-109-024-289

PLACE OF BIRTH

County of Gooding

City of Wendell

No. _____ St.

Hospital _____

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33832

Registration District No. 22 File No. _____

Primary Registration District No. 2018 Registered No. _____

FULL NAME OF CHILD Friedrich Shafer

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	One	One	yes	7 9 1915

	FATHER	MOTHER
FULL NAME	Alexis M Shafer	FULL MAIDEN NAME Anna B Shrick
RESIDENCE	Eden Ida	RESIDENCE Eden Ida.
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE	Saxe	BIRTHPLACE Ind.
OCCUPATION	Depot Agent	OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 4 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. E. Lamb M.D.
(Physician or midwife)

Address _____

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed Dec 18 1915 _____ Registrar

8-Y CO. 24695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

655-219 024-952

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33833

County of Gooding

City of Wendell

Registration District No. 22

File No.

No. St.

Primary Registration District No. 2018

Hospital

FULL NAME OF CHILD Alice O'Neal

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		3d	Yes	July 19 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	William T. O'Neal	FULL MAIDEN NAME	Sarah Rebmann
RESIDENCE	Wendell Ida	RESIDENCE	Wendell Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Arkansas	BIRTHPLACE	Missouri
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. L. Simonton

Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed Oct 28 1915 E. L. Simonton
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of KANSAS
County of SEDGWICK } ss.

Certificate No. 33833

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for UN NAMED O'NEAL (Name on Original Certificate) who BORN (Was Born or Died) on July 19, 1915 (Date of Event)
in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed O'Neal	Alice O'Neal
Mother's Name	Sarah Rebman	Sarah Rebmann

Subscribed and sworn to before me this 20th day of August 1945.
William Kerr
Notary Public, residing at Wichita Kan.
My commission expires Nov 28, 1947
(Seal)

Signed Sarah O'Neal nee Rebmann
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
109 N. Anna Wichita Kan
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of KANSAS
County of SEDGWICK } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20th day of August 1945.
William Kerr
Notary Public, residing at Wichita Kan.
My commission expires Nov 28, 1947
(Seal)

Signed Gertrude Vanderhoff
(Signature of Any Credible Person Other Than Previous Year)
Route 8 Wichita Kan
(Street Address, City, State)

AUG 30 1945

133-136-024-793

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33834

County of Gooding

City of Wendell

Registration District No. 22 File No.

No. St.

Primary Registration District No. 2018 Registered No.

Hospital

FULL NAME OF CHILD DONALD CHESTER UTTERBACK

Sex of Child Male	Twin Triplet or other? ✓ and Number in order of birth 4 (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth July 31 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Clyde E. Utterback	FULL MAIDEN NAME	Edna Pitts
RESIDENCE	Wendell	RESIDENCE	Wendell Id
COLOR	White AGE AT LAST BIRTHDAY 40 (Years)	COLOR	White AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Colorado
OCCUPATION	Watermaster	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 1:22 (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed Oct 28 1915 E. L. Simonton

Registrar Registrar

S-Y CO. 24659

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Los Angeles }

Certificate No. 33834
Date Filed OCT 1 1945

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Donald Chester Utterback (Name on original certificate) who was born July 30 (Was born or died) on July 31st 1915 (Date of event)
in Wendell Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible record (Bible record, insurance policy, etc.) prepared on July 31 1915 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Utterback	Donald Chester Utterback
Date of birth	July 30, 1915	July 31, 1915

Subscribed and sworn to before me this 2nd day of October, 1945
Walter E. Bagley
Notary Public, residing at Whittier Calif.
My commission expires Jan 20-1945
[SEAL]

Signed Mrs Earl Pulliam
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
122 Walnut St. Whittier Calif
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Los Angeles }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd day of October, 1945
Walter E. Bagley
Notary Public, residing at Whittier Calif.
My commission expires Jan 20-1945
[SEAL]

Signed Mrs Herbert Hadley
(Signature of any credible person other than the previous affiant.)
1528 Kinnaird Ave. Whittier, Calif
(Street Address, City, State)

Received for filing on ..... By .....
(Registrar's signature)

APR 6 1976

252-115 [illegible]

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33835

County of Gooding

City of Wendell

Registration District No. 22

File No.

No. St.

Primary Registration District No. 2018

Registered No.

Hospital

FULL NAME OF CHILD Melvin Best

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	no	1st	Yes	June 15 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Alturas Best	FULL MAIDEN NAME	Maimie Martin
RESIDENCE	Wendell Idaho	RESIDENCE	Wendell Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st

Number of children of this mother now living, including present birth 1st

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. L. Simonton

Physician

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed Oct 28 1915 E. L. Simonton

Registrar

Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

28a 121-02x213

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33836

County of Gooding

City of —

Registration District No. 22 File No.

No. St.

Primary Registration District No. 2018 Registered No.

Hospital

FULL NAME OF CHILD Vernon Shook

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	8th	Yes	Jan 21 1915

FATHER	MOTHER
FULL NAME Richard M Shook	FULL MAIDEN NAME Ethel A Baldwin
RESIDENCE Wendell Idaho	RESIDENCE Wendell Ida
COLOR White AGE AT LAST BIRTHDAY 43 (Years)	COLOR White AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE Iowa	BIRTHPLACE Iowa
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E L Smouton

Physician

(Physician or midwife)

Given names added from a supplemental report

....., 19.....

Registrar

Address

Filed Oct 28 - 1915 E L Smouton

Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each, in order of birth stated.

957.205:02 X299

PLACE OF BIRTH

County of Gooding

City of Wendell

No. _____ St.

Hospital _____

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2

File No. 33837

Primary Registration District No. 2018

Registered No. _____

FULL NAME OF CHILD Helen Dorothy Ingersoll

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl	—	3d	Yes	Jan 5 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Charles N. Ingersoll	Delvina Irene Briggs
RESIDENCE	Wendell Ida	Wendell Ida
COLOR / AGE AT LAST BIRTHDAY (Years)	White / 41	White / 32
BIRTHPLACE	Kansas	Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4:15 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. L. Simonton

Physician
(Physician or midwife)

Given names added from a supplemental report

_____ 19____

_____ Registrar

Address _____

Filed Oct 28 1915 E. L. Simonton
Registrar

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

S-Y CO. 20174

Form

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

513-107-024-464

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gooding

City of Wendell

Registration District No. 22 File No. 33838

No. ..... St.

Primary Registration District No. 2018 Registered No. .....

Hospital .....

FULL NAME OF CHILD James Francis Eaton

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
male	✓	1st	Yes	Feb 7 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Clarence B. Eaton	FULL MAIDEN NAME	Myrtle E. Douglas
RESIDENCE	Wendell Idaho	RESIDENCE	Wendell Idaho
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Iowa	BIRTHPLACE	Wisconsin
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. L. Simonton

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed Oct 29 1915 E. L. Simonton Registrar

Registrar

8-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

X

[redacted]

331-130-033-113

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-19

[illegible] OF IDAHO
[illegible] VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Madison

City of Canyon Creek

No. ..... St.

Hospital .....

Registration District No. 100 File No. 33840

Primary Registration District No. 2178 Registered No. 202

FULL NAME OF CHILD RULON J. CLARK

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) 8 (Day) 30 (Year) 1915
Male			

FATHER		MOTHER	
FULL NAME	Hyrum Clark Jr	FULL MAIDEN NAME	Nora S Jacobson
RESIDENCE	Canyon Creek	RESIDENCE	Canyon Creek
COLOR	W. AGE AT LAST BIRTHDAY 32 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J O Rupe
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 10-10 1915 G G Espe
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Madison }

Certificate No. 33840
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for Unnamed Clark (Name on original certificate) who born (Was born or died) on Aug. 30, 1915 (Date of event)
in Cahyon Creek, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by bible record (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Clark	Rulon J. Clark

Subscribed and sworn to before me this 18th
day of December, 19 41.

Notary Public, residing at Rexburg, Idaho
My commission expires 1-24-42
[SEAL]

Signed Hyrum Justice Clark
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rexburg, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
[SEAL]

Signed
(Signature of any credible person other than the previous affiant.)

(Street Address, City, State)

Received for filing on By
(Registrar's signature)

1941

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

763-131-022-469

PLACE OF BIRTH

County of ~~Madison~~ Fremont

City of Chester

No. ..... St.

Hospital .....

BURE[redacted]

CERT[redacted]

V. S. No. 11-C—25m-1-1-13

Registration District No. 100 File No. 33841

Primary Registration District No. 2178 Registered No. 203

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			8-31-1915

FATHER		MOTHER	
FULL NAME	Carl F Potter	FULL MAIDEN NAME	Dora Morris
RESIDENCE	Chester Ida	RESIDENCE	Chester
COLOR	W. AGE AT LAST BIRTHDAY 35 (Years)	COLOR	AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 7 15 a M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J R Phupe

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 10-10 1915 G Weske

Registrar

Registrar

S-Y CO. 24655

PLACE OF BIRTH

449-201-033-7

11-C—20m-1-1-18

PLACE OF BIRTH

County of Madison

City of Hibbard

No. ..... St.

Hospital .....

33842

Primary Registration District No. 2178 Registered No. 204

FULL NAME OF CHILD Rhoda Muir

Sex of Child Female	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth Sept. (Month) 1 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	George Muir	FULL MAIDEN NAME	Myrtle Parker
RESIDENCE	Hibbard	RESIDENCE	Hibbard
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9:15 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. V. Pope

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 10-10 1915 G. G. Espe

Registrar Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

PLACE OF BIRTH

FEB 20 1970

842-203-033-168

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Moody Creek

No. ..... St.

Hospital .....

Registration District No. 100 File No. 33843

Primary Registration District No. 2178 Registered No. 205

FULL NAME OF CHILD Pearl Huskinson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female			Sept 3 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Bert Huskinson	FULL MAIDEN NAME	Meda Johnson
RESIDENCE	Moody Creek	RESIDENCE	Moody Creek
COLOR	W. AGE AT LAST BIRTHDAY 31 (Years)	COLOR	AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive 12 15 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. O. Sheepe
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed 10-15 1915 G. G. Espe
Registrar

S-Y CO. 24685

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 15 1970
OCT 16 1970

CASED

DECEASED

113.1641033-695

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Madison

City of Sugar

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33844

Registration District No. 100 File No. .....

Primary Registration District No. 2178 Registered No. 206

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth
Male			9 (Month) – 4 (Day) 1915 (Year)

	FATHER		MOTHER
FULL NAME	Frank Jacobs	FULL MAIDEN NAME	Sadie Wing
RESIDENCE	Sugar	RESIDENCE	Sugar
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4:10 p.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Pope

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 10-10 1915 G. G. Espe

..... Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

719-105-034.867

Form V. S. No. 11-C—25m-1-1-15

PLACE OF BIRTH

County of Madison

City of Salem

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 33845

Primary Registration District No. 2178 Registered No. 207

FULL NAME OF CHILD _____

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male			9 (Month) 5 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Leroy Farmer	FULL MAIDEN NAME	Rosa Hope
RESIDENCE	Salem	RESIDENCE	Salem
COLOR	W. AGE AT LAST BIRTHDAY 34 (Years)	COLOR	AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive 5 oz 9 M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. V. Thorpe
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address _____

Filed 10-15 1915 G. G. Esper
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

MARGIN RESERVED FOR BIND

WRITE PLAINLY WITH UNFADING INK—THIS IS A PER... ...ORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Madison

City of Sugar

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF ...
CERTIFICATE OF BIRTH

33846

Registration District No. 100 File No. .....

Primary Registration District No. 2178 Registered No. 208

FULL NAME OF CHILD ~~Aeiko Kimura~~ MARY EIKO KIMURA

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female			Oct. 6 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Torakichi ~~Kimura~~ KIMURA	FULL MAIDEN NAME	Sumi Sumi
RESIDENCE	Sugar	RESIDENCE	Sugar
COLOR	Japanese	COLOR	Jap
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	~~Sugar~~ Japan	BIRTHPLACE	~~Sugar~~ Japan
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3rd

Number of children of this mother now living, including present birth 3

2 photostats 6/9/44

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8 a.m. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. V. Sharpe

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

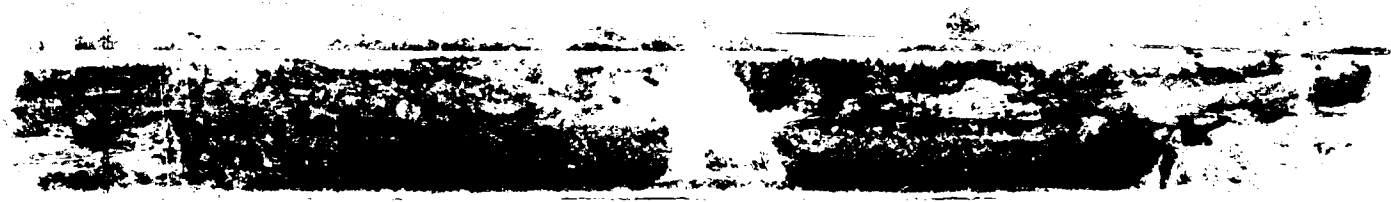
Filed 10-15 1915 G. G. Espe

Registrar

Registrar

S-Y CO. 24655

JUN 9 1944



JUL 28 1944

A F F I D A V I T

Comes now SUINO KIMURA also known as SUNO SINIO who being first duly sworn on her oath says:

1. That she is a resident of Magna, County of Salt Lake, and State of Utah.

2. That she is the mother of EIKO KIMURA whose name appears as ACIKO KAMIRA on a birth certificate recorded in the State of Idaho in District Number 100, Registration District 2178, the same being File Number 33S4G and Registration Number 208.

3. That the information given in this berth certificate was made by the family physician and due to lack of information was incorrect, and therefore incorrect data is given in said berth certificate.

4. That your affiant is the mother of the said EIKO KIMURA which is her correct name and the name that should have appeared on said berth certificate.

5. Further that the date of birth is given as 9-6-1915 and should be 10-6-1915.

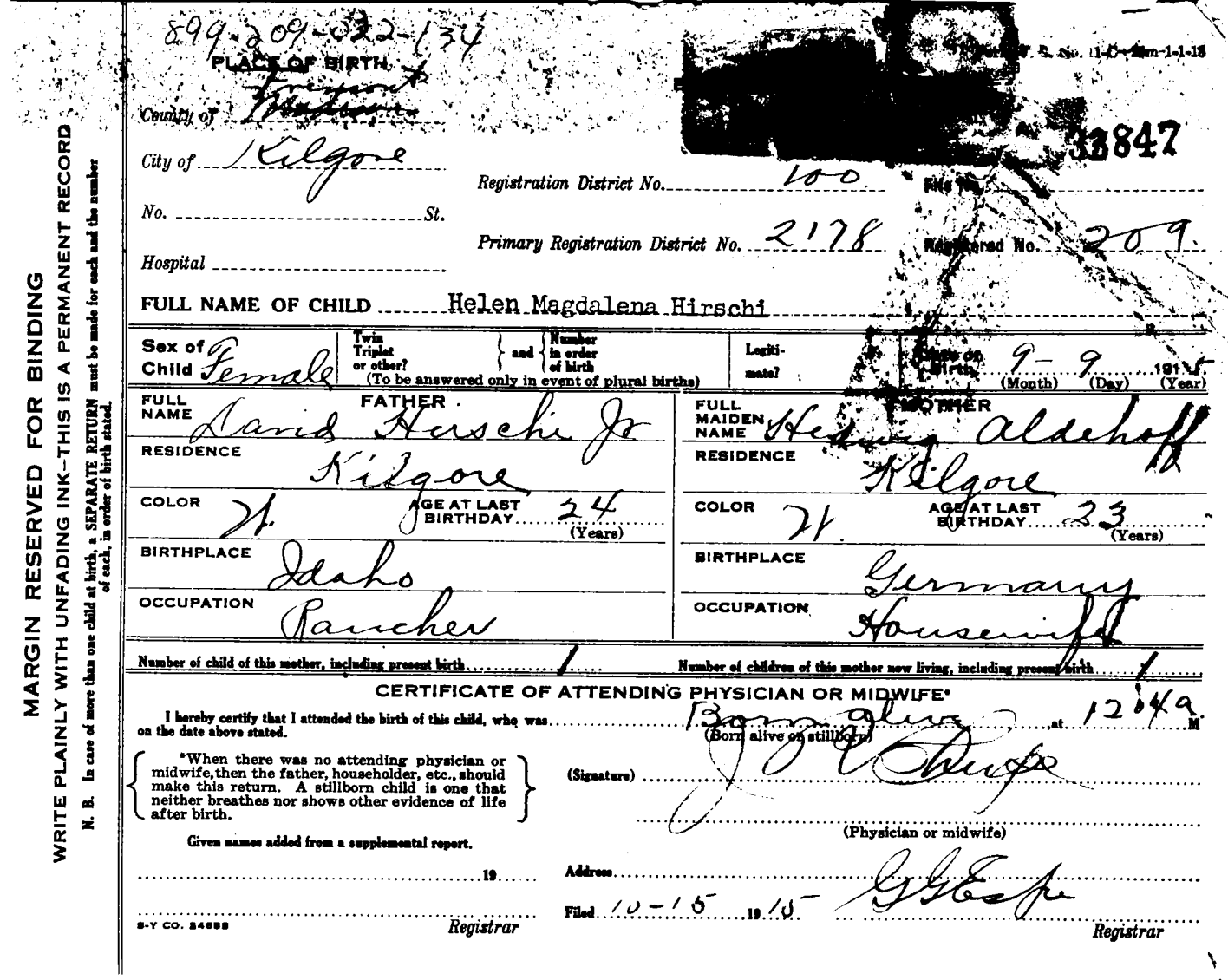
6. Further that for convenience the said EIKO KIMURA has taken the name of Mary as a first name and that at the present time she is married and the name by which she goes by is MARY KIMURA TSUJIMOTO, and that person is one and the same person referred to in the berth certificate above.

Further affiant sayeth not. S. Kimura

Affiant

Subscribed and sworn to before me this 5 day of July, 1944.

Notary Public



899-209-022-134

PLACE OF BIRTH

County of Freemont

City of Kilgore

No. ..... St.

Hospital .....

Registration District No. 100

Primary Registration District No. 2178

File No. 33847

Registered No. 209

FULL NAME OF CHILD Helen Magdalena Hirschi

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth 9 (Month) 9 (Day) 1915 (Year)
Female			

FATHER		MOTHER	
FULL NAME	David Hirschi Jr	FULL MAIDEN NAME	Hedwig Aldehoff
RESIDENCE	Kilgore	RESIDENCE	Kilgore
COLOR	W. AGE AT LAST BIRTHDAY 24 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Germany
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12:04 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. O. Chupe

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed 10-15 1915 G. G. Espe

Registrar

Registrar

S-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF [illegible]

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No.

Registered No.

Date of Birth

NO TYPE

819-112-033-3 B

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

C—25m-1-1-13

CERTIFICATE OF BIRTH

33848

County of Madison

City of Sugar

No. _____ St.

Hospital _____

Registration District No. 100 File No. _____

Primary Registration District No. 2178 Registered No. 210

FULL NAME OF CHILD _____

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male			9 (Month) – 12 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Joseph Harris	FULL MAIDEN NAME	Adelaide Callaway
RESIDENCE	Sugar	RESIDENCE	Sugar
COLOR	N. AGE AT LAST BIRTHDAY 22 (Years)	COLOR	N. AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Laborer	OCCUPATION	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 50 p. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J O Sheepe

(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Address _____

Filed 10-15 1915 G G Espe

Registrar

Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

963113-033155

PLACE OF BIRTH

County of Madison

City of Hibbard

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 1-C—25m-1-1

CERTIFICATE OF BIRTH

33849

Registration District No. 100 File No. .....

Primary Registration District No. 2178 Registered No. 21

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male			9 (Month) – 13 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Harry Rock	FULL MAIDEN NAME	Ella Jensen
RESIDENCE	Hibbard	RESIDENCE	Hibbard
COLOR	N. AGE AT LAST BIRTHDAY 40 (Years)	COLOR	AGE AT LAST BIRTHDAY 36 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 15 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. V. Shupe

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 10-15 1915 G. G. Espe

Registrar Registrar

S-Y CO. 84655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

294-114-03 [redacted]

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-1

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Sugar

No. ..... St.

Hospital .....

Registration District No. 100 File No. 33850

Primary Registration District No. 2178 Registered No. 212

FULL NAME OF CHILD Kanichi Kimura

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			9 – 14 1915

FATHER		MOTHER	
FULL NAME	I. Kimura	FULL MAIDEN NAME	R. Oyama
RESIDENCE	Sugar	RESIDENCE	Sugar
COLOR	Dark	COLOR	D
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7 30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. O. Chupe

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed 10 – 15 1915 G. G. Eshe

Registrar

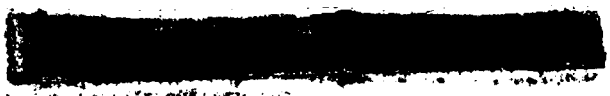
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



264-217-037 8855

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF ID: 10
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Hibbard

No. ..... St.

Hospital .....

Registration District No. 10 File No. 33851

Primary Registration District No. 2178 Registered No. 213

FULL NAME OF CHILD Harriet Ellen Sommer

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				9 — 17 — 1915

FATHER

FULL NAME Ed Sommer

RESIDENCE Hibbard

COLOR W. AGE AT LAST BIRTHDAY 27 (Years)

BIRTHPLACE Idaho

OCCUPATION Rancher

MOTHER

FULL MAIDEN NAME Alice Hendricks

RESIDENCE Hibbard

COLOR AGE AT LAST BIRTHDAY 27 (Years)

BIRTHPLACE Idaho

OCCUPATION

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Thorpe

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed 9-15 19 15 G. L. Eaton Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

RECEIVED BUREAU OF VITAL STATISTICS

Certificate No. 33851

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Sommer (female) (Name on Original Certificate) who was born, (Was Born or Died) on Sept. 17, 1915 (Date of Event)

in Hibbard, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Harriet Ellen Sommer-

Subscribed and sworn to before me this 9th day of May, 19 74

Notary Public, residing at Idaho Falls, Idaho 83401

My commission expires 1-30-77

(Seal)

Signed ..... (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1115 Koster Avenue, Idaho Falls, Ida 83401 (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed ..... (Signature of Any Credible Person)

..... (Street Address, City, State)

FORM DH 60-155 CL 4/12/74 nm

Certificate of Blessing from the LDS Church gives name as Harriet Ellen Sommer daughter of Edward Sommer and Alice Hendricks. Born Sept. 17, 1915. Was Blessed Nov. 7,1915. Viewed by V. S.

MAY 24 1974

Certificate of Baptism and Confirmation from the LDS Church gives name as Harriet Ellen Sommer daughter of Edward Sommer and Alice Hendricks. Born Sept. 17, 1915 at Hibbard, Idaho. Was Baptized Jan. 5, 1924. Viewed by V. S.

128-118-022-759

Form V. S. [illegible] 1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Teton

No. ..... *St.*

Hospital .....

Registration District No. 100 **File No.** 33852

Primary Registration District No. 2178 **Registered No.** 214

FULL NAME OF CHILD REX LYLE ASHCRAFT

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M			9 – 18 1915

FATHER		MOTHER	
FULL NAME	Enoch Ashcraft	FULL MAIDEN NAME	Eliza Pierser
RESIDENCE	Teton	RESIDENCE	Teton
COLOR	W AGE AT LAST BIRTHDAY 47 (Years)	COLOR	W AGE AT LAST BIRTHDAY 36 (Years)
BIRTHPLACE	Indiana	BIRTHPLACE	Wales
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5:25 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. O. Chupe
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed 10 – 15 1915 G. G. Espe
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECEASED

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Canyon } ss.

Certificate No. 33 [illegible]

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Ashcraft (Birth or Death)

for ____ (Name on Original Certificate) who ____ (Was Born or Died) on ____ (Date of Event)

in ____ (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ____ (Bible Record, Insurance Policy, Etc.) prepared on ____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	none given	Pat Lyle Ashcraft

Subscribed and sworn to before me this 10th day of June, 1943

Leo A Dixon

Notary Public, residing at Nampa Ida

My commission expires June 19-1943
(Seal)

Signed X Eliza Ashcraft
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ____ }
County of ____ } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ____ day of ____, 19 ____

Notary Public, residing at ____

My commission expires ____
(Seal)

Signed ____
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

296-120-033-092

PLACE OF BIRTH

County of Madison

City of Sugar

No. ..... St.

Hospital .....

STATE OF IDA[redacted]
BUREAU OF VITAL S[redacted]

CERTIFICATE OF [redacted]

Registration District No. 100 File No. 33853

Primary Registration District No. 2178 Registered No. 215

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) 9 (Day) 20 (Year) 1915
Male			

FATHER		MOTHER	
FULL NAME	Henry Kross	FULL MAIDEN NAME	Katie Bishoff
RESIDENCE	Sugar	RESIDENCE	Sugar
COLOR	W. AGE AT LAST BIRTHDAY 28 (Years)	COLOR	AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE	Russia	BIRTHPLACE	Russia
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 3259 M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed 10-15 1915 [signature]

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 7 1974

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11C—1

PLACE OF BIRTH

County of Madison

City of Sunnydell

No. _____, _____ St.

Hospital _____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 33854

Primary Registration District No. 2178 Registered No. 216

FULL NAME OF CHILD Merlin C. Bledsoe

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
male		yes	Sept. 21, 1915

	FATHER		MOTHER
FULL NAME	Marion Bledsoe	FULL MAIDEN NAME	Mary H Neader
RESIDENCE	Sunnydell	RESIDENCE	Sunnydell
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Kansas City	BIRTHPLACE	Granger Utah
OCCUPATION	Farmer	OCCUPATION	house wife

Number of child of this mother, including present birth ____ Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8—30 a.M. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Margaret A. Briggs

(Physician or Midwife)

Given names added from a supplemental report

_____, 19____

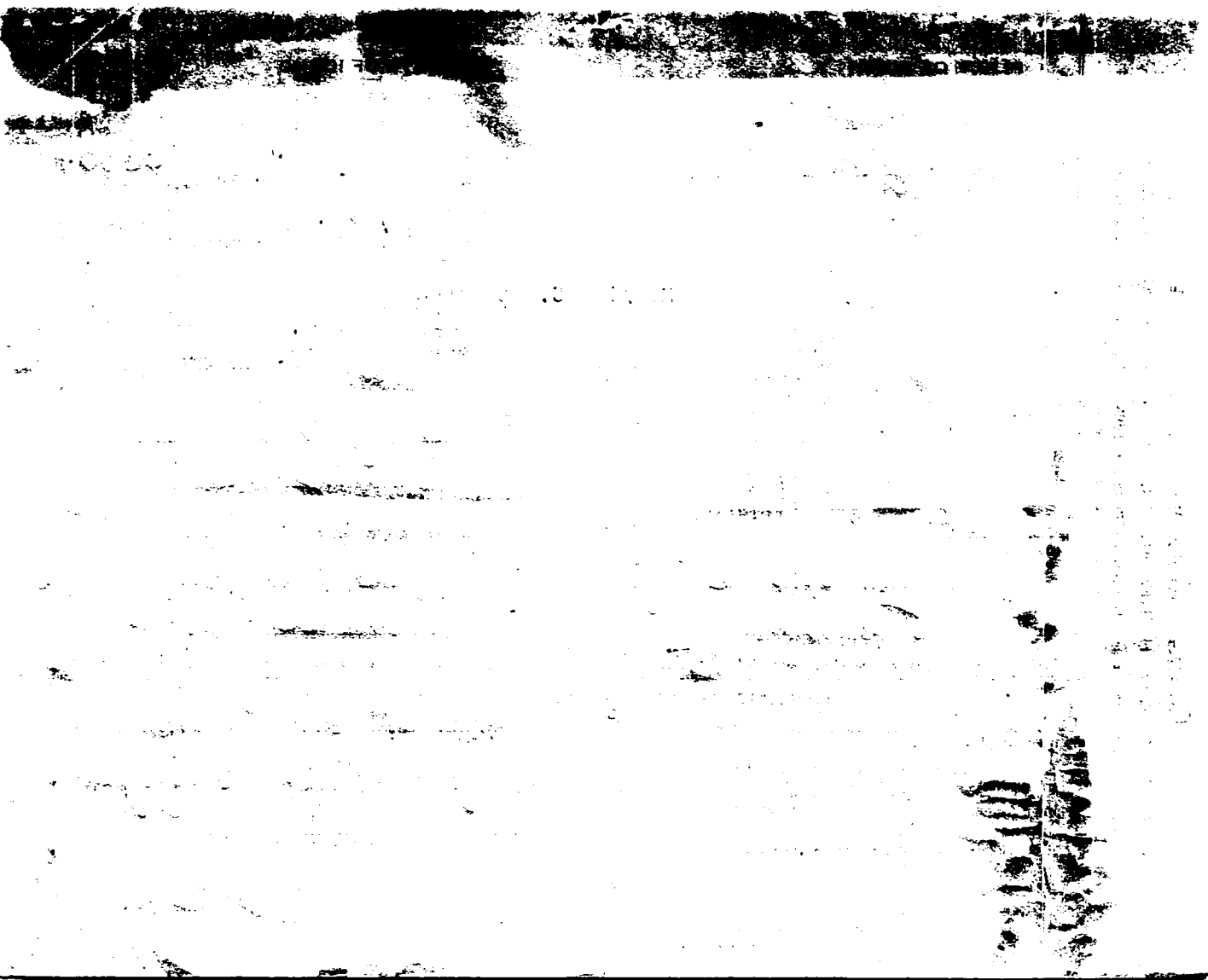
Address _____

Filed 10—10 1915 G G Espe

Registrar Registrar

S-Y CO., 16670

K



Certificate of Baptism (St. John's Church of Idaho Falls, Ida.), March 28, 1947 viewed by V.S.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 33854

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Bledsoe (Name on Original Certificate) who was born (Was Born or Died) on September 21, 1915 (Date of Event) in Sunnydell, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Insurance Policy Social Security (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	missing	Merlin Clifton Bledsoe

Subscribed and sworn to before me this 24 day of March, 19 56

Dale Ferr
Notary Public, residing at Richmond Cal
My commission expires July 28. 1956
(Seal)

Signed X Marion Bledsoe
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

362 So 12th Apt 1 F
(Street Address, City, State) Richmond, Calif

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Contra Costa }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24 day of March, 19 56

DALE FERR
Notary Public, residing at Richmond Cal
My commission expires July 28. 1956
Richmond, Calif.

Signed Mary M Bledsoe
(Signature of Any Credible Person)

362 So 12th Apt. 17
(Street Address, City, State) Richmond, Calif.

FORM DPH 55. 155

Social Security Card, %18 #518-18-5247 gives full name as Merlin C. Bledsoe - viewed by V.S.

JUN 2 1966

Occidental Life Insurance Co., Cert. No. 262, Teameters, Chauffeurs, Warehousemen and Helpers, Local Union No. 983, cert. effective date Dec. 22, 1959 gives full name as Merlin C. Bledsoe, beneficiary is given as Helen Marie Bledsoe, wife - viewed by V.S.

received letter May 23, 1966 stating that name is to be added Merlin C. Bledsoe because sufficent documents could not be found to add full name as Merlin Clifton Bledsoe - ~~viewed by~~/

345-124

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

033-495

County of Madison

City of Rexburg

No. ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 33855

Primary Registration District No. 2178 Registered No. 217

FULL NAME OF CHILD GLENN MAHONRY LUND

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		Yes	9 ~~23~~ 24th 1915

FATHER		MOTHER	
FULL NAME	Maharoni H. Lund	FULL MAIDEN NAME	Clara Dieterle
RESIDENCE	Salt Lake City, Ut	RESIDENCE	Salt Lake City, Ut
COLOR	W. AGE AT LAST BIRTHDAY 23 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE	Ida	BIRTHPLACE	Ut
OCCUPATION	Laborer	OCCUPATION	

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9.15 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G G Espe

M D

(Physician or Midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed 10-10 1915 G G Espe

Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

OCT 23 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Montana }
County of Beaverhead } ss.

Certificate No. 33855

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Glenn Mahonry Lund (Name on Original Certificate) who was born (Was Born or Died) on Sept. 24, 1915 (Date of Event)
in Rexburg, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by personal knowledge ~~prepared by~~ of attendant. (Bible Record, Insurance Policy, Etc.) (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Glenn Mahonry Lund

Subscribed and sworn to before me this 21st
day of October, 1942

Notary Public, residing at Dillon, Montana

My commission expires December 13, 1943
(Seal)

Signed
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Dillon, Montana
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19 .

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

Amended 11-13-63

(Be sure the information is complete and accurate)

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 33856
Local Reg. No. 218
Reg. Dist. No. 100

1. PLACE OF BIRTH
a. COUNTY: Madison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sugar City, Idaho
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sugar City
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Pauline
b. (Middle):
c. (Last): Graf

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH (Month) (Day) (Year): September 24, 1915

FATHER OF CHILD

0325H

7. FULL NAME
a. (First): Alex
b. (Middle):
c. (Last): Graf

8. COLOR OR RACE: W.

9. AGE (At time of this birth): 32 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): Russia

11a. USUAL OCCUPATION: Laborer

11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Katherine
b. (Middle):
c. (Last): Flath

13. COLOR OR RACE: W.

14. AGE (At time of this birth): 32 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Russia

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 5
b. How many OTHER children were born alive but are now dead? 1
c. How many children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: J. R. Shupe

18b. ATTENDANT AT BIRTH: M. D. [X] MIDWIFE [ ] OTHER (Specify)

18c. ADDRESS:

18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.: 10-15-1915

20. REGISTRAR'S SIGNATURE: G.G. Espe

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

FOR MEDICAL AND HEALTH USE ONLY
(This section MUST be filled out)

22a. LENGTH OF PREG- | 22b. WEIGHT AT BIRTH | 23. Was a standard serological test for syphilis performed?

Correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physic or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this art. with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owne the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth oc red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in s case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of bi Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by m cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person char with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper cer cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, a upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
SEP 30 1963
Bureau of Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Oregon
County of Jackson } ss.

Certificate No. 33856

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Groff (Name on Original Certificate) who was born (Was Born or Died) on Sept. 25, 1915 (Date of Event)
in Sugar City, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM as on Original	TO (The Correct Facts)
Child's Sex	Male	from Male to Female
Full Name of Child	Unnamed	Pauline ~~=~~ Graf
Child's Date of Birth	Sept. 25, 1915	September 24, 1915
Full Name of Father	Alexander Groff	Alex Graf
Full Maiden Name of Mother	Katie Fland	~~Katherine Flath~~

Subscribed and sworn to before me this 10 day of September, 19 63

Notary Public, residing at Ashland, Oregon
My commission expires 12-27-64
(Seal)

Signed [signature] Father
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

455 B Street Ashland, Oregon
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon
County of Jackson } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10 day of September, 19 63

Notary Public, residing at Ashland, Oregon
My commission expires 12-27-64
(Seal)

Signed [signature]
(Signature of Any Credible Person)

455 B Street Ashland, Oregon
(Street Address, City, State)

FORM DH 60-155 CI. 8-22-63. one copy pd. rec. #08033.

Certificate of Baptism, baptized Dec. 19, 1915 gives full name as Pauline Graf, daughter of Alex Graf and Katherine Flath, born Sept. 25, 1915 at Sugar City, Idaho - viewed by V.S.

State of Wisconsin, Certificate of Marriage, license no. 171933, married Jan. 23, 1937 at Milwaukee, Wisconsin gives full name of groom as Arnold Hansen, age 25, born in Wisconsin and full name of bride as Pauline Graf, age 21, born in Idaho - parent's names are given as Alex Graf and Catherine Flaut - viewed by V.S.

Statement from Mrs. Viola W. Jost, County Supt., Department of Public Instruction, Marion County, Marion, Kansas statement written, Oct. 30, 1963 states "The Annual Report of the District Clerk of School District No. 85, County of Marion, State of Kansas, for the year ending June 30, 1929 shows that one Pauline Graf was born September 24, 1915." - viewed by V.S.

Family Record, appears old and unaltered gives one child's full name as Pauline Graf, born September 24, 1915 at Sugar City, Idaho - viewed by V.S. parent's names are given as Alexander Graf, Sr. and Katherine Flath -

238-224-033-285

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Madison

City of Sugar

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 33857

Primary Registration District No. 2178 Registered No. 219

FULL NAME OF CHILD Beulah Schwendiman

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female			Sept 24 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Christian Schwendiman	FULL MAIDEN NAME	Ada Shepard
RESIDENCE	Sugar	RESIDENCE	Sugar
COLOR	N. AGE AT LAST BIRTHDAY 31 (Years)	COLOR	AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE	Switzerland	BIRTHPLACE	Utah
OCCUPATION	Salesman	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 1 30 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J N Chope
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 10-15 1915 G G Esfe
Registrar

Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

8/31/76

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Washington } ss.
County of Benton

Certificate No. 33857

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for unnamed Schwendiman (Name on Original Certificate) who was born (Was Born or Died) on Sept. 24, 1915 (Date of Event) in Sugar City (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Handwritten genealogical record by her father. (Bible Record, Insurance Policy, Etc.) prepared on Between 1948 and 1956 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Unnamed	Beulah Schwendiman

Subscribed and sworn to before me this [illegible] day of September, 1976

Linda M. Houck

Notary Public, residing at Richland

My commission expires 1-24-80

(Seal)

Signed Lyle C. Schwendiman

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

6335 W. Willamette Ave

(Street Address, City, State)

Kennewick, Wa 99336

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at

My commission expires

(Seal)

Signed

(Signature of Any Credible Person)

(Street Address, City, State)

MAY 1 0 1977

Membership record from the LDS Church gives name as Beulah Schwendiman Hadlock born Sept 24, 1915 at Sugar City, Idaho. father's name as Christian Schwendiman and the mother's name as Ada Estella Shepard. Blessed Nov 7, 1915 and Baptized Oct 7, 1923. viewed by V. S.

Contract of Employment from Mesa Public schools, Arizona gives nameas Beulah Hadlock. dated June 2, 1966. viewed by V. S.

796-125-033-2493

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

Amended 5/4/81

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Sugar

No. ..... St.

Hospital .....

Registration District No. 100 File No. 33858

Primary Registration District No. 2178 Registered No. 220

FULL NAME OF CHILD Harold Propp

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			9 – 25 1915

FATHER		MOTHER	
FULL NAME	George Propp	FULL MAIDEN NAME	Katie Mick
RESIDENCE	Sugar	RESIDENCE	Sugar
COLOR	AGE AT LAST BIRTHDAY 40 (Years)	COLOR	AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Germany
OCCUPATION	Laborer	OCCUPATION	

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9 50 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J R Shupe

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 10-15 1915 G G Espe

Registrar

Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
MAY 4 10 17 AM '81

State of Idaho
County of Ada } ss.

Certificate No. 33858
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth
for Unnamed Propp (Male) (Name on Original Certificate) who was born (Was Born, Died, etc.) on Sept. 25, 1914 (Date of Event)
in _____ (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
number of children living	6	7
Child's name	Unnamed Propp	Harold Propp
year of birth	1914	1915
total number of children	8	7

Subscribed and sworn to before me this 4th day of May, 19 81.
Notary Public, Linda Adamson
Residing at Nampa
My commission expires April 3rd 1985
(Seal)

Harold Propp
Signature of Applicant
416 Edwards Lane, Vancouver, Wash. 98661
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.
Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

2-24-81

MAY 4 1981

Blessing cert. gives birthdate as Sept. 25, 1915 at Sugar City, ID. Named Harold Propp to George Propp and K. Mick. Viewed by V.S.

Military Record as name given as Harold Propp born Sept. 25, 1915 at Sugar City, Idaho Date of entry Dec. 20 ,1941 and departure June 27, 1946.
Viewed by V.S.

643-127-022-285

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of ~~Madison~~ Fremont

City of Teton

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33859

Registration District No. 100 File No. .....

Primary Registration District No. 2178 Registered No. 221

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			9 - 27 1915

FATHER		MOTHER	
FULL NAME	Ray Willis	FULL MAIDEN NAME	Blanche Shelton
RESIDENCE	Teton	RESIDENCE	Teton
COLOR	W. AGE AT LAST BIRTHDAY 27 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho.
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7 25 P. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. V. Chupe

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed 10-15 1915 G. G. Eske

Registrar Registrar

S-Y CO. 24659

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RE

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

884-229-022-782

Form V. S. No. 11-C—25m-[illegible]

PLACE OF BIRTH

County of Fremont

City of Camas

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 33861

Primary Registration District No. 2178 Registered No. 223

FULL NAME OF CHILD Delsa Hyde

Sex of Child Female Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) Legitimate? Date of Birth 9 (Month) 29 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Walter Hyde	FULL MAIDEN NAME	Mary Louise Pyke
RESIDENCE	Camas	RESIDENCE	Camas
COLOR	W. AGE AT LAST BIRTHDAY 40 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 36 (Years)
BIRTHPLACE	England	BIRTHPLACE	England
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9:30 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. P. Pyke

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 10-15 1915 G. G. Espe

Registrar Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

OCT 24

3/19/41 L. B.

623-230-033-794

[redacted]LACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Salem

No. ..... St.

Hospital .....

Registration District No. 100

File No. 33862

Primary Registration District No. 2178

Registered No. 224

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female			9 (Month) 30 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Louie Ostemiller	FULL MAIDEN NAME	Mary Grusmick
RESIDENCE	Salem Ida	RESIDENCE	Salem
COLOR	AGE AT LAST BIRTHDAY 31 (Years)	COLOR	AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE	Russia	BIRTHPLACE	Russia
OCCUPATION	Laborer	OCCUPATION	

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1 35 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J O Phipps

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed 10 — 15 1915 G G Espe

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Amended 2-15-57
PLACE OF BIRTH
154-1021033-284

County of Madison

City of Sugar City

No. ____ St.

Hospital ____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 33863

Primary Registration District No. 2178 Registered No. 225

FULL NAME OF CHILD Dale Keith Anderson
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male					Oct. 2, 1915

What bactericidal solution was used in eyes? ____

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Ralph Anderson	FULL MAIDEN NAME	Ruby Shupe
RESIDENCE	Teton	RESIDENCE	Teton
COLOR		COLOR	
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5:30 p. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

..... Registrar.

(Signature) J. R. Shupe

(Physician or midwife)

Address ____

Filed 10-15 1915 G. G. Espe

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of .....

Certificate No. 33863

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Anderson (Name on Original Certificate) who was born (Was Born or Died) on 9-30-56 / 5 (Date of Event) in Teton, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Certificates from L. D. S. Church prepared on Sept. 18, 1924 & 1924 (Give Date), are: Child's Cert. of Blessing shows full name. Viewed by V. S.

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Birthplace	Teton, Idaho	Sugar City, Idaho
Child's Name	Unnamed	Dale Keith Anderson
Birthdate	September 30, 1915	October 2, 1915

Subscribed and sworn to before me this 7 day of Jan 1957

Ed [illegible]

Notary Public, residing at Emmett Idaho

My commission expires 3-22-59

(Seal)

Signed [illegible]
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Box 254, Arco, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Butte

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7 day of Jan 1957

Ed [illegible]

Notary Public, residing at Emmett Idaho

My commission expires 3-22-59

(Seal)

Signed Harold K Anderson
(Signature of Any Credible Person)

Arco, Idaho
(Street Address, City, State)

FORM DPH 55.155

314-230-033-845

amended 5/9/80

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Madison

City of Sugar

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 33864

Primary Registration District No. 2178 Registered No. 226

FULL NAME OF CHILD Stella Ladle

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			9 – 30 1915

FATHER		MOTHER	
FULL NAME	William Charles Ladle	FULL MAIDEN NAME	Ellen Hunt
RESIDENCE	Sugar	RESIDENCE	Sugar
COLOR	W. AGE AT LAST BIRTHDAY 28 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 11 25 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J R Sharpe
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address _____

Filed 10-15 1915 G G Espe
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

2-25-80

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

RECEIVED
MAR 18 3 55 PM '80
VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____ }

Certificate No. 33864
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for unnamed Laddle (Name on Original Certificate) who was born (Was Born, Died, etc.) on Sept. 30, 1915 (Date of Event)

in Sugar City (Madison) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	omitted	Stella Ladle
fathers name	Chas. Laddle	William Charles Ladle

Subscribed and sworn to before me this _____ day of _____, 19__.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Signature of Applicant

_____
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

(Must be completed __)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19__.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Patriarchial Blessing dated Dec 28, 1930 gives name as Stella Hunt Ladle daughter of William Charles Ladle and Nancy Ellen Hunt. born Sept 30. 1915. viewed by V. S.

MAY 9 1980

Certif of Blessing from the LDS Church gives name as Stella Ladle daughter of William Charles Ladle and Nancy Ellen Hunt. born Sept 30, 1915 at Sugar City, Idaho. Blessed Nov 7, 1915. viewed by V. S.

593-130-033-866

Form V. S. No. 11-C—[illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

Registration District No. 100

File No. 33865

Primary Registration District No. 2178

Registered No. 227

FULL NAME OF CHILD Quincy Blaine Nichols

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		yes	9 30 1915

FATHER		MOTHER	
FULL NAME	Quincy Nichols	FULL MAIDEN NAME	Esther Howells
RESIDENCE	Rexburg Ida	RESIDENCE	Rexburg, Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Nt	BIRTHPLACE	Nt
OCCUPATION	Book-keeper	OCCUPATION	—

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6:10 a. M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G G Eske

M D
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed 10-10 1915

G G Eske
Registrar

S-Y CO. 24655

Registrar

In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Honorable Discharge, U.S. Navy, dated Feb. 15, 1939 gives full name as Quincy Blaine Nichols, born Sept. 30, 1915 at Rexburg, Idaho — viewed by V.S. Honorable Separation Papers, U.S. Navy, effective date of Separation-Jan. 7, 1954 gives full name as Quincy Blaine Nichols, born Sept. 30, 1915 at Rexburg, Idaho - viewed by V.S.

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED AUG 1 [illegible] 63 Bureau [illegible] Statistics

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of .....

Certificate No. 33865
Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Nichols (Name on Original Certificate) who was born (Was Born or Died) on Sept. 30, 1915 (Date of Event) in Rexburg, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Naval Discharge Papers (Bible Record, Insurance Policy, Etc.) prepared on Feb. 15, 1939 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	X Quincy Blaine Nichols
Quincy Blaine Nichols		

Subscribed and sworn to before me this 24th day of MAY, 1963

Gladys Ann Martin
Notary Public, residing at Los Angeles, Calif.
My commission expires OCTOBER 3, 1964
(Seal) GLADYS ANN MARTIN, Notary Public

Signed Quincy B. Nichols
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

2893 Sunset Place Los Angeles 5 Calif
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Orange

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th day of July, 1963

[illegible] Claire Smith
Notary Public, residing at Anaheim, Calif.
My commission expires CLAIRE SMITH
(Seal) My Commission Expires Aug. 4, 1964

Signed Ursel H. Bigler
(Signature of Any Credible Person)

205 S. Citron St., Anaheim, Calif.
(Street Address, City, State)

FORM DH 60-155 CL 2-28-61. ~~nm~~ one copy pd. rec. #08785.

SEP 17 1963

763-130-033-899

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 33866

Primary Registration District No. 2178 Registered No. 228

FULL NAME OF CHILD Ross A. Gold

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	9 30 1915

FATHER		MOTHER	
FULL NAME	Frank Gold	FULL MAIDEN NAME	Amelia Hind
RESIDENCE	Rexburg Ida	RESIDENCE	Rexburg Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	55	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Eng	BIRTHPLACE	Eng
OCCUPATION	Draymon	OCCUPATION	

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8.50 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G G Espe

M D
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed 10-1 1915 G G Espe
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

10-3-41

OCT 25 19[illegible]
JUN 6 1963
FEB 9 1973

551-105-033-763

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Rexburg

No. _____ St.

Hospital _____

Registration District No. 100

Primary Registration District No. 2178

File No. 38867

Registered No. 229

died

FULL NAME OF CHILD _____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			yes	10 5 1915

FATHER		MOTHER	
FULL NAME	Parley P. Evans	FULL MAIDEN NAME	Louetta Golder
RESIDENCE	Rexburg, Ida	RESIDENCE	Rexburg, Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Ut	BIRTHPLACE	Mont
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 40 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G G Espe

M. D.
(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Address _____

Filed 10-10 1915 G G Espe

_____ Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

649-205-033-343

Amended 3-24-71

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33868

County of Madison

City of Teton

No. ..... St.

Hospital .....

Registration District No. 100 File No. .....

Primary Registration District No. 2178 Registered No. 230

FULL NAME OF CHILD BURNELL FURNESS

Sex of Child Female	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth Oct (Month) 5 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Robert Furness	FULL MAIDEN NAME	Vilda Tuck
RESIDENCE	Teton	RESIDENCE	Teton
COLOR	AGE AT LAST BIRTHDAY 28 (Years)	COLOR	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Virginia
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 1 p m M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 10-15 1915 [signature]

Registrar Registrar

8-Y CO. 55

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 12 1971

1-12-71

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of .....
County of ..... } ss. FEB 10 1971

Certificate No. 33868

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Furnace (Name on Original Certificate) who was born (Was Born or Died) on Oct. 5, 1915 (Date of Event)
in Teton, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	omitted	Burnell Furness (Furness)
Father's name	Furnace	Furness (Furness)

Subscribed and sworn to before me this 7th day of February, 1971

Notary Public, residing at 1125 Edison Street SLC, Ut.
My commission expires Dec. 29, 1974
(Seal)

X Signed Robert Furness Jr
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

X 718, 2nd ave, Salt Lake City Utah
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of .....
County of ..... } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7th day of February, 1971

Notary Public, residing at 1125 Edison St. SLC, Ut.
My commission expires Dec. 29, 1974
(Seal)

X Signed Lionel R Furness
(Signature of Any Credible Person)

X 625 So. 13th East
(Street Address, City, State)
Salt Lake City, Utah

FORM DN 60.155 1 copy pd Correct. Corresp. (F)

Application for License to Marry # 895, State of Utah County Of Cache, gives name of Bride as Bernell Furness and name of Groom as Leslie Dunkley. Married March 31, 1938. Father Robert Furness and Mother Vidella Tuck. Bernell was born October 5, 1915.
Viewed by V.S.

MAR 24 1971

Church Record states that Burnell Furness Dunkley was born Oct. 5, 1915 in Teton, Ida. Father = Robert Furness and Mother Vidella Tuck. Blessed Dec. 4, 1915. Baptized June 1, 1924 in L.D.S.Church.
Viewed by V.S.

342-106-033-495

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Sugar

No. _____ St.

Hospital _____

Registration District No. 100 File No. [redacted]

Primary Registration District No. 2178 Registered No. 231

FULL NAME OF CHILD De Los D. Lusk

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Oct 6 1915

FATHER		MOTHER	
FULL NAME	Alma Lusk	FULL MAIDEN NAME	Hettie Dredge
RESIDENCE	Sugar	RESIDENCE	Sugar
COLOR	W. AGE AT LAST BIRTHDAY 44 (Years)	COLOR	AGE AT LAST BIRTHDAY 40 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8 30 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Phupe

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address _____

Filed 10-15 1915 G. G. Esbe

Registrar

Registrar

S-Y CO. 24685

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 14 1967

JAN 12 1944

4/13-11-033-619

amended 12/16/80

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Sugar

No. ..... St.

Hospital .....

Registration District No. 100 File No. 33870

Primary Registration District No. 2178 Registered No. 232

FULL NAME OF CHILD Vearl Wardell Dalling

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				10 — 11 — 1915

	FATHER	MOTHER
FULL NAME	Thomas Dalling	Annie Wardell
RESIDENCE	Sugar	Sugar
COLOR		
AGE AT LAST BIRTHDAY	33 (Years)	31 (Years)
BIRTHPLACE	Utah	England
OCCUPATION	Farmer	

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 05 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. L. Thorpe

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed 10 — 15 — 19 15 G. L. Thorpe Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECEASED

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 33870

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for unnamed male Dalling (Name on Original Certificate) who was born (Was Born or Died) on October 11, 1915 (Date of Event)
in Sugar, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name of child	unnamed	Vearl Wardell Dalling

Subscribed and sworn to before me this ..... day of
....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Madison }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26 day of
October, 1978.
Ronda Barnes
Notary Public, residing at Sugar City
My commission expires 7-1-80
(Seal)

Signed Leah Pinnock
(Signature of Any Credible Person)

609 1st So. Sugar city Idaho
(Street Address, City, State)

FORM DH 60-155

CL sent 3/24/78 1 copy paid rec. 19131 (sent as is)

Daughter's birth certif from Idaho Filr No. 295718 born June 16 1934 gives name as Judeth Mae Dalling mother's name as Alta Mae Stoddard. viewd by V. S.

DEC 16 1980

Marriage licesne from Utahg vies groom's name as Vearl Wardell Dalling and Alta Mae Stoddard married Dec 5 1935 viewed by. V. S.

815·114·033 #154

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33871

Registration District No. 100 File No. .....

Primary Registration District No. 2178 Registered No. 233

FULL NAME OF CHILD .....

Sex of Child: M	Twin / Triplet / or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth: 10 (Month) 14 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	James Hansen	FULL MAIDEN NAME	Ester Anderson
RESIDENCE	Rexburg, Ida	RESIDENCE	Rexburg, Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Ut	BIRTHPLACE	Minn.
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1.50 P. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G G Espe

M D
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 10-15 1915 G G Espe
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 8 1970

249-114033-413 name added 2-15-83

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Sugar

No. ..... St.

Hospital .....

Registration District No. 100

File No. 33872

Primary Registration District No. 2178

Registered No. 234

FULL NAME OF CHILD Jay Melvin Burrup

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Oct 14 1915

FATHER		MOTHER	
FULL NAME	J. F. Burrup	FULL MAIDEN NAME	Beulah Dalton
RESIDENCE	Idaho Falls	RESIDENCE	Idaho Falls
COLOR	AGE AT LAST BIRTHDAY 35 (Years)	COLOR	AGE AT LAST BIRTHDAY 35 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Traveling Salesman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 11:30 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. A. Shupe
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed 10-15 1915 G. G. Esper
Registrar

STY CO. 24675

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1/24/83

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho
County of Ada } ss.

Certificate No. 33872
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for unnamed Burrup (Name on Original Certificate) who was born (Was Born, Died, etc.) on Oct. 14, 1915 (Date of Event)

in Sugar, Idaho Madison (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
name of child	unnamed	Jay Melvin Burrup

Subscribed and sworn to before me this 24th day of January, 1983.

Notary Public, [illegible]
Residing at Nampa
My commission expires April 6, 1985
(Seal)

Jay Melvin Burrup
Signature of Applicant

[illegible] E. Cleveland, Meridian, Id.
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed __)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Social Security Number 519-05-0010 gives fill name as Jay Melvin Burrup
Card dated 8-10-39
Viewed by V.S.

FEB 15 1983

LDS Church record gives Jay Melvin Burrup born Oct 14, 1916 in Idaho Falls to James T Burrup and Beulah Dalton and was baptised April 12, 1925.
Viewed by V.S.

617-117-033-144

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33873

County of Madison

City of Salem

No. ..... St.

Hospital .....

Registration District No. 100 File No. .....

Primary Registration District No. 2178 Registered No. 235

FULL NAME OF CHILD .....

Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth 10 (Month) 17 (Day) 1915 (Year)
Male			

FATHER		MOTHER	
FULL NAME	Chas. Tagg	FULL MAIDEN NAME	Reddie Judie
RESIDENCE	Salem	RESIDENCE	Salem
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 3:35 P. M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. V. Shupe

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed 10-17 1915 G. G. Espe

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1915. 332207
Dup of 1915. 35444

Z-F066

445-[illegible]-655

[illegible]on

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Amended 4/18/75

33874

City of Archer

Registration District No. 100

File No.

No. St.

Primary Registration District No. 2178

Registered No. 236

Hospital

FULL NAME OF CHILD Mary LeRay Munns

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	Oct (Month) 3 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Henry A. Munns	FULL MAIDEN NAME	Sarah ann weekes
RESIDENCE	Herbet Ida.	RESIDENCE	Herbet
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	44 (Years)
BIRTHPLACE	Yorkshire Eng	BIRTHPLACE	Smithfield utah
OCCUPATION	Farmer.	OCCUPATION	House wife

Number of child of this mother, including present birth 10

Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 11 p.m. at M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Margaret A. Biggs
(Physician or midwife)

Given names added from a supplemental report

19

Address

Filed 10-5 1915

G G Espe
Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
APR 17 2 52 PM '75
VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Madison } ss.

Certificate No. 33874

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Muns (Female) (Name on Original Certificate) who was born (Was Born or Died) on Oct. 3, 1915 (Date of Event)
in Archer, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed Muns	Mary LeRay Munns
father's last name	Muns	Munns

Subscribed and sworn to before me this 16th day of April, 19 75

Notary Public, residing at Rexburg, Idaho
My commission expires October 19, 1975
(Seal)

Signed Rebecca Munns Dennis
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

127 S. Center, Rexburg, Idaho 83440
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155 CL 4/14/75

Affidavit signed by Neighbor who lived next to family when child was born. gives name as Leonard Leatham Clements. gives child's name as Mary LeRae Munns born Oct. 3, 195 at Archer, Idaho. father's name given as Henry Alvin Munns. viewed by V. S.

APR 18 1975

Church membership record gives name as Mary Leray Burns born Oct. 3, 1915 at Archer, Idaho. fathers name given as Henry Alvin Munns and mother's name as Sarah Ann Weekes. Baptized Nov. 5, 1923. viwed by V. S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

112037-632

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Owyhee

City of Silver

Registration District No. 43 File No. 33875

No. St.

Primary Registration District No. 2120 Registered No. 35

Hospital

FULL NAME OF CHILD Ralph Olaf Rood.

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	Sept. 12, 1915

FATHER		MOTHER	
FULL NAME	Gust Rood.	FULL MAIDEN NAME	Anna Olsen
RESIDENCE	Silver City, Idaho	RESIDENCE	Silver City, Idaho
COLOR	White,	COLOR	White,
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Norway, Europe	BIRTHPLACE	Norway
OCCUPATION	Laborer	OCCUPATION	House-wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Delaney M.D.

Physician (Physician or midwife)

Address Silver City, Idaho

Given names added from a supplemental report

....., 19.....

Filed Sept. 13, 1915 W. H. Delaney M.D. Registrar

S-Y CO. 20174 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

299-120 [redacted]

PLACE O[redacted]

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33876

County of Ow[redacted]

City of Silver

Registration District No. 43

File No.

No. St.

Primary Registration District No. 2120

Registered No. 34

Hospital

FULL NAME OF CHILD Robert George Birmingham

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
male	—	—	Yes	Sept. 10 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Howard E. Birmingham	FULL MAIDEN NAME	Leona Hayes
RESIDENCE	Flint, Owyhee Co. Ida.	RESIDENCE	Flint, Owyhee Co. Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Rawlins Rollins, Wyo.	BIRTHPLACE	Jordan Valley, Oregon
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6.15 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Schuyler, M. D.

Physician (Physician or midwife)

Given names added from a supplemental report

19

Address Silver City, Idaho

Filed Sept. 12, 1915, W. H. Schuyler, M. D.

Registrar

Registrar

R-Y CO. 20174

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
NOV 16 1940

State of Idaho
County of Owyhee } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Iona May Birmingham being first duly sworn says that she is the Mother (Relationship of child)* of Robert George Birmingham born Sept. 10-1915 (Date of birth) at Silver City., Idaho, whose certificate of birth is hereto attached, and that ..... desires to have the said birth recorded under **Chapter 130-1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Robert George Birmingham. ..... hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that ..... M. D., was the Midwife medical attendant at the birth of said ..... and that he said medical attendant is Dr. Wm. Schuyler. (Now deceased (or) cannot be located)

Name of Affiant Iona M. Birmingham

P. O. Address Marsing. Idaho

Subscribed and sworn to before me this 13 day of Nov., 19 40

Marion W. Stafford
Notary Public.

Residing at Marsing, Idaho.

1/16/41 - L. 78.

942-14-213

Form V. S. No. 11—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of [redacted]

City of [redacted]

No. _____ St.

Hospital _____

Registration District No. 9 File No. [redacted]77

Primary Registration District No. 2007 Registered No. 68

FULL NAME OF CHILD Helen Gale Russell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	Oct 2 1915

	FATHER	MOTHER
FULL NAME	G. R. Russell	Full Maiden Name Margaret Baldridge
RESIDENCE	Parma	Parma
COLOR	W	W
AGE AT LAST BIRTHDAY	43 (Years)	32 (Years)
BIRTHPLACE	Ill	Ill
OCCUPATION	Merchant	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Normal (Born alive or stillborn) at 10:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. R. Russell

Parma (Physician or midwife)

Given names added from a supplemental report.

Nov. 1 1915 Address _____

Lulu Waldrop Registrar

Filed Nov 1 1915 Lulu Waldrop Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 24 1943

168-102-014-319

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Parma

No. RFD St.

Hospital

Registration District No. 3

File No. 33878

Primary Registration District No. 2007

Registered No. 64

FULL NAME OF CHILD Frances Everett Johnson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	✓		2	Yes	10 (Month) 2 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	S. H. Johnson	FULL MAIDEN NAME	Addie Carlton
RESIDENCE	Parma	RESIDENCE	Parma
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10:20 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R J Clucen

M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address Parma Idaho

.....19.....

Filed Nov 1 1915 Lulu Waldron

Registrar

Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

955-105-014-795

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11—25m-1-1-18

PLACE OF BIRTH

County of Canyon

City of Parma

No. R.F.D. St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 33879

Primary Registration District No. 2007 Registered No. 65

FULL NAME OF CHILD Henry Floyd

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	✓		✓	Yes	10 5 1915

FATHER		MOTHER	
FULL NAME	Henry Reed	FULL MAIDEN NAME	Edith Irwin
RESIDENCE	Parma	RESIDENCE	Parma
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Mo	BIRTHPLACE	Mo
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Formalure (Born alive or stillborn) at 2:20 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) P. J. Reuer M.D.

(Physician or midwife)

Address Parma, Idaho.

Filed Nov. 1 1915 Lucile Waldrop Registrar

S-Y CO. 24666

165-106-014-752

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Canyon

City of Parma

No. R.F.D. St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 9 File No. 33880

Primary Registration District No. 2007 Registered No. 16

FULL NAME OF CHILD Henry James

Sex of Child Male | Twin, Triplet or other? (To be answered only in event of plural births) | and | Number in order of birth | Legitimate? yes | Date of Birth Oct (Month) 6 (Day) 1915 (Year)

FATHER

FULL NAME Henry James

RESIDENCE Parma R# 2

COLOR W AGE AT LAST BIRTHDAY 30 (Years)

BIRTHPLACE Texas

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Lula Peskbel

RESIDENCE Parma - R# 2

COLOR W AGE AT LAST BIRTHDAY 27 (Years)

BIRTHPLACE Texas

OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. E. Waldrop, M.D.

(Physician or midwife)

Address Parma

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed Oct 9 1915 Lulu Waldrop
Registrar

8-Y CO. 24655

695-211-014416

Form V. S. No. 11-C—25m-1-1-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Roswell Precinct

Registration District No. 3 File No. 33881

No. ..... St.

Primary Registration District No. 2007 Registered No. 67

Hospital .....

FULL NAME OF CHILD Norma Marie Fretwell

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
fem.	—		—	yes.	Oct. (Month) 11 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Grover Fretwell	FULL MAIDEN NAME	Flossie Maw
RESIDENCE	Roswell, Ida.	RESIDENCE	Roswell
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Minn.
OCCUPATION	Labour	OCCUPATION	housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2:55 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. B. Alley, M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Parma, Ida.

Filed Oct 20 1915 Lulu Waldrop
Registrar

Registrar

8-Y CO. 24659

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR .7 1948

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

246-115-014-381

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33882

County of Canyon

City of Roswell Precinct

Registration District No. 3

File No.

No. St.

Primary Registration District No. 2007

Registered No. 68

Hospital

FULL NAME OF CHILD Frank Andrew Buoy

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
m.	—		—	yes.	Oct 15 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Liss G. Buoy	FULL MAIDEN NAME	Retta Chancellor
RESIDENCE	Parma	RESIDENCE	Parma
COLOR	w.	COLOR	w.
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Ill.	BIRTHPLACE	Kans.
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4:45 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. B. Allen, M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address Parma

Filed Oct 20 1915

Registrar

Registrar

S-Y CO. 24655

451-116-014-962

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

County of Canyon

City of Parma

No. RFD St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 33883

Primary Registration District No. 2007 Registered No. 69

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
M	✓	✓	Yes	10 (Month) 16 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Dert Meadows	FULL MAIDEN NAME	Oma Robertson
RESIDENCE	Parma	RESIDENCE	Parma
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Mo.	BIRTHPLACE	Ind
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 11 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. J. Olmer

M. K.

(Physician or midwife)

Given names added from a supplemental report.

Address Parma Ida.

19

Filed Nov 9 1915 Lulu Waldrop

Registrar

Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

719-229-014-259

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

County of Canyon

City of Greenleaf

No. R.F.D. St.

Hospital Home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33884

Registration District No. 3 File No.

Primary Registration District No. 2007 Registered No. 70

FULL NAME OF CHILD WILMA A. GARLICK

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F	✓		✓	Yes	10 (Month) 29 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	E. B. Garlick	FULL MAIDEN NAME	May Kirman
RESIDENCE	Greenleaf	RESIDENCE	Greenleaf
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	49	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Mich	BIRTHPLACE	Ill.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Formalin at 2 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. J. Cluen
M. D.
(Physician or midwife)

Given names added from a supplemental report.

19

Address Parma Idaho

Filed Nov 1 1915 Lulu Waldrop
Registrar

Registrar

F-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

- 11/12/76

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

OV 17 3 35 PM '76

Certificate No. 33884

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Garlick (Name on Original Certificate) who was born (Was Born or Died) on Oct. 29, 1915 (Date of Event)

in Greenleaf, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Unnamed Garlick	Wilma Aurelia Garlick

Subscribed and sworn to before me this [illegible] day of [illegible], 19[illegible]

[illegible]

Notary Public, residing at [illegible]

My commission expires [illegible]

(Seal)

Signed [illegible]

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

[illegible]

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of [illegible] } ss.
County of [illegible] }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this [illegible] day of [illegible], 19[illegible]

[illegible]

Notary Public, residing at [illegible]

My commission expires [illegible]

(Seal)

Signed [illegible]

(Signature of Any Credible Person)

[illegible]

(Street Address, City, State)

FORM DH 60-155

High School diploma issued by Wilder High School 5/23/34 gives name as Wilma A. Garlick. viewed by V.S.

NOV 17 1976

Own child's birth certificate issued by State of Idaho August 28, 1948 gives name as Wilma A. Garlick. Child's certificate #48=9303. viewed by V.S.

847-124-c [redacted] 3

PLACE OF [redacted]

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

Registration District No. 37

File No. 33885

No. _____ St.

Primary Registration District No. 1085

Registered No. _____

Hospital _____

FULL NAME OF CHILD Frederick Willis Higgins

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	8 (Month) 24 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Reuben Higgins	FULL MAIDEN NAME	Jennie Wilson
RESIDENCE	Hollister Ida	RESIDENCE	Hollister Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	New Hampshire	BIRTHPLACE	Maine
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Pike

Physician
(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Address Twin Falls Ida

Filed 9-10 1915 John F. Coughlin
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

855 125 0 42 - 263

PLACE OF [redacted]

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33886

County of Twin Falls

City of Twin Falls

No. _____ St.

Hospital _____

Registration District No. 37 File No. _____

Primary Registration District No. 1085 Registered No. _____

FULL NAME OF CHILD FREDRICK ELZA Hendricks

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	9 (Month) 25 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Wm Hendricks	FULL MAIDEN NAME	Grace Rock
RESIDENCE	Twin Falls Ida	RESIDENCE	Twin Falls Ida [redacted]
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	[redacted]
BIRTHPLACE	Kentucky	BIRTHPLACE	Kansas
OCCUPATION	Blacksmith	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11 P. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Pike

Physician
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Twin Falls Ida.

Filed 9-30 1915 John F. Coughlin
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Twin Falls }

Certificate No. 33386
Date Filed ____

The undersigned does solemnly swear that certain facts on the certificate of Girl (BIRTH OR DEATH)
for No name (NAME ON ORIGINAL CERTIFICATE) who Born (WAS BORN OR DIED) on September 25-1915 (DATE OF EVENT)
in Twin Falls, Ida. (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Bible Record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ____ (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	unnamed Hendricks	Fredrick Elza Hendricks

Subscribed and sworn to before me this 12
day of May, 1942.

Signed William L Hendricks
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Notary Public, residing at Twin Falls Ida
My commission expires Feb 18-1945
(SEAL)

311 Ash Street Twin Falls, Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Twin Falls }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12
day of May, 1942.

Signed Hattie Hendricks
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at Twin Falls, Ida
My commission expires Feb 18-1945
(SEAL)

636 Main Ave S.
(STREET ADDRESS, CITY, STATE) Twin Falls, Ida

Received for filing on MAY 14 1942 By ____
(REGISTRAR'S SIGNATURE)

499-208-042-249

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. _____ St.

Hospital _____

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

3[illegible]87

Registration District No. 37 File No. _____

Primary Registration District No. 1085 Registered No. _____

FULL NAME OF CHILD Urie

Sex of Child Female	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth 9 (Month) 8 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Uther Urie	FULL MAIDEN NAME	Frances Smith
RESIDENCE	Twin Falls Ida.	RESIDENCE	Twin Falls Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Colorado	BIRTHPLACE	Idaho.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Pike

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Twin Falls Idaho

Filed 9-30 1915 John F. Coughlin Registrar

_____ Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

285 127 042-168

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33888

County of Twin Falls

City of " "

No. ..... St.

Hospital .....

Registration District No. 37 File No. .....

Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD Donald James Shelly

Sex of Child Boy | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth 9 (Month) 27 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Eugene Shelley	FULL MAIDEN NAME	Emma Johnson
RESIDENCE	Rock Creek	RESIDENCE	
COLOR	White	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Neb	BIRTHPLACE	Kan
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 7:45 A. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. D. Weaver,

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Twin Falls

Filed 9-30 1915 John T. Coughlin
Registrar

Registrar

8-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 1 1942

432-120-042-863

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33889

County of Twin Falls

City of " "

No. ..... St.

Hospital .....

Registration District No. 37

File No. .....

Primary Registration District No. 1085

Registered No. .....

FULL NAME OF CHILD .....

Sex of Child: Male	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth: 9 (Month) 20 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	John Chalmers McKinley	FULL MAIDEN NAME	Lorena Ethel Hockett
RESIDENCE	Twin Falls	RESIDENCE	
COLOR	White	COLOR	M
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Ill	BIRTHPLACE	Ia
OCCUPATION	Book-keeper	OCCUPATION	

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 10 A. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. D. Weaver

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Twin Falls

Filed Nov 30 1915 John F. Coughlin
Registrar

Registrar

S-Y CO. 24665

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

265-203-042-743

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33891

County of Twin Falls

City of Twin Fall

No. ..... St.

Hospital .....

Registration District No. 37 File No. .....

Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD Mildred Swenson

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Girl	(To be answered only in event of plural births)		Yes	Sept 3 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Arthur Swenson	FULL MAIDEN NAME	Anna Pearl Pucket
RESIDENCE	Twin Falls Ida.	RESIDENCE	Twin Falls Ida
COLOR	light	COLOR	dark
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Smithfield Utah	BIRTHPLACE	Allcorn Mississippi
OCCUPATION	Farmer.	OCCUPATION	house wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN, OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at ..... M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. A. Swenson

midwife (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Twin Falls

Filed 9-10 1915 John T. Coughlin Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of .....

Certificate No. 33891

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for none (Name on Original Certificate) who was born (Was Born or Died) on 9/3/15 (Date of Event)

in Twin Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	none	Mildred Swenson

Subscribed and sworn to before me this 1 day of August, 1975

1 "Sue" Nora Lowe

Notary Public, residing at Boise, Idaho

My commission expires Sept. 18, 1978

(Seal)

Signed Otto W. Myers

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rt 1 Box 115A Star Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of .....

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

.....

(Street Address, City, State)

FORM DH 60-155

Own childs birth certificate Ronald Swenson Richman born Jan. 16, 1951 at Twin Falls, Idaho, State file # 51-1004 gives fathers name as Rulen Hunsakar Richman and mother Mildred Swenson Richman.
Viewed by VS

Marriage License State of Idaho, George Hastings and Mildred(Richman) Swenson married March 29, 1962 at Boise, Idaho State File # 62-1369.
Viewed by VS

AUG 1 1975

651-202-042-165

PLACE OF BIRTH Amended 9/22/77

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

County of Twin Falls

City of " "

No. Togo St.

Hospital

Registration District No. 37

Primary Registration District No. 1085

File No. 33892

Registered No.

FULL NAME OF CHILD Charlotte Wilmoth Fear.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Sept. 2 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Martin D Fear	FULL MAIDEN NAME	Nora Jones
RESIDENCE	Three Creek Ida	RESIDENCE	Three Creek, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Colorado.	BIRTHPLACE	Rock Creek, Ida
OCCUPATION	Rancher	OCCUPATION	—

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 6 am M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Wilson

Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Address Twin Falls, Idaho

Filed 9-10 1915 John F Coughlin
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATIS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

Amended 9/22/77

AUG 15 1966

RECORD FOR BIRTHS

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
SEP 28 1966
Bureau of Vital Statistics

State of Idaho
County of Twin Falls } ss.

Certificate No. 33892

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Charlotte Wilma Fear (Name on Original Certificate) who was born (Was Born or Died) on Sept. 2, 1915 (Date of Event)
in Twin Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible (Bible Record, Insurance Policy, Etc.) prepared on Oct. 3 1915 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Charlotte Wilma Fear	Charlotte Wilmoth Fear

Subscribed and sworn to before me this 23rd day of
September, 1966
Notary Public, residing at Kimberly, Idaho
My commission expires May 2, 1969
(Seal)

Signed Mrs. A. Fear
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Rt. #2, Hansen, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Twin Falls } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23rd day of
September, 1966
Notary Public, residing at Kimberly, Idaho
My commission expires May 2, 1969
(Seal)

Signed [illegible]
(Signature of Any Credible Person)
Rt. #1, Hansen, Idaho
(Street Address, City, State)

FORM DH 60-155 CL 9-12-66. one copy pd. rec. #707, one copy pd. on Aug. 12, 1966 - Total of 2 copies pd.

SEP 2

Notification of birth registration from Idaho gives name as George Brian Crockee born Feb 5 1943 in Twin Falls, Idaho. father's name as George Donald Crockett and mother's name as Charlotte Wilmoth Fear. viewed by VS

Diploma from Kimberly High school gives name as Charlotte Wilmoth Fear dated May 18 1934. viewed by V. S.

343-102 042-718

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of " "

No. Togo St.

Hospital

Registration District No. 37

File No. 33893

Primary Registration District No. 1085

Registered No.

FULL NAME OF CHILD Cecil Rayford Luttrell

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Sept. 2 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Chas O. Luttrell	FULL MAIDEN NAME	Mary Pahan
RESIDENCE	Twin Falls.	RESIDENCE	Twin Falls.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Wyoming	BIRTHPLACE	Minnesota
OCCUPATION	✓	OCCUPATION	—

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 am M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Wilson

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Address Twin Falls, Idaho.

Filed 9-10 1915 John L Coughlin Registrar

Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 18 1973

366-122-042-249

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. — 2nd Ave North St.

Hospital —

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 37

File No. 33894

Primary Registration District No. 1085

Registered No.

FULL NAME OF CHILD James Burns Lowe

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male		yes	9 27 1915

FATHER		MOTHER	
FULL NAME	Frederick Lowe	FULL MAIDEN NAME	Therese M. Burns
RESIDENCE	Shoshone Basin, Idaho	RESIDENCE	Shoshone Basin, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Iowa	BIRTHPLACE	Oregon
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9 a M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E O Woods MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Twin Falls, Idaho

Filed 9-30 1915 John P Creighen

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 10 [redacted]

318-212-042-643

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Twin Falls

City of " "

No. 8 ave N St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 37

Primary Registration District No. 1085

File No. 33895

Registered No.

FULL NAME OF CHILD Ruth H. Taylor

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Sept 12 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Stuart H. Taylor	FULL MAIDEN NAME	Hazel B. Fuller
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Minnesota	BIRTHPLACE	Minnesota
OCCUPATION	Real Estate & Ins.	OCCUPATION	—

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Wilson

Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Twin Falls Idaho

Filed 9-15 1915 Johnt Coughlin
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

799215 042-154

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of " "

No. 155 E 7th St.

Hospital

Registration District No. 37

Primary Registration District No. 1085

File No. 33896

Registered No.

FULL NAME OF CHILD Mary Wilhelmina Priebe

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Sept 15 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Walter R Priebe	FULL MAIDEN NAME	Marie Anderson
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Minnesota	BIRTHPLACE	New York
OCCUPATION	Jeweler	OCCUPATION	—

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Wilson

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Twin Falls Idaho

Filed 9-20 1915 John L Coughlin Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

X

c.c. 5/29/41. w.h.

JUN 3 1941

759-226-042-215

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

Amended June 16, 1959

Registration District No. 37

File No. 33897

No. ..... St.

Primary Registration District No. 1085

Registered No. .....

Hospital .....

FULL NAME OF CHILD Perrine, Ruth Margaret

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
f		yes	Sept 26 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	S D Perrine	FULL MAIDEN NAME	Marguerite Sanders
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	white	COLOR	White
AGE AT LAST BIRTHDAY	48 (Years)	AGE AT LAST BIRTHDAY	42 (Years)
BIRTHPLACE	Ind.	BIRTHPLACE	Ohio.
OCCUPATION	farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 69 M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Hal Lundeck

Physician

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Twin Falls, Idaho

Filed 9-30 1915 John F Kruegblan

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Twin Falls High School Diploma, dated May 19, 1933, shows name as Ruth Margaret Perrine, viewed by V.S.; Statement by W.A. MacArthur of First Medthodist Church, Twin Falls, Ida. stating that Ruth Margaret Perrine was baptized April 10, 1925, viewed by V.S.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 33897

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for not named Perrine (Name on Original Certificate) who was born (Was Born or Died) on Sept. 26, 1915 (Date of Event)
in Twin Falls (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name of child	not named Perrine	Ruth Margaret Perrine

Subscribed and sworn to before me this 12 day of June, 1959.

Notary Public, residing at Boise, Idaho
My commission expires My Commission Expires August 14, 1960
(Seal)

Signed Mary M. Petrick
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DRH 55-155

JUN 16 1959

432-227-042-665

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls,

Registration District No. 37

File No. 33898

No. ..... St.

Primary Registration District No. 1085

Registered No. .....

Hospital .....

FULL NAME OF CHILD McBride DON GERALD McBRIDE

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Sept 27 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Roy D McBride,	FULL MAIDEN NAME	May Owens,
RESIDENCE	Twin Falls,	RESIDENCE	Twin Falls,
COLOR	white, AGE AT LAST BIRTHDAY 36 (Years)	COLOR	white, AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE	Utah.	BIRTHPLACE	Arizona.
OCCUPATION	Laborer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Clouchek

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Twin Falls

Filed 9-30 1915 John H Coughlin Registrar

Registrar

S-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
LIC HEALTH—BUREAU OF VITAL STATISTICS
R AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

Certificate No. 33898

County of ..... } ss.

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)

for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)

in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Don Gerald McBride
Father's name	Robert	Roe

Subscribed and sworn to before me this .....

day of ....., 19.....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Umatilla

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28th

day of August, 1942

Thomas G. Tucker

Notary Public, residing at Umatilla, Oreg.

My commission expires NOTARY PUBLIC FOR OREGON
(Seal) MY COMMISSION EXPIRES DEC. 27, 1944

Signed Loren R. McBride
(Signature of Any Credible Person Other Than Previous Year)

710 Division St. Walla Walla Wash.
(Street Address, City, State)

SEP 2 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

24912 7-042-365

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33899

County of Twin Falls

City of Twin Falls

Registration District No. 37 File No.

No. St.

Primary Registration District No. 1085 Registered No.

Hospital

FULL NAME OF CHILD Absener Lloyd Smith

Sex of Child: Male | Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth | Legitimate? Yes | Date of Birth: Sept 27 (Month) (Day) 191.5 (Year)

FATHER

FULL NAME: Absener T. Smith

RESIDENCE: Twin Falls Idaho

COLOR: light AGE AT LAST BIRTHDAY: 34 (Years)

BIRTHPLACE: Colorado Spring, Col.

OCCUPATION: Laberer

MOTHER

FULL MAIDEN NAME: Cary Tedora Tongren

RESIDENCE: Twin Falls Idaho

COLOR: light AGE AT LAST BIRTHDAY: 38 (Years)

BIRTHPLACE: Saint Peter Minn.

OCCUPATION: house wife

Number of child of this mother, including present birth: 5

Number of children of this mother now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary A. Swenson

midwife (Physician or midwife)

Address Twin Falls, Idaho, R.F.D.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 9-30 1915 John W. Coughlin Registrar

8-Y CO. 24655

AUG 9 1967

291-230-042-445

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
Amended 3/27/79 BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Twin Falls

City of " "

No. 528 5th av W St.

Hospital

Registration District No. 37

File No. 33900

Primary Registration District No. 1085

Registered No.

FULL NAME OF CHILD Mildred E. Brackett

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Sept. 30 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Roy E. Brackett	FULL MAIDEN NAME	Ora L. Duncan
RESIDENCE	Twin Falls Co	RESIDENCE	Twin Falls Co.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Three Creek Ida	BIRTHPLACE	San Angelo, Texas
OCCUPATION	Farmer	OCCUPATION	—

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 11 am M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Wilson

Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Address Twin Falls Idaho

Filed 9-30 1915 John L. Coughlin
Registrar

Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 23 1968

3 1 72

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of .....

Certificate No. 33900

Date Filed .....

2 34 PM '79

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Brackett (Name on Original Certificate) who was born (Was Born or Died) on Sept. 30, 1915 (Date of Event) in Twin Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by [illegible] (Bible Record, Insurance Policy, Etc.) prepared on 25 of Feb 1930 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed Brackett	Mildred Elizabeth Brackett

Subscribed and sworn to before me this 1st day of March 1972

Florence Curtright

Notary Public, residing at Boise

My commission expires 4-20-74

(Seal)

Signed [illegible]

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

[illegible]

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Twin Falls

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th day of January 1979

[illegible]

Notary Public, residing at Twin Falls

My commission expires 6-22-81

(Seal)

Signed Margaret Schnell Wood

(Signature of Any Credible Person)

127 Polk Twin Falls Id

(Street Address, City, State)

FORM DH 60-155

Application for Insurance , Selective Risk, From Montana Life Ins. Co. of Helena, Montana gives name as Mildred E. Brackett. born Sept 30, 1915 signed Feb 28, 1930. viewed by V. S.

MAR 2 7 1979

1971 Tax Receipt from Lavaca County, Texas, gives name as Mildred E. B. Patrick dated Nov 19, 1971. viewed by V. S.

[redacted]-231-022-806

[redacted] OF BIRTH

[redacted] Falls

STATE O[redacted]
BUREAU OF VIT[redacted]
CERTIFICATE [redacted]

33901

Registration District No. 37 File No.

No. St.

Primary Registration District No. 2085 Registered No.

Hospital

FULL NAME OF CHILD Marjorie Eudora Ruscoe

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		Yes	3 (Month) 31 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Freeman T. Ruscoe	FULL MAIDEN NAME	Edna M. Howe
RESIDENCE	Twin Falls	RESIDENCE	
COLOR	White	COLOR	W
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Calif.	BIRTHPLACE	Colo.
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 11.45 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. D. Weaver
(Physician or midwife)

Given names added from a supplemental report.

19

Address Twin Falls

Filed 9-30 1915 Johnt Coughlin
Registrar

Registrar

S-Y CO. 24655

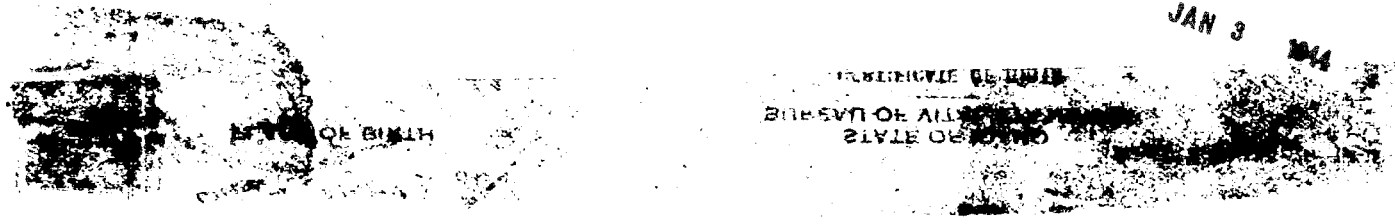
MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT REC[redacted]

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the [redacted] of each, in order of birth stated.

AUG 8 1944

JAN 3 1944



459-231-042-893

PLACE OF BIRTH

County of Twin Falls

City of .....

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-13

CERTIFICATE OF BIRTH

Registration District No. 37 File No. 33902

Primary Registration District No. 2085 Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl			yes	3 31 1915

FATHER		MOTHER	
FULL NAME	D. Cargill Ferguson	FULL MAIDEN NAME	Mable Huckman
RESIDENCE	Twin Falls	RESIDENCE	
COLOR	White	COLOR	W
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Ia	BIRTHPLACE	Ia
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 4:30 P. M. on the date above stated.
(Born alive or stillborn)

(Signature) C. D. Weaver

(Physician or midwife)

Address Twin Falls

Filed 9-30 1915 John K. Coughlen
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

8-Y CO. 24698

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
AUTHORITY VITAL STATISTICS

625-21-042-265

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Twin Falls

City of _____

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 37 File No. 33903

Primary Registration District No. W85 Registered No. _____

FULL NAME OF CHILD _____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl			yes	3 31 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wm. E. Obershaw	Ella Lora
RESIDENCE	Twin Falls	
COLOR	White	
AGE AT LAST BIRTHDAY (Years)	25	20
BIRTHPLACE	Ida	Kan.
OCCUPATION	Farmer	

Number of child of this mother, including present birth 3-24 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. D. Weaver

(Physician or ~~midwife~~)

Address Twin Falls

Given names added from a supplemental report

_____ 19____

_____ Registrar

Filed 9-30 1915 John A. Coughlin Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

613-129-042-795

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Twin Falls

City of

No. St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33904

Registration District No. 37 File No.

Primary Registration District No. 2085 Registered No.

FULL NAME OF CHILD HARRY PRENTISS WALTERS

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy		Yes	3 29 1915

FATHER		MOTHER	
FULL NAME	Carl Walters	FULL MAIDEN NAME	Stella May Prentise
RESIDENCE	Kimberly	RESIDENCE	Kimberly
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Ark.	BIRTHPLACE	S. Dak.
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 2nd Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3:45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. D. Weaver

(Physician ~~or midwife~~)

Given names added from a supplemental report

19

Registrar

Address Twin Falls

Filed 9-30 1915 John P. Coughlin Registrar

S-Y CO. 20174

NOV 13 1941

FEB 4 1944

251-226-042-384

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of

No. St.

Hospital

Registration District No. 37

File No. 33905

Primary Registration District No. 2085

Registered No.

FULL NAME OF CHILD Alice Mae Beatty

Sex of Child Girl

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth 4 (Month) 26 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Roscoe B. Beatty	FULL MAIDEN NAME	Frances W. Lyman
RESIDENCE	Twin Falls	RESIDENCE	
COLOR	White	COLOR	W
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Mich.
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7.50 A.M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. D. Weaver

(Physician ~~or midwife~~)

Given names added from a supplemental report.

19

Address Twin Falls

Filed 9-30 1915 John F. Vaughan Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Twin Falls } ss.

Certificate No. 33905

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed (Name on Original Certificate) who was born (Was Born or Died) on Apr 7 6 - 1915 (Date of Event)
in Twin Falls Ida (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Personal Knowledge (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Alice Mae Beatty

Subscribed and sworn to before me this 6th day of April 1943.

Stuart H. Taylor
Notary Public, residing at Twin Falls

My commission expires Jan 1 1946
(Seal)

Signed Mrs Frances W. Beatty
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

R 7 0 * 1 - Twin Falls Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Twin Falls } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th day of April 1943.

Stuart H. Taylor
Notary Public, residing at Twin Falls

My commission expires Jan 1 - 1946
(Seal)

Signed R. B. Beatty
(Signature of Any Credible Person Other Than Previous Year)

R 7 0 1 - - Twin Falls Ida
(Street Address, City, State)

APR 9 1943

APR 1 2 1945

695-112-042-585

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of

No. St.

Hospital

Registration District No. 37

File No. 33906

Primary Registration District No. 2085

Registered No.

FULL NAME OF CHILD Elmer Leroy Winger

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	5 12 1915

FATHER		MOTHER	
FULL NAME	Harvey H. Winger	FULL MAIDEN NAME	Martha Eyer
RESIDENCE	Twin Falls	RESIDENCE	
COLOR	White	COLOR	
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Ohio	BIRTHPLACE	Pa.
OCCUPATION	Beeman	OCCUPATION	

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 1030 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. D. Weaver

(Physician ~~or midwife~~)

Given names added from a supplemental report.

19

Address Twin Falls

Filed 9-30 1915 Johnt Coughen

Registrar

Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 29 1970
APR 15 1957

381-210-042-698

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Twin Falls

City of .....

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 37 File No. 33907

Primary Registration District No. 2085 Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Girl			Yes	5 (Month) 10 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Frank E. Chandler	FULL MAIDEN NAME	Lillie May Fry
RESIDENCE	Shoshone Basin	RESIDENCE	
COLOR	White	COLOR	W
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Ohio	BIRTHPLACE	Colo
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 5th Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 8 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. D. Weaver

(Physician or ~~midwife~~)

Address Twin Falls

Filed 9-30 1915 John H. Coughlen
Registrar

Given names added from a supplemental report.

..... 19.....

.....
Registrar

8-Y CO. 24655

963-102-042-751

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Twin Falls

City of

No. St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33908

Registration District No. 37 File No.

Primary Registration District No. 7085 Registered No.

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	5 2 1915

FATHER		MOTHER	
FULL NAME	John D. Gollinger	FULL MAIDEN NAME	Genevieve Pearce
RESIDENCE	Hansen	RESIDENCE	
COLOR	White	COLOR	W
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 7th Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 10 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. D. Weaver

(Physician or midwife)

Given names added from a supplemental report.

19

Address Twin Falls

Filed 9-30 1915 John F. Laughlin
Registrar

Registrar

5-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

295-2250 42-819

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Twin Falls

City of " "

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33909

Registration District No. 37 File No. .....

Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD ETHEL MARIE KINGSBURY

Sex of Child Girl	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth 5 (Month) 25 (Day) 1915 (Year)

	FATHER		MOTHER
FULL NAME	HENRY J Kingsbury	FULL MAIDEN NAME	Flora B. Hardin
RESIDENCE	Twin Falls	RESIDENCE	
COLOR	White	COLOR	
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	England	BIRTHPLACE	Ill.
OCCUPATION	Printer	OCCUPATION	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 5:45 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. D. Weaver

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19....

Address Twin Falls

Filed Sep 30 1915 John F. Coughlin
Registrar

Registrar

8-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 33909
County of Twin Falls } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH) for Ethel Marie Kingsbury (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on May 25, 1915 (DATE OF EVENT) in Twin Falls, Ida. (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	unnamed	Ethel Marie Kingsbury
name of father	Harry J. Kingsbury	Henry J. Kingsbury

Subscribed and sworn to before me this 17th day of February, 1942

Carl Wider
Notary Public, residing at Seattle

My commission expires 9.6.43
(SEAL)

Signed Flora B. Kingsbury
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Twin Falls }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4 day of March, 1942

Joe Lavey
Notary Public, residing at Twin Falls, Ida.

My commission expires 1943
(SEAL)

Signed Maude A. Parrott
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

1002 Shoshone St Twin Falls Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on By
(REGISTRAR'S SIGNATURE)

MAR 19 1942

414-113-042-363

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of " "

No. ..... St.

Hospital .....

Registration District No. 37 File No. 33910

Primary Registration District No. 1685 Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	5 (Month) 13 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	John Joseph Madigan	FULL MAIDEN NAME	Mary Josephine Cottoni
RESIDENCE	Twin Falls	RESIDENCE	
COLOR	White	COLOR	W
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Ireland	BIRTHPLACE	Utah
OCCUPATION	Laborer	OCCUPATION	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 6 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. D. Weaver

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19....

Address Twin Falls

Filed 9-30 1915 John F. Coughlin
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

293-26-042-935

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

AMENDED 7/30/74

33911

County of Twin Falls

City of Twin Falls,

No. ..... St.

Hospital .....

Registration District No. 37 File No. .....

Primary Registration District No. 2085 Registered No. .....

FULL NAME OF CHILD Colleen Ruth Bice

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Sept. (Month) 16 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Geo. W. Bice	FULL MAIDEN NAME	Zella Iler
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Illinois	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	—

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10 am M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Wilson

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19...

Address Twin Falls Idaho

Filed 9-30 1915 John F. Coughlin
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH 7 3 74

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
JUL 30 1 13 AM '74

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 33911

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Coleen Bice (Name on Original Certificate) who was born (Was Born or Died) on July 16, 1915 (Date of Event) in Twin Falls, (Idaho) County (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Coleen Bice	Colleen Ruth Bice
Date of birth	July 16, 1915	September 16, 1915
City of birth	Omitted	Twin Falls,

Subscribed and sworn to before me this 8th day of July, 19 74

Notary Public, residing at Twin Falls, Idaho

My commission expires 4/1/77

(Seal)

Signed ..... (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

..... (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Canyon }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15th. day of July, 19 74

Notary Public, residing at Nampa, Idaho

My commission expires August 7, 1975

(Seal)

Signed ..... (Signature of Any Credible Person)

1012 1st E. Nampa, Idaho (Street Address, City, State)

FORM DH 60-155

Twin Falls High School record September 9, 1929 at Twin Falls, Idaho Colleen Bice born September 16, 1915.

JUL 30 1974

Viewed by VS

The College of Idaho Matriculation Card Sept. 14, 1934 No. 3697 Colleen Ruth Bice born Sept. 1915 at Twin Falls, Idaho .
Viewed by VS

Magic Valley Memorial Hospital Twin Falls, Idaho Statement of Hospital Record statement date July 25, 1974 by Mary Lou England,A.R.T. Director, Medical Record Dept. Date of admission to the hospital Nov. 25, 1962 Colleen R. Dillon born September 16, 1915 at Twin Falls, Idaho.
Viewed by VS

899-130-042-144

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Twin Falls

City of .....

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 37 File No. 33912

Primary Registration District No. 2085 Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy				Yes	7 30 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Henry Phillips Hirschel	Ella Maria Judson
RESIDENCE	Twin Falls	
COLOR	White	
AGE AT LAST BIRTHDAY (Years)	33	19
BIRTHPLACE	Ill	Wash
OCCUPATION	Farmer	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 12:30 A.M. on the date above stated.
(Born alive or stillborn)

(Signature) C. D. Weaver

(Physician or midwife)

Address Twin Falls

Filed 9-30 19 15 Johnnie Laughlin
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

S-V CO. 24695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

414-116-042-414

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33913

County of Twin Falls

City of Twin Falls

No. _____ St.

Hospital Twin Falls

Registration District No. 37 File No. _____

Primary Registration District No. 2085 Registered No. _____

FULL NAME OF CHILD Norman Wagoner Dau

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	Aug 16 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Max P Dau	FULL MAIDEN NAME	Edith Dau
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	41 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Wisconsin
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J O V Boyd
M.D. Twin Falls, Idaho
(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Address Twin Falls

Filed 9-30 1915 John H. Coughlin
Registrar

Registrar

8-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 9 1943

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Monterey

Certificate No. 33913

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Norman Wagoner Dau (Birth or Death)
for Norman Wagoner Dau (Name on Original Certificate) who was Born (Was Born or Died) on August 16, 1915 (Date of Event)
in Buhl, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	none given	Norman Wagoner Dau

Subscribed and sworn to before me this 12 th day of July 1943.

F Harry Noland
Notary Public, residing at Salinas, Calif

My commission expires June 18 - 1946
(Seal)

Signed X Vesta L Farley (Sister)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

22 Los Laurelles Salinas Cal
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Monterey

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that she has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12 th day of July 1943.

F Harry Noland
Notary Public, residing at Salinas, Calif

My commission expires June 18 - 1946
(Seal)

Signed Vesta L Farley Sister
(Signature of Any Credible Person Other Than Previous Year)

22 Los Laurelles Salinas Cal
(Street Address, City, State)

863-225-042-393

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33914

County of Twin Falls

City of

No. St.

Hospital

Registration District No. 37

File No.

Primary Registration District No. 2085

Registered No.

FULL NAME OF CHILD FERN L. HOLLON

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		Yes	9 25 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wm C. Hollon	FULL MAIDEN NAME	Fanny Tillon
RESIDENCE	Twin Falls	RESIDENCE	
COLOR	White	COLOR	
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Ark.	BIRTHPLACE	Kan.
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 11 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. D. Weaver

(Physician or midwife)

Given names added from a supplemental report.

19

Address Twin Falls

Registrar

Filed 9-30 1915 John T. Coughlin
Registrar

8-Y CO. 24695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Kings }

Certificate No. 33914
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Baby (Birth or death)
for Fern L. Hollen (Name on original certificate) who was born (Was born or died) on Sept. 25 - 1915 (Date of event)
in Twin Falls Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Regular Baby Book (Bible record, insurance policy, etc.) prepared on Sept 25 - 1915 (Give date); are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed	Fern L. Hollen

Subscribed and sworn to before me this 30 th
day of December, 1941

Notary Public, residing at Hanford
My commission expires [illegible]
[SEAL]

Signed Mrs A C Hollen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rt 2 box 345 Hanford Calif
(Street Address, City, State)

Copy

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Kings }

[This affidavit MUST also be executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30 th
day of December, 1941

Notary Public, residing at Hanford Cal,
My commission expires

Signed [redacted] Bernice M. [illegible]
(Signature of any credible person other than the previous affiant.)

R. 2 Box 345 Hanford Calif.
(Street Address, City, State)

363-206-042-951

PLACE OF BIRTH

County of ~~Murtaugh~~ Twin Falls

City of Murtaugh

No. R. F. D. St.

Hospital

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 37

File No. 33915

Primary Registration District No. 2085

Registered No.

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
H		Yes	9 - 6 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ivan L. Tolman	FULL MAIDEN NAME	Fannie Read
RESIDENCE	Murtaugh Ida	RESIDENCE	Murtaugh, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Marion Ida.	BIRTHPLACE	Marion Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 10 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Morgan
M.D.
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Twin Falls

Filed 9-10 1915 Johnt Coughlin
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

462-125-042-491

PLACE OF BIRTH

County of Twin Falls

City of

No. St.

Hospital

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 37 File No. 33916

Primary Registration District No. 2085 Registered No.

FULL NAME OF CHILD Cecil Wilson Dossett

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		yes	Sept. (Month) 25 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Milton Elisha Dossett	FULL MAIDEN NAME	Mabel Marie Drake
RESIDENCE	Twin Falls	RESIDENCE	T. F.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8:30 PM on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

M.D.
(Physician or midwife)

Given names added from a supplemental report.

19

Address Twin Falls, Idaho

Filed 9-30 1915 [signature]
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MAY 2 1969

4/24/41 E J.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

691-209-042-314

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Twin Falls

City of

No. St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33917

Registration District No. 37

File No.

Primary Registration District No. 2~~4~~5

Registered No.

FULL NAME OF CHILD Franklin, Juanita

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
f.		Yes.	Sept. 9 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Geo. E Franklin.	FULL MAIDEN NAME	Jane Camp.
RESIDENCE	Twin Falls.	RESIDENCE	Twin Falls.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	England	BIRTHPLACE	Neb.
OCCUPATION	rancher.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. W. Gouchek.

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Address Twin Falls Idaho.

Filed 9-10 1915 John F. Coughlin Registrar

Registrar

S-Y CO. 24655

AUG 22 1966

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
NOV 15 1966
Bureau of Vital Statistics

State of Nevada } ss.
County of Clark

Certificate No. 33917

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Franklin (female child), (Name on Original Certificate) who was born (Was Born or Died) on Sept. 9, 1915 (Date of Event)
in Twin Falls County, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Juanita Delight Franklin

Subscribed and sworn to before me this 20th day of October, 1966.

Notary Public, State of Nevada
NANCY CRAFT
My Commission Expires March 24, 1968

Nancy Craft
Notary Public, residing at Las Vegas Nevada
My commission expires March 24, 1968

(Seal)

Signed [signature]
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1133 Palma Drive Las Vegas Nevada
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Nevada } ss.
County of Clark

[This Affidavit MUST Also be Executed. (See Chapter 189, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20th day of October, 1966.

Notary Public - State of Nevada
NANCY CRAFT
My Commission Expires March 24, 1968

Nancy Craft
Notary Public, residing at Las Vegas Nevada
My commission expires March 24, 1968

Signed [signature]
(Signature of Any Credible Person)

1213 Westlund Dr. Las Vegas, Nevada
(Street Address, City, State)

FORM DH 60-155 CL 9-7-66. one copy pd.

Notification of Birth Registration, registrar's no. 281, State of California gives full name of child as Eric William Gray, born Dec. 27, 1949 at Hollister, California to Juanita Delight Franklin, mother and Donald Albert Gray, father - viewed by V.S.

MAR 6 1967

By Public Schools Certificate of Scholarship, 6th Grade, Dated June 7, 1929, ~~State of Kansas, Kansas~~ State of Missouri, Kansas City, Missouri - Faxon School - gives full name of student as Juanita Franklin - viewed by V.S.

full name of child added (3-6-67) as Juanita Franklin because only one document gave full middle name -

249-204-042-398

PLACE OF BIRTH

County of Twin Falls,

City of Filer

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

CERTIFICATE OF BIRTH

Registration District No. 37 File No. 33918

Primary Registration District No. 2085 Registered No. _____

FULL NAME OF CHILD Smith. Lois Margaret

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.				yes.	Sept 4 1915

FATHER

FULL NAME Clinton Smith.

RESIDENCE Filer, Ida

COLOR white AGE AT LAST BIRTHDAY 32 (Years)

BIRTHPLACE Cal.

OCCUPATION Farmer.

MOTHER

FULL MAIDEN NAME Rhoda Cryder.

RESIDENCE Filer, Ida

COLOR white AGE AT LAST BIRTHDAY 29 (Years)

BIRTHPLACE Ore.

OCCUPATION Housemaid.

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Loucheck

Physician

(Physician or midwife)

Address Twin Falls, Ida.

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Filed 9-10 1915 Jno. F. Coughlin Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ida. }

Certificate No. 33918

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth or Death)

for (Name on Original Certificate) who (Was Born or Died) on (Date of Event)

in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	none given	Lois Margaret Smith

Subscribed and sworn to before me this 24 day of August, 1942

W. B. Joy

Notary Public, residing at Boise, Ida.

My commission expires 7/14/45
(Seal)

Signed Rhoda E. Smith
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

811 14th Ave S., Nampa, Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this

day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

OCT 31 1973

AUG

235-220-042-434

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Kimberly

No. _____ St.

Hospital _____

Registration District No. 37

File No. 33919

Primary Registration District No. 2085

Registered No. _____

FULL NAME OF CHILD Stella Beryl Stettler

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of Birth
Female	2 (To be answered only in event of plural births)	yes	Sept. 20 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Lee Godfrey Stettler	FULL MAIDEN NAME	Lyda McMaster
RESIDENCE	Kimberly	RESIDENCE	Kimberly
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Iowa
OCCUPATION	Butcher	OCCUPATION	

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10 am M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Wilson

Physician
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Twin Falls Idaho

Filed 9-25 1915 Robert Coughlin
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

9-13-40 cc

MAY 20 1957

449-18-1042-243

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Hansen

Registration District No. 37 File No. 3920

No. ..... St.

Primary Registration District No. 2085 Registered No. .....

Hospital .....

FULL NAME OF CHILD Robert Roy Durk

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Sept 28 1915

FATHER		MOTHER	
FULL NAME	Joseph R. Durk	FULL MAIDEN NAME	Grace Bulock
RESIDENCE	Hansen	RESIDENCE	Hansen
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Philadelphia Pa
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4:15 pm M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. Wilson

Physician (Physician or midwife)

Address Twin Falls Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 9-30 1915 John H. Coughlin Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 19 1957

JAN 15 1952

Amended 7/13/71

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 33921
Local Reg. No.
Reg. Dist. No. 36

1. PLACE OF BIRTH
a. COUNTY: Twin Falls
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Kimberly
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho b. COUNTY: Twin Falls
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Kimberly
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Ruth b. (Middle): Pauline c. (Last): Brown

4. SEX: Female
5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____
5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____
6. DATE OF BIRTH (Month) (Day) (Year): Oct. 30, 1915

FATHER OF CHILD

7. FULL NAME
a. (First): Vance b. (Middle): c. (Last): Brown

8. AGE (At time of this birth): 31 YEARS
9. BIRTHPLACE (State or foreign country) (City or Town): Beersheba, Tennessee
10. USUAL OCCUPATION: Carpenter
11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Bessie b. (Middle): c. (Last): Savage

13. AGE (At time of this birth): 28 YEARS
14. BIRTHPLACE (State or foreign country) (City or Town): Beersheba, Tennessee
15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 3
b. How many OTHER children were born alive but are now dead?
c. How many children were stillborn (born dead after 20 wks. pregnancy?)
16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: J. N. Davis, M. D.
18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____
19. ADDRESS: Kimberly, Idaho
20. DATE SIGNED:
21. DATE REC'D BY LOCAL REG.: Nov. 4, 1915
22. REGISTRAR'S SIGNATURE: J. N. Davis
23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS
WEIGHT AT BIRTH ____ LBS. ____ OZS.
RACE OR COLOR OF FATHER: White
RACE OR COLOR OF MOTHER: White
METHOD OF DELIVERY:
Was 1% Silver Nitrate Used to prevent blindness? YES ____ NO ____

BIRTH INJURY TO INFANT
____ YES IF YES, DESCRIBE
____ NO

CONGENITAL MALFORMATIONS OF INFANT
____ YES IF YES, DESCRIBE
____ NO

Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Gooding } ss.

Certificate No. 33921

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Ruth Mildred Brown (Name on Original Certificate) who was born (Was Born or Died) on Oct. 30, 1915 (Date of Event)
in Kimberly, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on 7/6/71 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Ruth Mildred Brown	Ruth Pauline Brown

Subscribed and sworn to before me this 6th day of July, 1971

Notary Public, residing at Gooding Idaho
My commission expires Nov 1 1974
(Seal)

Signed
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Kimberly Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Lincoln } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th day of July, 1971

Notary Public, residing at Lincoln Idaho
My commission expires Nov 1 1974
(Seal)

Signed (Brother)
(Signature of Any Credible Person)
Rt 2 Gooding Idaho
(Street Address, City, State)

FORM DH 60-155 CL 7/2/71 nm

School transcript from Kimberly Public Schools & gives name as Pauline Brown. date of birth Oct. 31, 1915. father's name as Vance P. Brown and. Date of Entry Sept. 1930. Viewed by V. S.

Notification of Birth Registration for Howard Paul Nelson. File No. 345399. from State of Idaho. date of birth as Apr. 2, 1942. Father's name as George Howard Nelson and mother's name as Ruth Pauline Brown. Viewed by V. S.

243-225-042-795

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Twin Falls

City of Kimberly

No. ..... St.

Hospital Home

Registration District No. 36 File No. 33922

Primary Registration District No. 2083 Registered No. 11

FULL NAME OF CHILD Mildred Butler

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Oct 2 1915

FATHER		MOTHER	
FULL NAME	Wm Butler	FULL MAIDEN NAME	Connie Presnell
RESIDENCE	Kimberly Idaho	RESIDENCE	Number 1 Kimberly Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Mo	BIRTHPLACE	N Carolina
OCCUPATION	Farmer	OCCUPATION	Hw

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7:15 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Davis M.D.

(Physician or midwife)

Address Kimberly Idaho

Filed 10-31-1915 J. M. Davis Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

849-110-042-235

PLACE OF BIRTH

County of T. F.

City of Kimberly

No. ..... St.

Hospital Home

Form V. S. No. 11-C—20m-2-15-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33923

Registration District No. 36 File No. .....

Primary Registration District No. 2083 Registered No. 10

FULL NAME OF CHILD Loyd Hurd

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Oct 10 1915

FATHER		MOTHER	
FULL NAME	Elmer Hurd	FULL MAIDEN NAME	Pearl Bledsoe
RESIDENCE	Kimberly, Idaho	RESIDENCE	Kimberly Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Utah	BIRTHPLACE	Odessa, Mo
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5:45 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Davis, M.D.

(Physician or midwife)

Address Kimberly Idaho

Given names added from a supplemental report

..... 19.....

Filed 10-20 19 15 J. M. Davis

..... Registrar

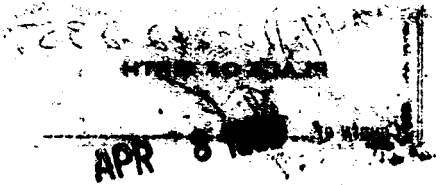
Registrar

2-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.


APR

493-220-029-314

Form V. S. No. 11-C—[illegible]-1-13

[illegible]CE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33924

[illegible] Catch

City of Gneiss

Registration District No. 62

File No.

No. St.

Primary Registration District No. 2142

Registered No. 33

Hospital

FULL NAME OF CHILD Evelyn Marie Miller

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		Yes	Oct 20 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Chris Miller	FULL MAIDEN NAME	Effie Lambert
RESIDENCE	Gneiss Idaho	RESIDENCE	Gneiss Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Wis	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 8 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Tuomy

Gneiss Idaho
(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed Oct. 30 1915 W. N. Chene
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

[redacted]

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
DEC 21 1964
Bureau of Vital Statistics

State of Idaho
County of Kootenai } ss.

Certificate No. 33924

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Miller (female child) who was born on Oct. 20, 1915
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Genesee, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Birth record in Genesee prepared on , are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Evelyn Marie Miller

Subscribed and sworn to before me this 8th day of
December, 1964

Notary Public, residing at Coeur d'Alene Idaho
My commission expires 8-20-67
(Seal)

Signed: Mrs. Cyrus Miller
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

408 Hayscraft, Coeur d'Alene, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of
, 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

CL 11-12-64. one copy pd. rec. #6508.

as requested in letter received March 29, 1965 full name of child is ~~g~~ being added as Evelyn Miller. -

APR 5 1965

certifieate of Marriage, State of Washington, married July 10, 1935 at Spokane Washington gives full name of groom as Clarence Emhiser and full maiden name of bride as Evelyn Miller = viewed by V.S

Own Child's Birth Cert. on file: (Idaho Birth) #250380 gives full maiden name of mother as Evelyn Miller - viewed by V.S.

258-111-029-419

PLACE OF BIRTH

County of Latah

City of Guesee

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 62 File No. 33925

Primary Registration District No. 2142 Registered No. 32

FULL NAME OF CHILD D. L. Snyder

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	Oct 11 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Noah Snyder	FULL MAIDEN NAME	Ellie Martin
RESIDENCE	Guesee	RESIDENCE	Guesee
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Tenn.	BIRTHPLACE	N.C.
OCCUPATION	Rancher	OCCUPATION	Housemfr

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 3 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Thorny

Guesee Idaho
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed Oct 20 1915 10 N. Ehem
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 18 1957

546-110-029433

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Genesee

No. ..... St.

Hospital .....

Registration District No. 62 File No. 33926

Primary Registration District No. 2142 Registered No. 31

FULL NAME OF CHILD Nathaniel Berry Edwards

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		46	Sept 10 1915

FATHER		MOTHER	
FULL NAME	James Edwards	FULL MAIDEN NAME	Addie Laide McCracken
RESIDENCE	Genesee	RESIDENCE	Genesee
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Iowa	BIRTHPLACE	Idaho
OCCUPATION	Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 3 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Tromy
Genesee Idaho
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed Oct. 20 1915 W. H. Ehlen
Registrar

S-Y CO. 24635

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

I 3 1942

893-105029-731

PLACE OF BIRTH

Form V. S. No. 11-C

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Genesee

Registration District No. 62 File No. 33927

No. ..... St.

Primary Registration District No. 242 Registered No. 30

Hospital

FULL NAME OF CHILD Ormond Hickman

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M	—	Yes	Oct. 5 1915

FATHER		MOTHER	
FULL NAME	W. R. Hickman	FULL MAIDEN NAME	Susan Platt
RESIDENCE	Genesee	RESIDENCE	Genesee
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	46	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	N. C.	BIRTHPLACE	Dak. Ter.
OCCUPATION	Livryman	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was a Liv (Born alive or stillborn) at 5 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Ehem

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed Oct. 6 1915 W. H. Ehem

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF
BUREAU OF VITAL

CERTIFICATE O

NOV 15 1956

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

25 [redacted] 028-815

BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of [redacted]enai

City of Coeur d'Alene

Registration District No. 29 File No. 33928

No. 837 3rd St.

Primary Registration District No. 1050 Registered No. 1

Hospital

FULL NAME OF CHILD George David Swenson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Oct. 27 1915

FATHER	MOTHER
FULL NAME: Louis T. Swenson	FULL MAIDEN NAME: Laura Hanson
RESIDENCE: Coeur d'Alene Ida.	RESIDENCE: Coeur d'Alene Ida.
COLOR: White AGE AT LAST BIRTHDAY: 36 (Years)	COLOR: White AGE AT LAST BIRTHDAY: 33 (Years)
BIRTHPLACE: Wis.	BIRTHPLACE: Wis.
OCCUPATION: Public works contractor	OCCUPATION: House wife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alexander Cairns M.D.

(Physician or midwife)

Given names added from a supplemental report

Oct 30 1915 Address 611 Garden ave Coeur d'Alene Ida

Max A. Dorland Registrar Filed Oct 30 1915 Max A. Dorland Registrar

S-Y CO. 20174

[redacted]

MAR 5 1951

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

552-225-1028-314

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Kootenai

City of

No. St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33929

Registration District No. 29 File No. 3

Primary Registration District No. 1050 Registered No. 51

FULL NAME OF CHILD JESSIE BYRNES NESS

Sex of Child F-Male	~~Twin~~ ~~Triplet~~ or other? 1 and Number in order of birth 1 (To be answered only in event of plural births)	Legitimate? yes	Date of Birth Oct. (Month) 25 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	William J. Ness,	FULL MAIDEN NAME	Charlotte Campbell
RESIDENCE	Post-Falls	RESIDENCE	Post-Falls
COLOR	W. AGE AT LAST BIRTHDAY 30 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE	Scotland	BIRTHPLACE	Scotland
OCCUPATION	Lumberman	OCCUPATION	House-wife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3:10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. F. Campbell M.D.

(Physician or midwife)

Given names added from a supplemental report

Oct. 30 1915

Max A. Dorland
Registrar

Address

Filed Oct 30 1915 Max A. Dorland
Registrar

S-Y CO. 20174

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF CLAIM

MAR

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 33929

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)

for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)

in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed	Jessie Byrnes Ness

Subscribed and sworn to before me this 11 day of March, 1942

W. T. Chapin
Notary Public, residing at Post Falls Idaho

My commission expires 4-1-42
(Seal)

Signed William Ness
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.) Father

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

.....
(Street Address, City, State)

FEB - 9 19

465 205 102843 3

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Kootenai

City of _____

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 29 File No. #33930

Primary Registration District No. 1050 Registered No. 50

FULL NAME OF CHILD Aubrey Rosa Moeller

Sex of Child F-Male | Twin, triplet, or other? / | and Number in order of birth / (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Oct. (Month) 5 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Walter H. Moeller.	FULL MAIDEN NAME	Mabel E. McClure
RESIDENCE	Post-Falls, Ida.	RESIDENCE	Post-Falls, Ida.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Council Bluffs, Ia.	BIRTHPLACE	Palouse, Wash.
OCCUPATION	Electrician	OCCUPATION	House-wife

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. F. Campbell M.D.

(Physician or midwife)

Address _____

Given names added from a supplemental report Oct 30 1915

Mar A. Dorland
Registrar

Filed Oct 30 1915 Mar A. Dorland
Registrar

S-Y CO. 20174

MAR 25 1968

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

556 104 028-4 43

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33931

County of Kootenai

City of Coeur D'alene

Registration District No. 29 File No. 3

No. ..... St.

Primary Registration District No. 1050 Registered No. 49

Hospital .....

FULL NAME OF CHILD William Russell Newell.

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
boy	1		yes	Oct. 4 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Charles Alfred Newell	FULL MAIDEN NAME	Ida Belle Ducker
RESIDENCE	Blue Creek	RESIDENCE	Blue Creek
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	41 (Years)
BIRTHPLACE	Correctionville Iowa	BIRTHPLACE	St Johns Ohio
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at ..... M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Tillie Wood

Midwife

(Physician or midwife)

Given names added from a supplemental report.

Oct 30 1915

Max A. Doreand
Registrar

Address 1053 A St & Paul C.D.A.

Filed Oct 30 1915 Max A. Doreand
Registrar

S-Y CO. 24655

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

DEC 15 1958

236-204-028-959

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

38932

County of Kootenai

City of Coeur d'Alene

No. 7th and Sherman St.

Hospital Busby

Registration District No. 29 File No. 3

Primary Registration District No. 1050 Registered No. 48

FULL NAME OF CHILD Victoria Cassels Scot

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes.	Oct. (Month) 4 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	William Witherspoon Scot	FULL MAIDEN NAME	Helen Henderson Reid
RESIDENCE	#1101 Sherman Ave.	RESIDENCE	#1101 Sherman Ave
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Glasgow Scotland	BIRTHPLACE	Glasgow Scotland
OCCUPATION	Optometrist	OCCUPATION	House wife

Number of child of this mother, including present birth 5th

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alexander Cairns M. D.

(Physician or midwife)

Given names added from a supplemental report

Oct 31 1915

Max A. Dorland
Registrar

Address #611 Garden Ave. Coeur d'Alene Idaho

Filed Oct 31 1915 Max A. Dorland
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDA
BUREAU OF VITAL S
CERTIFICATE OF

OCT 10 1969

419-218-028-843

[redacted]

V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Kootenai

City of Rockford Bay

No. ..... St.

Hospital .....

CERTIFICATE OF BIRTH

33933

Registration District No. 29 File No. 3

Primary Registration District No. 1050 Registered No. 47

FULL NAME OF CHILD Shirley Marshall

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth June 18, 1915 (Month) (Day) (Year)
Female		Yes	June 18, 1915

FATHER		MOTHER	
FULL NAME	Clarence Batten Marshall	FULL MAIDEN NAME	Charlotte Hultman Eva Hultman
RESIDENCE	Rockford Bay	RESIDENCE	Rockford Bay
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Ill
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth ~~of this child~~, who was born alive at 2 P. M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. L. Riger

Physician

(Physician or midwife)

Given names added from a supplemental report.

Oct 30 1915

Address .....

Max A. Dorland Registrar

Filed Oct 30 1915 Max A. Dorland Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

3/11/41 L. B.

365-119-028-414

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33934

County of Kootenai

City of Coeur d'alene

Registration District No. 29 File No. 3

No. ..... St.

Primary Registration District No. 1050 Registered No. 46

Hospital .....

FULL NAME OF CHILD Milton Neal Coventry

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	July 19 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Neal S. Coventry	FULL MAIDEN NAME	Verna S. Daum
RESIDENCE	Coeur d'alene	RESIDENCE	Coeur d'alene
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Kan.	BIRTHPLACE	Neb
OCCUPATION	Surveyor	OCCUPATION	Housewife

Number of child of this mother, including present birth 2nd

Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2:30 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. L. Rieger
Physician
(Physician or midwife)

Given names added from a supplemental report.

Oct 30 1915

Max A. Dorland
Registrar

Address .....

Filed Oct 30 1915 Max A. Dorland
Registrar

S-Y CO. 24055

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

ted States
partment of Commerce
reau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
a) County Kootenai (b) City Coeur d'Alene
c) Street Address or R.F.D. No.
d) Name of Hospital or Maternity Home:
e) Mother's stay **BEFORE** delivery: IN **THIS** county ____ years ____ months ____ days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ____ yrs.

3. RESIDENCE OF FATHER (city, state)

FULL NAME OF CHILD Neil Milton Coventry

5. Date of Birth of Child (Month, day, year) Jan 4 1940

Sex Male

7. Twin or Triplet — If so—born ~~1st~~, 2nd, ~~3rd~~

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

FULL NAME Neil S. Coventry

Color or Race White

12. Age at time of THIS birth 31 yrs.

Birthplace Kans. (City or town) (State or foreign country)

Exact Occupation Surveyor

Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Verna Dacus

17. Color or Race White

18. Age at time of THIS birth 27 yrs.

19. Birthplace Wash. (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

Name prophylactic used to prevent Ophthalmia Neonatorum Nitrate of Silver

Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 2-30 a. M. on the date

and at the place stated above, and that personal particulars were furnished by Verna Dacus (First name) (Last name), who is related to this child as mother (Mother, etc.)

Attendant's **OWN** signature C. L. Reser M.D. ~~Midwife~~ Address Spokane Wn. Date 1/27/40

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

854-201-028-455

PLACE OF BIRTH

County of Kootenai

City of Cd Alene

No. _____ St.

Hospital _____

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33[illegible]5

Registration District No. 29 File No. 3

Primary Registration District No. 1050 Registered No. 45

FULL NAME OF CHILD _____

Sex of Child	~~Twin~~ ~~Triplet~~ or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F.	2nd	Yes	Oct. 1 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Bn Hedal	FULL MAIDEN NAME	Sadie Benning
RESIDENCE	Cd Alene Idaho	RESIDENCE	Cd Alene Idaho
COLOR	W. AGE AT LAST BIRTHDAY 27 (Years)	COLOR	W AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE	Spokane Wash.	BIRTHPLACE	Chicago.
OCCUPATION	Wiredstaker	OCCUPATION	H wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at 6.30 A.M. on the date above stated.

(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Max A Dorland.

(Physician or midwife)

Given names added from a supplemental report.

Oct 5. 1915

Max Dorland
Registrar

Address _____

Filed Oct 1 1915 Max A. Dorland
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
DEPARTMENT OF HEALTH

630-220-028-113

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Kootenai

City of Coeur d.

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 33937

Registration District No. 29 File No. 4

Primary Registration District No. 1060 Registered No. 2

FULL NAME OF CHILD Viola O'Toole

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Oct 20 1915

FATHER

FULL NAME James O'Toole.

RESIDENCE Coeur d'Alene.

COLOR White AGE AT LAST BIRTHDAY 43 (Years)

BIRTHPLACE Ohio

OCCUPATION Laborer,

MOTHER

FULL MAIDEN NAME Mary Jacques.

RESIDENCE Coeur d'Alene

COLOR W. AGE AT LAST BIRTHDAY 36 (Years)

BIRTHPLACE Iowa.

OCCUPATION Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3:45 a. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John. T. Wood

(Physician or midwife)

Given names added from a supplemental report.

Oct 30 1915

Max A. Dorland Registrar

Address .....

Filed Oct 30 1915 Max A. Dorland Registrar

S-Y CO. 24688

FEB 11 1942

553-126 [redacted] 436

PLACE [redacted]

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33939
33839

County of Lewis

City of Bovill

Registration District No. 66 File No. 16

No. ..... St.

Primary Registration District No. 2146 Registered No. .....

Hospital .....

FULL NAME OF CHILD William Peter Nelson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	9 - 26 - 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	William Cosson Nelson	FULL MAIDEN NAME	Olive L. McFarland Nelson
RESIDENCE	Bovill Idaho	RESIDENCE	Bovill Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Iroquois Wisconsin	BIRTHPLACE	Columbus, Nebr.
OCCUPATION	Banker	OCCUPATION	wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. C. Gibson

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 10/23/15 19 J. L. Shumpers
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

551-121-029-645

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33940

County of Latah

City of Moscow

No. ..... St.

Hospital .....

Registration District No. 61

File No. .....

Primary Registration District No. 1011

Registered No. 137

FULL NAME OF CHILD Geo. Finch Evans

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	Oct 21 1915

FATHER		MOTHER	
FULL NAME	Geo. F. Evans	FULL MAIDEN NAME	Grace Finch
RESIDENCE	Troy	RESIDENCE	Troy
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Wash.	BIRTHPLACE	Wash
OCCUPATION	Farmer	OCCUPATION	H W.

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 12 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Joseph Aspray M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Moscow

Filed Oct 30 1915 D F Rae

Registrar

Registrar

S-Y CO. 20174

414

STATE OF IL
BUREAU OF VITAL

CERTIFICATE OF

SEP 19 1972

366-226-029-859

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33941

Registration District No. 61 File No. .....

Primary Registration District No. 1011 Registered No. 136

FULL NAME OF CHILD Margaret Janette

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes	Oct 26 1915

FATHER		MOTHER	
FULL NAME	C. E. Towne	FULL MAIDEN NAME	Rena May Heick
RESIDENCE	Near Moscow	RESIDENCE	Moscow
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Ida	BIRTHPLACE	Ida
OCCUPATION	Farmer	OCCUPATION	H M

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7 30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Joseph Aspray M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Moscow

Filed Oct 30 1915 D F Rae

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 2 1967

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

443226-029-632

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33942

County of Latah

City of Moscow

No. ..... St.

Hospital .....

Registration District No. 61 File No. .....

Primary Registration District No. 1011 Registered No. 135

FULL NAME OF CHILD Elzora Mignon Miller

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes	Oct 26 1915

FATHER		MOTHER	
FULL NAME	Clarence T. Miller	FULL MAIDEN NAME	Ellanora M Olson
RESIDENCE	Moscow	RESIDENCE	Moscow
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Minn,	BIRTHPLACE	Ida
OCCUPATION	Clerk	OCCUPATION	H, W,

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Joseph Aspray M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Moscow Idaho

Filed Oct 31 1915 D F Rae

Registrar

Registrar

S-Y CO. 20174

JUN 26 1945

494-215-029-365

PLACE OF BIRTH

Form V. S. No. 11-C—20m-3-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lath

City of Moscow

No. ..... St.

Hospital Aspray

Registration District No. 61

File No. 33943

Primary Registration District No. 1011

Registered No. 134

FULL NAME OF CHILD Margaret Aira

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		Yes	Oct (Month) 15 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	John G. Drury	FULL MAIDEN NAME	Eunice Long
RESIDENCE	Deary Idaho	RESIDENCE	Deary Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Kendrie Idaho	BIRTHPLACE	Lusburg - Indiana
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 4 45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Joseph Aspray M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Moscow Idaho

Filed Oct 20 1915 D F Rae

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STAT

CERTIFICATE OF BIRTH

FEB 11 1975

345-221-029-418

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Lolok

City of Moscow

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 61 File No. 33944

Primary Registration District No. 1011 Registered No. 133

FULL NAME OF CHILD Valborg Bernice Luvaas

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Oct 21 1915

FATHER		MOTHER	
FULL NAME	Bert Luvaas	FULL MAIDEN NAME	Martha Dahl
RESIDENCE	Moscow Idaho	RESIDENCE	Moscow Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	42
BIRTHPLACE	Norway	BIRTHPLACE	Norway
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 13 Number of children of this mother now living, including present birth 12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8:20 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Curtis, M.D.
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address Moscow Idaho

Filed Oct 30 1915 D F Rae
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 23 1947

613-113-029-955

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Latah

City of Moscow

No. Van Buren St.

Registration District No. 61

File No. 33945

Primary Registration District No. 1011

Registered No. 132

Hospital

FULL NAME OF CHILD Charles Edgar Walks Jr.

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth
Male	—		—	Yes	Oct 13th, 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Charles Edgar Walks	FULL MAIDEN NAME	Marie E. Rees
RESIDENCE	Moscow, Idaho	RESIDENCE	Moscow, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	N. Dak.	BIRTHPLACE	Missouri
OCCUPATION	Auctioneer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10.40 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Wirth

M. D.

(Physician or Midwife)

Given names added from a supplemental report

Address Moscow Idaho

..... 19.....

Filed Oct 15 1915 D F Rae

Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

OCT 14 1944

915-214-029-542

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33946

County of Latah

City of Moscow

No. 226 N. Washington St.

Hospital

Registration District No. 61 File No.

Primary Registration District No. 1011 Registered No. 131

FULL NAME OF CHILD Vera Geneva Randall

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Oct. 14 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Jessie H. Randall	FULL MAIDEN NAME	Clara A. Eustler
RESIDENCE	Moscow, Idaho	RESIDENCE	Moscow, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	California
OCCUPATION	Mechanic	OCCUPATION	Housewife

Number of child of this mother, including present birth eight Number of children of this mother now living, including present birth seven

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3:15 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. L. Gritman
C

(Physician or midwife)

Given names added from a supplemental report.

19

Address Moscow, Idaho.

Filed Oct 20 1915 D F Rae

Registrar Registrar

S-Y CO. 24659

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued Jan. 14, 1941. E.W.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

243-131-029-413

PLACE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 61 File No. 33947

Primary Registration District No. 1011 Registered No. 138

FULL NAME OF CHILD Walter Matthey Butler

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	Oct. 31 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Clark D. Butler	FULL MAIDEN NAME	Catherine Mattley
RESIDENCE	Near Moscow	RESIDENCE	Near Moscow
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Mo,	BIRTHPLACE	Mo,
OCCUPATION	Farmer	OCCUPATION	H. W,

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 12 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Joseph Aspray M. D.
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Moscow Idaho

Filed Nov 1 1915 D. F. Rae
Registrar

S-Y CO. 20174

JUL 2 2 1942

639-131-029266

PLACE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital Inland

Form V. S. No. 11-C—20m-3-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33948

Registration District No. 61 File No. .....

Primary Registration District No. 1011 Registered No. 14

FULL NAME OF CHILD Curtis Elmer Flint

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	10 31 1915

FATHER		MOTHER	
FULL NAME	Arthur John Flint	FULL MAIDEN NAME	Rose Boohr
RESIDENCE	Moscow, Id.	RESIDENCE	Moscow Id.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Neb.	BIRTHPLACE	Kansas.
OCCUPATION	Butcher.	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 20 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Carithers M. D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Moscow, Id.

Filed Oct 15 19 15

S. F. Rae
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

c

9/21/40

984-2151029154

Form V. S. No. 11-C—[illegible]-12

PLACE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 61 File No. 33949

Primary Registration District No. 1011 Registered No. 141

FULL NAME OF CHILD Bernice Rydholm

Sex of Child Female	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	Date of Birth Oct. 15 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	A. V. Rydholm	FULL MAIDEN NAME	Hulda Anderson
RESIDENCE	Moscow	RESIDENCE	Moscow
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	52 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Sweeden	BIRTHPLACE	Sweeden
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~), at 2 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Clarke

(Physician or ~~midwife~~)

Given names added from a supplemental report

..... 19.....

Address Moscow

Filed Oct 20 1915 D F Rae

Registrar Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

691-218-029-699

Form V. S. No. 11-C—[illegible]

PLACE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 61 File No. 3950

Primary Registration District No. 1011 Registered No. 140

FULL NAME OF CHILD Frankie Frazier

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		yes	Oct 18 1915

FATHER		MOTHER	
FULL NAME	M. M. Frazier	FULL MAIDEN NAME	Myrtle E. Orr
RESIDENCE	Moscow	RESIDENCE	Moscow
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Iowa
OCCUPATION	Laborer	OCCUPATION	House wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 7-30-P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Clarke
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Moscow

Filed Oct 20 1915 S F Rae
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MAY 15 1968

DECEASED

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

231-204-029-391

Form V. S. No. 11-C—20m-8-15-22

PLACE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 61 File No. 33951

Primary Registration District No. 1011 Registered No. [illegible]39

FULL NAME OF CHILD Flossie Marie Blacker

Sex of Child Female	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	Date of Birth Oct. (Month) 4 (Day) 191[illegible] (Year)

FATHER		MOTHER	
FULL NAME	W. M. Blacker	FULL MAIDEN NAME	Lennie L. Craig
RESIDENCE	Moscow	RESIDENCE	Moscow
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Ill	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 4 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Clarke
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address Moscow

Filed Oct 10 1915 D. F. Rae
Registrar

S-Y CO. 20174

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

FEB 13 19

SEP 7 1949

445-111-023-[redacted]

PLACE OF BIRT[redacted]

Form V. S. No. 11—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gem

City of Pearl County

No. ..... St.

Hospital .....

Registration District No. 6

File No. 33952

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	—		—	yes	9 (Month) 11 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	M. P. Munand	FULL MAIDEN NAME	Anna E Vonhurston
RESIDENCE	Pearl	RESIDENCE	Pearl
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Ida.	BIRTHPLACE	Ida
OCCUPATION	Miner	OCCUPATION	H W

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 4-45 A.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. O. Clark M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Emmett

Filed 11/4 1915

J. L. Reynolds
Registrar

Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 15-297882

249-217-023-213

PLACE OF BIRTH

Form V. S. No. 11—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33953

County of Gem

City of Emmett County

No. ..... St.

Hospital .....

Registration District No. 4 File No. .....

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Mildred Fern Smith

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
girl	—	—	yes	9 - 17 - 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Fred T. Smith	FULL MAIDEN NAME	Myrtle Salling
RESIDENCE	Emmett	RESIDENCE	Emmett
COLOR	white	COLOR	W
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Neb
OCCUPATION	Rancher	OCCUPATION	Hw

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 6 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. O. C. Cook M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 11-14-1919 J. L. Reynolds Registrar

S-Y CO. 24656

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 1 6 1966

DECEASED

9-15-66

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
VITAL STATISTICS
AUG 15 4 28 PM '72

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 33593

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Smith (Name on Original Certificate) who was born (Was Born or Died) on Sept. 17, 1915 (Date of Event) in Emmett (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
childs name	Unnamed	Mildred Fern Smith

Subscribed and sworn to before me this 15th day of August, 1972

Florence Cartright

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed: Jess J. Phillips

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

.....

(Street Address, City, State)

FORM DH 60-155 Corresp - Gen. fc

Childs birth certificate gives name of mother as Mildred Fern Smith. Child born Dec. 29, 1936 at Emmett, Idaho Certificate# 250300.
Viewed by V. S.

AUG 15 1972

SEP 6 1972

Daily devotional book issued by family gives name as Mildred Fern Smith born 1915. Entered in book in 1925.
Viewed by V.S.

157-2191023-469

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gem

City of Montour County

No. ..... St.

Registration District No. 4 File No. 33954

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Virginia Mae Angeroth

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	yes	9 (Month) 19 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Cecil P. Angeroth	FULL MAIDEN NAME	Clara E. Morrison
RESIDENCE	Montour	RESIDENCE	Montour
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Kans	BIRTHPLACE	2 da
OCCUPATION	Ditch walker	OCCUPATION	Hw

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 2.20 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. O. Clark M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 11/4 1915 J. L. Reynolds Registrar

Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

845-123-00-433

Form V. S. No. 11—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Ada

City of Emmett *County*

No. ..... *St.*

Hospital .....

Registration District No. 4 **File No.** 33955

Primary Registration District No. ..... **Registered No.** .....

FULL NAME OF CHILD Newel Austin Hunter

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	9 23, 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	S. Walter Hunter	Mary J McCoy
RESIDENCE	Emmett	Payne
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	30	19
BIRTHPLACE	Oreg.	Ida.
OCCUPATION	Rancher	Hse

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 11 P. M. (Born alive or stillborn) on the date above stated.

(Signature) B. O. Clark M.D.

(Physician or midwife)

Address Emmett

Filed 11/4 1915 J. A. Reynolds Registrar

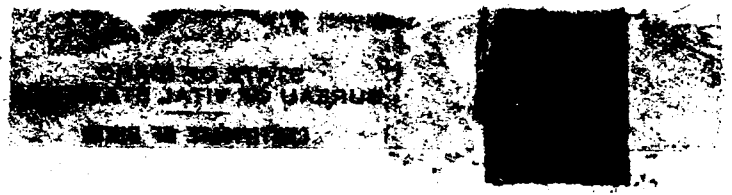
*"When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y CO. 24636



[redacted]

1915
dup 00 ~~1917~~-51938

231-205-023-493

Form V. S. No. 11—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gem

City of Emmett

Registration District No. 6

File No. 33956

No. ..... St.

Primary Registration District No. .....

Registered No. .....

Hospital .....

FULL NAME OF CHILD Dorothy Edith Blaisdell

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	yes	Oct (Month) 5 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Lawrence A Blaisdell	FULL MAIDEN NAME	Lois E. Miles
RESIDENCE	Emmett	RESIDENCE	same
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Minn	BIRTHPLACE	Minn
OCCUPATION	Barber	OCCUPATION	Hse

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 2 40 a. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. O. Clark

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 11/4 1915

J. L. Reynolds
Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 18 1944

613-212-023-292

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gem

City of Emmett County

No. ..... St.

Hospital .....

Registration District No. 4 File No. 33957

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Lola Ermal Walters

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	10 - 12 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ellis Connor Walters	FULL MAIDEN NAME	Martha Rachel Eisler
RESIDENCE	Emmett Ida	RESIDENCE	Emmett
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Arkansas	BIRTHPLACE	Nebraska
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 11-25 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Reynolds
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Emmett Ida

Filed 10-14 1915 J. L. Reynolds Registrar

..... Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Nov. 6, 1940 L.B.

533-122-073-266

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gem

City of Emmett
Cong

No. ____ St.

Hospital ____

Registration District No. 6 File No. 33958

Primary Registration District No. ____ Registered No. ____

FULL NAME OF CHILD Harold Charles Ellsworth

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	10 22 1913

FATHER

FULL NAME Charles W. Ellsworth

RESIDENCE Emmett Ida

COLOR W AGE AT LAST BIRTHDAY 38 (Years)

BIRTHPLACE Ohio

OCCUPATION Ranches

MOTHER

FULL MAIDEN NAME Minnie Bowes

RESIDENCE Emmett

COLOR W AGE AT LAST BIRTHDAY 26 (Years)

BIRTHPLACE Nebraska

OCCUPATION housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6 30 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Reynolds

Emmett (Physician or midwife)

Address ____

Given names added from a supplemental report.

____ 19____

____ Registrar

Filed 10 25 1913 J. L. Reynolds Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 27 1945

515-103-023-415

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gem

City of Emmett County Registration District No. 6 File No. 33959

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Ralph Raymond Vanderdasson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	10/3 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ralph William Vanderdasson	FULL MAIDEN NAME	Elizabeth Margaret Davis
RESIDENCE	Prairie Ida	RESIDENCE	Prairie Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 9-15 AM on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Reynolds

Emmett (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

..... Registrar

Filed 10/5 1915 J. L. Reynolds Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 3 0 1957

892.106-023-362

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Gem

City of Emmett County

Registration District No. 6

File No. 133960

No. ....., ... St.

Primary Registration District No. .....

Registered No. .....

Hospital .....

FULL NAME OF CHILD John Coburn Hibbard

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	10/6/1915

FATHER		MOTHER	
FULL NAME	Hiram Hibbard	FULL MAIDEN NAME	Emma Elena Coburn
RESIDENCE	Emmett Ida	RESIDENCE	Emmett Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 10 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Reynolds

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Emmett

Filed 10/8 1915 J. L. Reynolds Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

863-205-223-293

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gem

City of Emmett City Registration District No. 6 File No. 33961

No. 6

Primary Registration District No. Registered No.

Hospital

FULL NAME OF CHILD Harriett Holverson

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				yes	10/5/1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Elmer Louie Holverson	Fay Bilderback
RESIDENCE	Emmett	Emmett
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	38	30
BIRTHPLACE	Wise.	Idaho
OCCUPATION	Cigar Merchant	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 12 30 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. J. Reynolds

(Physician or midwife)

Address Emmett

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed 10/6/1915

J. J. Reynolds
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

764-225-028-294

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

[redacted]E OF IDAHO
[redacted] VITAL STATISTICS
[redacted]FICATE OF BIRTH

County of Kootenai

City of Harrison

Registration District No. 126 File No. 33962

No. ..... St.

Primary Registration District No. 2204 Registered No. 73

Hospital .....

FULL NAME OF CHILD Elizabeth Lenor Goodwin

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of Birth
Girl	5" (To be answered only in event of plural births)	Yes	Oct (Month) 25 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Edward E. Goodwin	FULL MAIDEN NAME	Lizzie Sims
RESIDENCE	Harrison Idaho.	RESIDENCE	Harrison Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Norrie Wisc.	BIRTHPLACE	Stevens Point Wisc.
OCCUPATION	Supt saw mill	OCCUPATION	House wife

Number of child of this mother, including present birth five

Number of children of this mother now living, including present birth five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive 4.40 pm Oct 25 15 at 4.40 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F W Didier MD

Harrison Idaho
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed Nov 6 1915 R. S. Jones
Registrar

R-Y CO. 20174

[redacted]

MAR 24 1948

669-225-028-395

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Rose Lake

Registration District No. 126

File No. 33[illegible]63

No. ..... St.

Primary Registration District No. 2204

Registered No. 72

Hospital Residence

FULL NAME OF CHILD Iris Genevieve Worthy

Not named

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	S	5th	yes	Oct 25 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Lee A Worthy	FULL MAIDEN NAME	Myrtle Lindley
RESIDENCE	Rose Lake Ida	RESIDENCE	Rose Lake
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Wis	BIRTHPLACE	St John Wash
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth Fifth

Number of children of this mother now living, including present birth Five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7 PM on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. E. Worthington

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Rose Lake Ida

Filed Nov 6 1915 R. S. Jensen Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 26 1941

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

793-228-028-845

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Harrison

No. ..... St.

Hospital .....

Registration District No. 126 File No. 33964

Primary Registration District No. 2204 Registered No. 71

FULL NAME OF CHILD Viola Pickette

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	2	2	Yes	Oct 28 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Amos Pickette	FULL MAIDEN NAME	Margaret Hunter
RESIDENCE	Harrison Ida	RESIDENCE	Harrison Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Orig	BIRTHPLACE	Mich
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Oct 28 1915 at 6:30 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Kinney M.D.

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Harrison Ida

Filed Nov 6 1915 R. S. Jensen
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 22 1965

JUN 14 1944

951-223-028-864

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Harrison

No. ..... St.

Hospital .....

Registration District No. 126 File No. 33965

Primary Registration District No. 2204 Registered No. 70

FULL NAME OF CHILD Gwendolyn Reader

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	—	7	Yes	Oct 23 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John Reader	FULL MAIDEN NAME	Kate DeYoung
RESIDENCE	Harrison Ida	RESIDENCE	Harrison Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Hartford Wis	BIRTHPLACE	Holland
OCCUPATION	Saloon	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Oct 23-15 at 6:30 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Harrison Ida

Filed Nov 6 1915 R. S. Jensen
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued Dec. 21, 1940. E.W.

213-108-028-234

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Harrison

No. _____ St.

Hospital _____

Registration District No. 124 File No. 33966

Primary Registration District No. 2204 Registered No. 69

FULL NAME OF CHILD _____

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	—	7	Yes	Oct 8 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Louis Sala	FULL MAIDEN NAME	Margaret Scuketti
RESIDENCE	Harrison Ida.	RESIDENCE	Harrison Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Italy	BIRTHPLACE	Italy
OCCUPATION	Rancker	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Oct 8th 1915 at 4 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Finney

Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Harrison Ida

Filed [illegible]

S-Y CO. 24655

818-217020-265

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

BUREAU [redacted] STATISTICS

CERTIFICATE OF BIRTH

County of Elmore

City of Glenns Ferry Registration District No. 35 File No. 33967

No. ..... St.

Primary Registration District No. 2621 Registered No. .....

Hospital .....

FULL NAME OF CHILD Margaret Hays.

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	Single (To be answered only in event of plural births)	1	yes	Oct. 17th 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Russell Hays	Anna [redacted] Swendsons
RESIDENCE	Glenns Ferry Idaho.	Glenns Ferry Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	23	23
BIRTHPLACE	America	America
OCCUPATION	Auto Salesman	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Oct. 17th 1915 at 11:35 P M (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Dorr M. D.

Physician (Physician or midwife)

Address Glenns Ferry Idaho

Given names added from a supplemental report.

..... 19.....

Filed Oct. 19th 1915 J. W. Dorr M. D.

..... Registrar

S-Y CO. 24699 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 9 1959

814204 020389

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

CERTIFICATE OF BIRTH

33968

County of Elmore

City of Glenn's Ferry

No. ____ St.

Registration District No. 35

File No. ____

Primary Registration District No. 2021

Registered No. ____

Hospital ____

FULL NAME OF CHILD Kola Yamaoka

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	Single (To be answered only in event of plural births)	2	yes	October 4th 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Hany Yamaoka	Toki Shimizu
RESIDENCE	Glenn's Ferry Idaho	Glenn's Ferry Idaho
COLOR	Yellow	Yellow
AGE AT LAST BIRTHDAY	29 (Years)	25 (Years)
BIRTHPLACE	Japan	Glenn's Japan
OCCUPATION	Retirement Keeper	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Oct. 4th 1915 at 8 a. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Davis M. D.
Physician
(Physician or midwife)

Address Glenn's Ferry Idaho

Given names added from a supplemental report. ____ 19____

Filed Oct. 12 1915

J. W. Davis
Registrar

____
Registrar

S-Y CO. 24655

(over)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

2 copies
1st copy issued 1/13/41 L. B.

First certified copy issued 10-4-37 PBA (5364)

JUN 18 1955

393.209.020-236

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33969

County of Elmore

City of Glenn's Ferry. Registration District No. 35 File No.

No. St. Primary Registration District No. 2021 Registered No.

Hospital

FULL NAME OF CHILD Ruth Marie Lichty

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	Single (To be answered only in event of plural births)		3	yes	Oct. 9th 1915

FATHER		MOTHER	
FULL NAME	Harry J. Lichty	FULL MAIDEN NAME	Mabel Clive Scott
RESIDENCE	Glenn's Ferry Idaho	RESIDENCE	Glenn's Ferry Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	America	BIRTHPLACE	America
OCCUPATION	Locomotive Fireman	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Oct. 9th 1915 at 12:30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Davis M. D.

Physician
(Physician or midwife)

Address Glenn's Ferry Idaho.

Given names added from a supplemental report.

....., 19.....

Registrar

Filed Oct. 16th 1915 J. W. Davis M. D.
Registrar

E-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 3 1941

395-117-020-437

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33970

County of Elmore

City of Glenns Ferry

No. ..... St.

Hospital Home

Registration District No. 35

File No. .....

Primary Registration District No. 2021

Registered No. .....

FULL NAME OF CHILD Wm Elmer King Jr.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	One	2nd	Leg.	Aug 17 1915

FATHER

FULL NAME Wm Elmer King

RESIDENCE Glenns Ferry Ida

COLOR White AGE AT LAST BIRTHDAY 28 (Years)

BIRTHPLACE Baker City Or.

OCCUPATION R.R. Foreman

MOTHER

FULL MAIDEN NAME Isabel McGrath

RESIDENCE Glenns Ferry Ida

COLOR White AGE AT LAST BIRTHDAY 25 (Years)

BIRTHPLACE Chicago Ill

OCCUPATION Home Wife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) W. F. Mornsons

Physician

(Physician or midwife)

Address Glenns Ferry Ida

Filed Oct 21st 1918 J. W. Davis Registrar

8-Y CO. 24858

STATE OF IDAHO
MAR 1 1948
FEB 20 1948

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

33971

City of Glenns Ferry — Registration District No. 35 — File No.

No. ——— St. — Primary Registration District No. 2021 — Registered No.

Hospital nd

FULL NAME OF CHILD Richard Norton White

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth
M	one	First	Leg.	Oct (Month) 9 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Ira Elmer White	FULL MAIDEN NAME	Beulah Frances Whitside Norton
RESIDENCE	Glenns Ferry Ida	RESIDENCE	Glenns Ferry Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Hamilton Ill	BIRTHPLACE	Questa Ill.
OCCUPATION	Banker	OCCUPATION	House wife

Number of child of this mother, including present birth First — Number of children of this mother now living, including present birth First

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1.15 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Morrison M.D

(Physician or midwife)

Address Glenns Ferry Ida

Given names added from a supplemental report.

.....19.....

.....Registrar

Filed Oct. 31st, 1915 J. W. Davis Registrar

S-Y CO. 24695

K

AUG 2 [illegible] 19[illegible]

DECEASED

255-103-006-699

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF [redacted]
BUREAU OF VIT[redacted]CS

CERTIFICATE [redacted]

33972

County of Bingham

City of Aberdeen

No. ..... St.

Hospital .....

Registration District No. 116 File No. 3

Primary Registration District No. 2195 Registered No. 123

FULL NAME OF CHILD .....

Sex of Child Male	Twin Triplet or other? — and Number in order of birth — (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth Oct 3 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Edward Berker Baer	FULL MAIDEN NAME	Kathrina Friesen
RESIDENCE	Aberdeen Ida	RESIDENCE	Aberdeen Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Russia	BIRTHPLACE	Minnesota
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth First Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2 30 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) McMartinson MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Aberdeen Ida

Filed Oct 4 1915 McMartinson

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

76424-006359

PLACE OF BIRTH

County of Bingham

City of ~~Aberdeen~~

No. Yuma St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

33973

CERTIFICATE OF BIRTH

Registration District No. 116 File No. 3

Primary Registration District No. 2195 Registered No. 124

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	Yes	Oct 11 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Josiah Tough	FULL MAIDEN NAME	Annie Larsen
RESIDENCE	~~Ab~~ Yuma, Ida	RESIDENCE	Aberdeen Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth Seventh Number of children of this mother now living, including present birth Seven

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5 45 P M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) McMarkinson, MD

(Physician or midwife)

Given names added from a supplemental report.

19

Address Aberdeen - Ida -

Filed Oct 13 1915 McMarkinson

Registrar Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 6 1968

553113006435

Child's & father's names amended 8-29-90 MCM

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33974

County of Bingham

City of Sterling

No. ..... St.

Hospital .....

Registration District No. 116 File No. 3

Primary Registration District No. 2195 Registered No. 125

FULL NAME OF CHILD REX VERGUS NILSSON

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
male	—	—	Yes	Oct 13 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Oscar Edwin ~~[illegible]~~ NILSSON	FULL MAIDEN NAME	Jennie Elizabeth McNaughton
RESIDENCE	Sterling - Ida	RESIDENCE	Sterling Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth ninth Number of children of this mother now living, including present birth nine

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4 A. M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. MacKinnon M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Aberdeen Ida

Filed Oct 13 1915 M. C. MacKinnon

Registrar

Registrar

S-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

7-31-90

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
AUG 13 1990
VITAL STATISTICS UNIT

State of _____ } ss.
County of _____

Certificate No. 33974
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth for Baby Boy Nelson (Name on Original Certificate) who was born (Was Born, Died, etc.) on Oct 13, 1915 (Date of Event) in Sterling (Bingham) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Child's name	Baby Boy Nelson	Rex Vergus Nilsson
Father's name	Oscar Edwin Nelson	Oscar Edwin Nilsson

Subscribed and sworn to before me this 9 day of August, 1990.

X Notary Public, Sheila Neumann
Residing at S.L.C. Utah.
My commission expires 3-15-92
(Seal)

NOTARY PUBLIC
SHEILA NEUMANN
SS.

X Rex V Nilsson
Signature of Applicant

X 1546 E 4095 So. SLC 84 Lt
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____

(Must be completed __)
(Is not necessary ✓)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19__.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

AUG 2 9 1990

LDS blessing certificate shows Rex Vergis Nilsson born Oct 13, 1915 in Sterling to O E Nilsson and Jane E McNaughton and blessed Jan 27, 1916 by O E Nilsson. Viewed by VS.

LDS baptism certificate shows Rex Vergus Nilsson born Oct 13, 1915 in Sterling to Oscar E Nilsson and Jennie E McNaughton and baptized July 26, 1924 by Richare A Ward. Viewed by VS.

ID birth certificate shows Roy Floyd Nilsson born June 19, 1913 in Sterling to Oscar Edwin Nilsson and Jane Elizabeth McNaughton, state file #14989. Viewed by VS.

193-215-1006-415

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

75

County of Bingham

City of Aberdeen

Registration District No. 116 File No.

No. St.

Primary Registration District No. 2193 Registered No. 196

Hospital

FULL NAME OF CHILD Frances Aicher

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—		—	Yes	Oct 15 1913

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Louis Cornelius Aicher	FULL MAIDEN NAME	Nellie Davies
RESIDENCE	Aberdeen Ida.	RESIDENCE	Aberdeen Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Colorado	BIRTHPLACE	Kansas
OCCUPATION	Professor	OCCUPATION	Housewife

Number of child of this mother, including present birth: Second

Number of children of this mother now living, including present birth: Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M E Martin M.D.

(Physician or midwife)

Address Aberdeen Ida.

Given names added from a supplemental report.

....., 19.....

Registrar

Filed Oct 18 1913 M E Martin

Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 2 1953

FEB 24 1953

993-125-006-993

PLACE OF BIRTH

County of Bingham

City of Sterling

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

CERTIFICATE OF BIRTH

33976

Registration District No. 116 File No. 5

Primary Registration District No. 2195 Registered No. 127

FULL NAME OF CHILD Glenn J Rice

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	1	Yes	Oct 25 1913

FATHER	MOTHER
FULL NAME Oscar S Rice	FULL MAIDEN NAME Nellie Elizabeth Rice
RESIDENCE Sterling - Idaho	RESIDENCE Sterling Idaho
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 29 (Years)	AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE Nevada	BIRTHPLACE Utah
OCCUPATION Farmer	OCCUPATION Housekeeper

Number of child of this mother, including present birth 1st

Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive on the date above stated. at 12 45 M

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Duncan Kennedy MD

(Physician or midwife)

Address Shelley Idaho

Filed Oct 25 1913 Duncan Kennedy

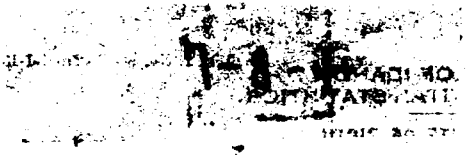
Registrar

S-Y CO. 24655

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



JAN 1 8 1960

666-226-021-389

PLACE OF BIRTH

County of Franklin

City of Preston

No. 4th ward St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V.S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

Registration District No. 27 File No. 33977

Primary Registration District No. 2119 Registered No. 280

FULL NAME OF CHILD

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.			yes	Oct. 26 1915

FATHER		MOTHER	
FULL NAME	William B. Fowler	FULL MAIDEN NAME	Rosa Christensen
RESIDENCE	Niter Idaho	RESIDENCE	Niter, Ida.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Th. Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1:50 P. M. on the date above stated.

(Signature) Curtis Bland

Physician (Physician or midwife)

Address Preston, Ida.

Filed 11/9 1915

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....

Registrar

S-Y-CO 38071

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

415-10716-21-363

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33978

County of Franklin

City of Preston

No. N. Main St.

Registration District No. 27 File No.

Primary Registration District No. 2119 Registered No. 279

Hospital

FULL NAME OF CHILD ~~Jack~~ Manning, Paul C.

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			yes	Oct. 7 1915

FATHER		MOTHER	
FULL NAME	Leroy D Manning	FULL MAIDEN NAME	Lewella Collett
RESIDENCE	Preston	RESIDENCE	Preston
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Plumber	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 a2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5:50 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Curtis Bland

Physician (Physician or midwife)

Address Preston, Idaho

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed 11/9 1915

.....
Registrar

S-Y-CO 38071

3/13/41 Z.J.

1954

JAN 26 1967

753 229.021.331 name added 5/9/80

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston, Idaho.

No. ..... St.

Hospital .....

Registration District No. 27 File No. 33979

Primary Registration District No. 2119 Registered No. 266

FULL NAME OF CHILD Wanda Peterson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Female			Yes	Oct. 29 1915 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME: Leo J. Peterson	FULL MAIDEN NAME: Chloe Clayton
RESIDENCE: Preston, Idaho.	RESIDENCE: Preston, Idaho.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 28 (Years)	AGE AT LAST BIRTHDAY: 27 (Years)
BIRTHPLACE: Montpelier, Idaho.	BIRTHPLACE: Preston, Idaho.
OCCUPATION: Laborer	OCCUPATION: Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G W Staten

Physician (Physician or midwife)

Address Preston, Idaho.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 11/9 1915 [illegible] Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 10 1972

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED

MAR 2 1 1980

Bureau of Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of IDAHO
County of FRANKLIN } ss.

Certificate No. 33979

Date Filed 3/19/80

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Peterson (Female) (Name on Original Certificate) who was born (Was Born or Died) on Oct. 29, 1915 (Date of Event)
in Preston, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Church Records (Bible Record, Insurance Policy, Etc.) prepared on Jan. 7, 1916 - Dec. 15, 1923 (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Wanda Peterson

Subscribed and sworn to before me this 19 day of March, 1980

Curtis D. George

Notary Public, residing at Teton, Ida.

My commission expires MY COMMISSION EXPIRES SEPT. 30, 1980

(Seal)

Signed Chloe Clayton Petersen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

6838 E. DIAMOND (Street Address, City, State) SCOTTSDALE AZ 85257

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires

(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155 CL ~~11/10/72~~

Rush!!

Certif of Blessing from the LDS Church gives nameas Wanda Peterson duahgter of Leo J. Petersona nd Lilian Chloe Clayton. born Oct 24, 1915 at Preston Idaho. Blessed Jan 2, 1916. viewed by V. S.

MAY 9 1950

Certif of Baptism from the LDS Church gives name as Wanda Peterson daughter of Leo J. Peterson and Lillian Chloe Clayton. born Oct 29, 1915 at Preston Idaho. Baptized Dec 15, 1923. viewed by V. S.

154-231-021-595

PLACE OF BIRTH
Amended 10-10-80

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston, Idaho.

No. ..... St.

Hospital .....

Registration District No. 27

File No. 38980

Primary Registration District No. 2119

Registered No. 268

FULL NAME OF CHILD INGRID NIELSEN ANDERSEN

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	Twin	First	Yes	Oct. (Month) 31 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Bernard Anderson	FULL MAIDEN NAME	Zina Nielson
RESIDENCE	Preston, Idaho.	RESIDENCE	Preston, Idaho.
COLOR	White	COLOR	White.
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Rauranders Denmark	BIRTHPLACE	Gemnniry Denmark
OCCUPATION	Laberer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1:30 a. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. States

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Preston, Idaho.

Filed 11/9 1915 [signature] Registrar

..... Registrar

S-Y-SO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

Dup of 1915 - DE63-510

not

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho
County of _____ } ss.

Certificate No. 33980
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Anderson (1st twin) who was born on Oct. 31, 1915
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)

in Preston, Idaho are erroneous or were omitted:
(Place of Event)

ITEMS TO BE CORRECTED	FROM	TO
child's name	omitted	Ingrid Nielsen Andersen
sex of child	male	Female

Subscribed and sworn to before me this 10th day of October, 1952.

Notary Public, Florence Cartright

Residing at Boise

My commission expires Lifetime

(Seal)

Ingrid A Jorgenson
Signature of Applicant

Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

Supporting Signature

Street Address, City, State

Certificate of Baptism and Donvirmation gives name as Ingrid Nielsen Andersen daughter of Bernard Adolph Andersen and Melsina Nielsen born October 31, 1915. Baptized Nove. 4, 1923
Viewed by V.S.

Own child's birth certificate on file with Idaho, # 368131, gives name of mother as Ingrid Nielsen Andersen. Child born Decem eber 24, 1942.
Viewed by V.S.

154131-021-595

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Franklin

City of Preston, Idaho.

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33981

Registration District No. 27 File No. .....

Primary Registration District No. 2119 Registered No. 267

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	✓ Twin	2 ✓	Yes	Oct, 31, 5

FATHER		MOTHER	
FULL NAME	Bernard Anderson	FULL MAIDEN NAME	Zina Nielson
RESIDENCE	Preston, Idaho.	RESIDENCE	Preston, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Rauranders, Denmark.	BIRTHPLACE	Gemmniry, Denmark.
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1:30 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G W Yates

Physician (Physician or midwife)

Address Preston, Idaho.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 11/9 1915

Registrar

S-Y CO. 24655

Dep of 1915 353496

695-104-02-497

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33982

County of Franklin

City of Fairview, Idaho.

No. ..... St.

Registration District No. 27 File No. .....

Primary Registration District No. 2119 Registered No. 269

Hospital .....

FULL NAME OF CHILD Aneil Winger

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male			Yes	Oct. 4 1915 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME Perry ~~Seth~~ M. Winger	FULL MAIDEN NAME Chloe A Dixon
RESIDENCE Fairview, Idaho.	RESIDENCE Fairview, Idaho.
COLOR White	AGE AT LAST BIRTHDAY 37 (Years)
BIRTHPLACE Missori	COLOR White
OCCUPATION Farmer	AGE AT LAST BIRTHDAY 31 (Years)
	BIRTHPLACE Clifton, Idaho.
	OCCUPATION Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G W Slate

Physician
(Physician or midwife)

Address Preston, Idaho.

Given names added from a supplemental report.

..... 19....

..... Registrar

Filed 11/9 1915 Grace Coulter
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

14-61-9

RECEIVED

ed States
irtment of Commerce
au of the Census

JUN 2 1941

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

PLACE OF BIRTH:
a) County Franklin (b) City Preston
c) Street Address or R.F.D. No. 208 So 4th West
d) Name of Hospital or Maternity Home:
At Home
e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county years months days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Franklin
(c) City Preston
(d) Street Address or R.F.D. No. 208 So 4th West
(e) How long has **MOTHER** lived in Idaho? 5-6 yrs.
(f) Mother's mailing address (For registration notice):
208 So 4th West (Street or R. F. D.) Preston Ida (Postoffice)
3. **RESIDENCE OF FATHER** (city, state)

FULL NAME OF CHILD Ancil Winger
5. Date of Birth (Month, day, year) Oct 4- 1915
Sex Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate?

FATHER OF CHILD

FULL NAME Perry Manford Winger
Color or Race White
12. Age at time of THIS birth 31 yrs.
Birthplace Richard Mo. (City or Town) (State or foreign country)
Exact Occupation
Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Chloe A Dixon Winger
17. Color or Race White
18. Age at time of THIS birth 31 yrs
19. Birthplace Clifton Idaho (City or Town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

Name prophylactic used to prevent Ophthalmia Neonatorum
Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living .....
(c) Born alive and now dead (d) Stillborn

HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the dat
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... , who i
(First name) (Last name)
related to this child as .....
(Mother, etc.)

(a) ..... (b) G. W. Slates
(Date received) (Registrar's signature)

25. Attendant's **OWN signature** G. W. Slates M.D
(D.O., Midwife, etc.)

Given name added on ..... by .....
(Registrar's Signature)

and address ..... Date .....

REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occu hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of th tending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particular quired by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the da birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, n householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or privat stitutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth h occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signatu make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval th days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacte

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filed out as per blanks for that pose.

SEC. 38-223. * * * * * , any physician or midwife in attendance upon a case of confinement, or any other p charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to **proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a** lemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

a) Pregnancy: Complications of.....

.....

.....

b) Labor: Complications: .....

.....

..... Induced?.....

.....

c) Was there an operation for delivery?.....

State all operations:.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before deli

.....

(4) Signature of Physician:

.....

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

419-107-021-355

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston, Idaho.

No. _____ St.

Hospital _____

Registration District No. 27 File No. 33983

Primary Registration District No. 2119 Registered No. 270

FULL NAME OF CHILD Marion Jacob March

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Oct. (Month) 7 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Claud D. March	FULL MAIDEN NAME	Mary Levy
RESIDENCE	Preston, Idaho.	RESIDENCE	Preston, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Tensway, Washington.
OCCUPATION	Painter	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8:15 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. States

Physician
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Preston, Idaho.

Filed 11/9 1915 [signature] Registrar

_____ Registrar

S-Y CO. 24655

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

NOV 30 1978

336-209-021-255

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33984

County of Franklin

City of Dayton, Idaho.

No. ..... St.

Hospital .....

Registration District No. 27 File No. .....

Primary Registration District No. 2119 Registered No. 271

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Oct. (Month) 8 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Lewis Lloid	FULL MAIDEN NAME	Eliza ANN Kendol
RESIDENCE	Dayton, Idaho.	RESIDENCE	Dayton, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	53 (Years)	AGE AT LAST BIRTHDAY	41 (Years)
BIRTHPLACE	Lawkshire, England.	BIRTHPLACE	O xford, Idaho.
OCCUPATION		OCCUPATION	

Number of child of this mother, including present birth 13 Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5:35 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G W Stalis

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Preston, Idaho.

Filed 11/9 1915 [signature] Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STA
BUREAU O

DEPTH

693-109-021-155

Form V. S. No. 11-C—20

PLACE OF BIRTH

County of Franklin

City of Weston, Idaho.

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33985

Registration District No. 27 File No. .....

Primary Registration District No. 2119 Registered No. 272

FULL NAME OF CHILD Norman J. Wickham

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Oct. 9 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Anton Wickham	FULL MAIDEN NAME	Ada Jensen
RESIDENCE	Dayton, Idaho.	RESIDENCE	Dayton, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Dayton, Idaho.	BIRTHPLACE	Weston, Idaho.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6:10 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G W Stats

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Preston, Idaho.

Filed 11/9 1915 [signature] Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 21 1942

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

168-215-003-396

PLACE OF BIRTH

Form V[redacted]-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Treasureton, Idaho.

Registration District No. 27 **File No.** 33986

No. ..... *St.*

Primary Registration District No. 2119 **Registered No.** 273

Hospital .....

FULL NAME OF CHILD Lillian Johnson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Oct. 15 1915 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME: Ephraim Johnson.	FULL MAIDEN NAME: Edith Crocket
RESIDENCE: Treasureton, Idaho.	RESIDENCE: Treasureton, Idaho.
COLOR: White — AGE AT LAST BIRTHDAY: 21 (Years)	COLOR: White — AGE AT LAST BIRTHDAY: 19 (Years)
BIRTHPLACE: Hyde Park, Utah.	BIRTHPLACE: Whitney, Idaho.
OCCUPATION: Farmer	OCCUPATION: Wife

Number of child of this mother, including present birth 1 — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8:55 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. State

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Preston, Idaho.

Filed 11/9 1915 D. A. R. Cutler Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

312-126-021-652

PLACE OF BIRTH

Form V. S. No. [redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston, Idaho.

No. ..... St.

Hospital Yes

Registration District No. 27 File No. 33987

Primary Registration District No. 2119 Registered No. 275

FULL NAME OF CHILD George M. Lake

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male				Oct 26 (Month) (Day) 191 5 (Year)

FATHER	MOTHER
FULL NAME: George Lake	FULL MAIDEN NAME: Madalen Westover
RESIDENCE: Fairview, Idaho.	RESIDENCE: Fairview, Idaho.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 23 (Years)	AGE AT LAST BIRTHDAY: 22 (Years)
BIRTHPLACE: Fairview, Idaho.	BIRTHPLACE: Santford, Colo.
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7:20 PM on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G W Slates

Physician (Physician or midwife)

Address Preston, Idaho.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 11/9 19 15 [redacted] Registrar

8-Y CO. 24655

ph 7/7/41

653-231-22-313

Amended 12-2-65

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 33988
Local Reg. No. 276
Reg. Dist. No. 27

1. PLACE OF BIRTH

a. COUNTY: Franklin

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Preston, Idaho

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho
b. COUNTY: Franklin

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Preston

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME *(Type or print)*

a. (First): Carmen
b. (Middle):
c. (Last): Wells

4. SEX: Female

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): Oct. 31, 1915

FATHER OF CHILD

7. FULL NAME

a. (First): Sinus
b. (Middle):
c. (Last): Wells

8. AGE (At time of this birth): 27 YEARS

9. BIRTHPLACE (State of foreign country) (City or Town): Fairview, Idaho

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Mayme
b. (Middle):
c. (Last): Lalumander

13. AGE (At time of this birth): 25 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Denver, Colorado

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 1

b. How many OTHER children were born alive but are now dead? 0

c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: G. W. States

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Preston, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: 11/9/1915

22. REGISTRAR'S SIGNATURE: Dr. A.R. Cutler

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

r BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the
n the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address
SION OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of California } ss.
County of Santa Cruz }

Certificate No. 33988

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Wells (female child) (Name on Original Certificate) who was born (Was Born or Died) on Oct. 31, 1915 (Date of Event)
in Preston, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Carmen Wells
Full Maiden Name of Mother	Maymre Lalumendere	Mayme Lalumander

Subscribed and sworn to before me this 12th day of August, 1965

Notary Public, residing at Santa Cruz, Calif.
My commission expires April 9, 1967
(Seal)

Signed Newton A Wells
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

999 old San Jose Rd Soquel Calif
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

in office 7-27-65.

Another child's birthcertificate on file (Idaho Birth) #402195 gives full maiden name of mother as Mayme Lalumander - viewed by V.S.

Mother's Death Cert. on file: (Idaho Death) #55-711 gives full name of deceased as Mayme Wells, died Feb. 16, 1955 at Twin Falls, Idaho-born June 23, 1889 at Denver, Colorado to George Lalumander and Carrie Johnson - viewedby V.S.

Own Child's Birth Cert. on file: (Idaho Birth) #49-06797 gives full name of mother as Carmen Wells - viewed by V.S.

Photo Copy of Social Security Application, dated Nov. 18, 1938, #557-14-4766 gives full name as Carmen Carrie Wells, born Oct. 31, 1915 at Preston, Idaho to Sinus Wells and Mayme Lalumander - viewed by V.S.

319-22-021-764

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Dayton, Idaho.

No. ..... St.

Hospital .....

Registration District No. 27 File No. 33989

Primary Registration District No. 2119 Registered No. 277

FULL NAME OF CHILD Falba Larsen

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Oct. 29, 1915

FATHER

FULL NAME: Paul Larson

RESIDENCE: Dayton, Idaho.

COLOR: White

AGE AT LAST BIRTHDAY: 35 (Years)

BIRTHPLACE: Rock Creek, Idaho.

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Carrie Godfrey

RESIDENCE: Dayton, Idaho.

COLOR: White

AGE AT LAST BIRTHDAY: 29 (Years)

BIRTHPLACE: Clarkston, Utah.

OCCUPATION: Housewife

Number of child of this mother, including present birth: 5

Number of children of this mother now living, including present birth: 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2:40 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. Bates

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19...

Address Preston, Idaho.

Filed 11/9 1915

..... Registrar

S-Y CO. 24655

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 1 1942

689-205-021-469

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Franklin, Idaho.

No. ..... *St.*

Hospital .....

Registration District No. 27 **File No.** 33990

Primary Registration District No. 2119 **Registered No.** 278

FULL NAME OF CHILD .....

Sex of Child Female	**Twin Triplet or other?** and **Number in order of birth** (To be answered only in event of plural births)	**Legitimate?** Yes	**Date of Birth** Oct. (Month) 5 (Day) 1915 (Year)

FATHER	**MOTHER**
FULL NAME Peter G. Whitehiag	**FULL MAIDEN NAME** Martha Morison
RESIDENCE Franklin, Idaho.	**RESIDENCE** Franklin, Idaho.
COLOR White **AGE AT LAST BIRTHDAY** 41 (Years)	**COLOR** White **AGE AT LAST BIRTHDAY** 33 (Years)
BIRTHPLACE Franklin, Idaho.	**BIRTHPLACE** Franklin, Idaho.
OCCUPATION Farmer	**OCCUPATION** Housewife

Number of child of this mother, including present birth 5 **Number of children of this mother now living, including present birth** 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 12:35 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. Slates

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Preston, Idaho.

Filed 11/9 1915 [signature]

..... *Registrar*

Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

912-104021-319

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Franklin

City of Minkcreek

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 27 File No. 33992

Primary Registration District No. 2119 Registered No. 281

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male			Oct. 4 1915

FATHER		MOTHER	
FULL NAME	Rasmus Rasmussen	FULL MAIDEN NAME	
RESIDENCE	Minkcreek	RESIDENCE	Effie L. Larsen
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Brigham Utah	BIRTHPLACE	Minkcreek
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Nancy Rasmussen (Physician or midwife)

Given names added from a supplemental report.

born 3:20 P.m. 1915

Address Minkcreek Idaho

Filed 11/9 1915 [signature] Registrar

S-Y CO. 24655 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Amended 1-12-67

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 33993
Local Reg. No. 87
Reg. Dist. No. 19

1. PLACE OF BIRTH

a. COUNTY: Minidoka

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Eden

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Minidoka

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Eden

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME *(Type or print)*

a. (First): Irene b. (Middle): May c. (Last): Lintz

4. SEX: Female

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): Oct. 14, 1915

FATHER OF CHILD

7. FULL NAME

a. (First): Fred b. (Middle): c. (Last): Lintz

8. AGE (At time of this birth): 42 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Michigan

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Freda b. (Middle): c. (Last): Bucher

13. AGE (At time of this birth): 34 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Switzerland

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 4

b. How many OTHER children were born alive but are now dead? 1

c. How many children were stillborn (born dead after 20 wks. pregnancy?)

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: W. P. Scroggs

19. ADDRESS: Eden, Idaho

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: 10-24-1915

22. REGISTRAR'S SIGNATURE: E.H. Elmore

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

[illegible] YES ____ NO ____ APPROXIMATE DATE ____

r BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the
n the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address
ION OF VITAL STATISTICS, BOISE, IDAHO.

DECLASSIFIED

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. #33993

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Irene May Lentz (Name on Original Certificate) who was born (Was Born or Died) on October 14, 1915 (Date of Event)

in Eden, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name of Child	Irene May Lentz	Irene May Lintz
Name of Father	Fred Lentz	Fred Lintz

Subscribed and sworn to before me this 11 day of January 1967

Hazel L. Hurlbert

Notary Public, residing at Eagle Idaho

My commission expires Sept 28, 1968

(Seal)

Signed Fred Lintz, Mother

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11 day of January 1967

Hazel L. Hurlbert

Notary Public, residing at Eagle Idaho

My commission expires Sept 28, 1968

(Seal)

Signed Ralph E Harris

(Signature of Any Credible Person)

222 7th Ave No.

(Street Address, City, State)

Twin Falls Idaho

FORM DH 60-155

1Cp add no. # 5328

Birth certificate of child File #302719
Gives name as Irene May Lintz.

Birth certificate of child File #132715
Gives name as Fred Lintz.

Death certificate of father gives name as Fred E. Lintz, died Feb. 13, 1961
Twin Falls, Idaho Cert. # 61-755
Viewed by V. S.

Public School Diploma gives name of child as Irene May Lintz. Graduated from Hillsdale in the County of Jerome, Idaho on
May 10, 1929. County Superintendent of Public Inst, Nellie Roberts.
Viewed by V. S.

299-219-034-415

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Eden

No. _____ St.

Hospital _____

Registration District No. 19 File No. 33994

Primary Registration District No. 2015 Registered No. 88

FULL NAME OF CHILD Helen Ruth

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Oct 19 1915

FATHER		MOTHER	
FULL NAME	Arthur Grisham	FULL MAIDEN NAME	Anna Davis
RESIDENCE	Eden Ida.	RESIDENCE	Eden Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Missouri	BIRTHPLACE	Arkansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W P Scroggs M D

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Eden Ida.

Filed 10-24 1915 E H Elmore

Registrar

Registrar

6-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 1[illegible] 1942

454-115-034-551

Form V. S. No. 11-C—25m-1-1-15

PLACE OF BIRTH

County of Minidoka

City of Eden

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33995

Registration District No. 19 File No. .....

Primary Registration District No. 2015 Registered No. 89

FULL NAME OF CHILD ISOM CARL Medley

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Sept 15 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Clinton Medley	FULL MAIDEN NAME	Lucy Evans
RESIDENCE	Eden Ida	RESIDENCE	Eden Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Tenn.	BIRTHPLACE	Tenn
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7 20 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. P. Scroggs M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Eden Ida

Filed Oct. 24 1915 E. P. Elmore

Registrar

Registrar

8-Y CO. 24698

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Washington }

Certificate No. 33995
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)

for Isom Carl Medley (Name on original certificate) who Was Born (Was born or died) on Sept 15th, 1915, (Date of event)

in Eden Idaho, (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Copy of Bible (Bible record, insurance policy, etc.) prepared on September 1915 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Isaac Medley	Isom Carl Medley

Subscribed and sworn to before me this 23rd day of December 1947

Jos T Gallagher
Notary Public, residing at Weiser Idaho
My commission expires 9-13-43
[SEAL]

Signed Lucy Medley.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

446 East Park Weiser - Id
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
[SEAL]

Signed
(Signature of any credible person other than the previous affiant.)

(Street Address, City, State)

Received for filing on By
(Registrar's signature)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

154-229-034-689

PLACE OF BIRTH

Form V. S. No. 11-C—Mm 1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

Registration District No. 19 File No. 33996

Primary Registration District No. 2015 Registered No. 80

FULL NAME OF CHILD Helen Louise Andrews

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	(To be answered only in event of plural births)	IV	yes	Oct (Month) 29 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Edgar Andrews	FULL MAIDEN NAME	Estella Whipple
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Kans
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth IV

Number of children of this mother now living, including present birth III

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 3 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C P Groom

physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Rupert

Filed 11-1 1915 E H Elmore
Registrar

Registrar

6-Y CO. 24655

869-111-034-231

PLACE OF BIRTH

County of Minidoka

City of Minidoka

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

CERTIFICATE OF BIRTH

33397

Registration District No. 19 File No. .....

Primary Registration District No. 2201 Registered No. 91

FULL NAME OF CHILD George Henry Horne Jr.

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Oct 11 1916

FATHER		MOTHER	
FULL NAME	Geo. Henry Horne	FULL MAIDEN NAME	Mary B Blackley
RESIDENCE	Minidoka	RESIDENCE	Minidoka
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Sparta, Pa.	BIRTHPLACE	Sparta Pa.
OCCUPATION	Civil Engineer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born Alive (Born alive or stillborn) at 9:45 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. T. Elmore

Physician

(Physician or midwife)

Address Rupert Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 10-19-1916 E. T. Elmore Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

SEP 20 1967

3/19/41 L. B.

619-202 1034-395

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

Registration District No. 19 File No. 33998

No. ..... St.

Primary Registration District No. 2015 Registered No. 92

Hospital .....

FULL NAME OF CHILD REAH ~~xxxxxx~~ Eldora FARNSWORTH

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		yes	10 (Month) 2 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Jno. Farnsworth	FULL MAIDEN NAME	Agnes Livingston
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Farmer

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 3 p. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Kanagy
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed 10-20 1915 E H Elmore
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

(BIRTH) DATE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Bannock } ss.

Certificate No. 33998

Date Filed 1-20-1943

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Reah Eldora Farnsworth (Name on Original Certificate) who Born (Was Born or Died) on Oct 13 1915 (Date of Event)
in Rupert Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Reba	Reah Eldora Farnswort
Reah Eldora Farnsworth		

Subscribed and sworn to before me this 1st
day of December, 1942.
Ruth Pierce
Notary Public, residing at
My commission expires CLERK OF THE PROBATE COURT
(Seal) OF BANNOCK COUNTY, IDAHO

Signed Agnes F Phillips
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
303 E. Laurel Pocatello Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19 .

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

JAN 26 1943

893-169-034-551

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

Registration District No. 19 File No. 34000

Primary Registration District No. 2015 Registered No. 94

FULL NAME OF CHILD Stephen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		Yes	10 (Month) 19 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Louis Hite	FULL MAIDEN NAME	Bessie Evans
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Mo
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11:30 p. m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Konagy

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Rupert

Filed 11-1 1915 E H Elmore Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 1 0 1975

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

City of Jackson — Registration District No. 19 — File No. 34001

No. ..... St. — Primary Registration District No. 2015 — Registered No. 95

Hospital .....

FULL NAME OF CHILD Mable Clara

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		yes	10 (Month) 17 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Claude Livingston	FULL MAIDEN NAME	Sarah Robertson
RESIDENCE	Jackson	RESIDENCE	Jackson
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 — Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7 p M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Kanagy

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Rupert

Filed 11-1 1915 E H Elmore Registrar

..... Registrar

S-Y CO. 24688

APR 26 1976

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

City of ~~Rupert~~ Minidoka

Registration District No. 19

File No. 4002

No. _____ St.

Primary Registration District No. 2201

Registered No. 96

Hospital _____

FULL NAME OF CHILD Walter John Toevs

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		Yes	10 (Month) - 20 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Frank Toeves	FULL MAIDEN NAME	Anna Struemer
RESIDENCE	Minidoka	RESIDENCE	Minidoka
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Minn	BIRTHPLACE	Manitoba
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8:10 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. B. Kenagy

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Rupert

Filed 11-1 1915 Et Elmore

Registrar

Registrar

S-Y CO. 24655

[redacted]

OCT 21 1982

NOV 10 1982

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

231-034-319

Form V. S. No. 11-G-25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

Registration District No. 19 File No. 34003

No. ..... St.

Primary Registration District No. 2015 Registered No. 97

Hospital .....

FULL NAME OF CHILD Florence Olive Boyd

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		yes	10 (Month) 31 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	William Bruce Boyd	FULL MAIDEN NAME	Olive A Card
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	41 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1:30 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Kenagy

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Rupert

Filed 11-1 1915 E H Elmore

Registrar Registrar

S-Y CO. 24655

AUG 18 1971

551-207-034-596

Form V. S. No. 11-C—25m-1-1

PLACE OF BIRTH Amended 2/28/74

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

Registration District No. 19

Primary Registration District No. 2015

File No. 34004

Registered No. 98

FULL NAME OF CHILD Sylvia Louise Evans

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		Yes	11 (Month) 7 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Frank Evans	FULL MAIDEN NAME	Myrtle Crouteh
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Arizona
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1 p M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Kenagy

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Rupert

Filed 11-1 1915 E H Elmore

Registrar

Registrar

E-Y CO. 24088

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 14 1968

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED JUN 1 - 1971 Bureau of Vital Statistics

State of Missouri } ss.
County of Stone

Certificate No. 34004

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Evans (Female Child) (Name on Original Certificate) who was born (Was Born or Died) on November 7, 1915 (Date of Event) in Rupert, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Full Name	Unnamed	Sylvia Louise Evans
Father's Birthplace	Arkansas	Missouri

Subscribed and sworn to before me this 20th day of April 1970

Signed [signature]
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

[signature]
Notary Public, residing at Crane, Missouri 65633
My commission expires
(Seal)

NOTARY PUBLIC, STATE OF MISSOURI
MY COMMISSION EXPIRES DEC. 22, 1971
ISSUED THRU MISSOURI NOTARY ASSOCIATION

PO Box 362 Crane Mo
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Missouri } ss.
County of Stone

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20th day of April 1970

Signed [signature]
(Signature of Any Credible Person)

NOTARY PUBLIC, STATE OF MISSOURI
MY COMMISSION EXPIRES DEC. 22, 1971
ISSUED THRU MISSOURI NOTARY ASSOCIATION

[signature]
Notary Public, residing at Crane, Missouri 65633
My commission expires
(Seal)

NOTARY PUBLIC, STATE OF MISSOURI
MY COMMISSION EXPIRES DEC. 22, 1971
ISSUED THRU MISSOURI NOTARY ASSOCIATION

PO Box 365 Crane Mo
(Street Address, City, State)

FORM DH 60-155 CL 6-3-68. one copy pd. rec. #33436

Certified copy of Birth record from California gives child' name as Ruth Ann Morris born July 13, 1942. father's name given as Ernest Monty Morris and the mother's name as Sylvia Louise Evans. rec'd copy April 2, 1945. Viewed by V. S.

FEB 28 1974

Marriage License from Arizona, Yuma County gives groom's name as Ernest Morris and the bride's name as Sylvia Louise Evans. dated Dec. 22, 1936. married same date~~s~~ Viewed by V. S.

Delayed birth certific a te from Missouri ~~s~~ gives name as Robert ~~F~~ ~~F~~ Franklin Evans. born March 20, 1890. ~~s~~ born in Spokane, Christian County, Missouri. Viewed by V. S. dated May 19, 1955. Viewed by V. S.

433-107-034-769

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34005

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

Registration District No. 19

File No. .....

Primary Registration District No. 2015

Registered No. 99

FULL NAME OF CHILD Leo Porter

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of Birth
Male	VI (To be answered only in event of plural births)	Yes	Nov (Month) 7 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Orson W McClellan	FULL MAIDEN NAME	Geneva Porter
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Utah
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth VI

Number of children of this mother now living, including present birth VI

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at ..... M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O P Groom

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Rupert

Filed 11-10 1915 E H Elmore
Registrar

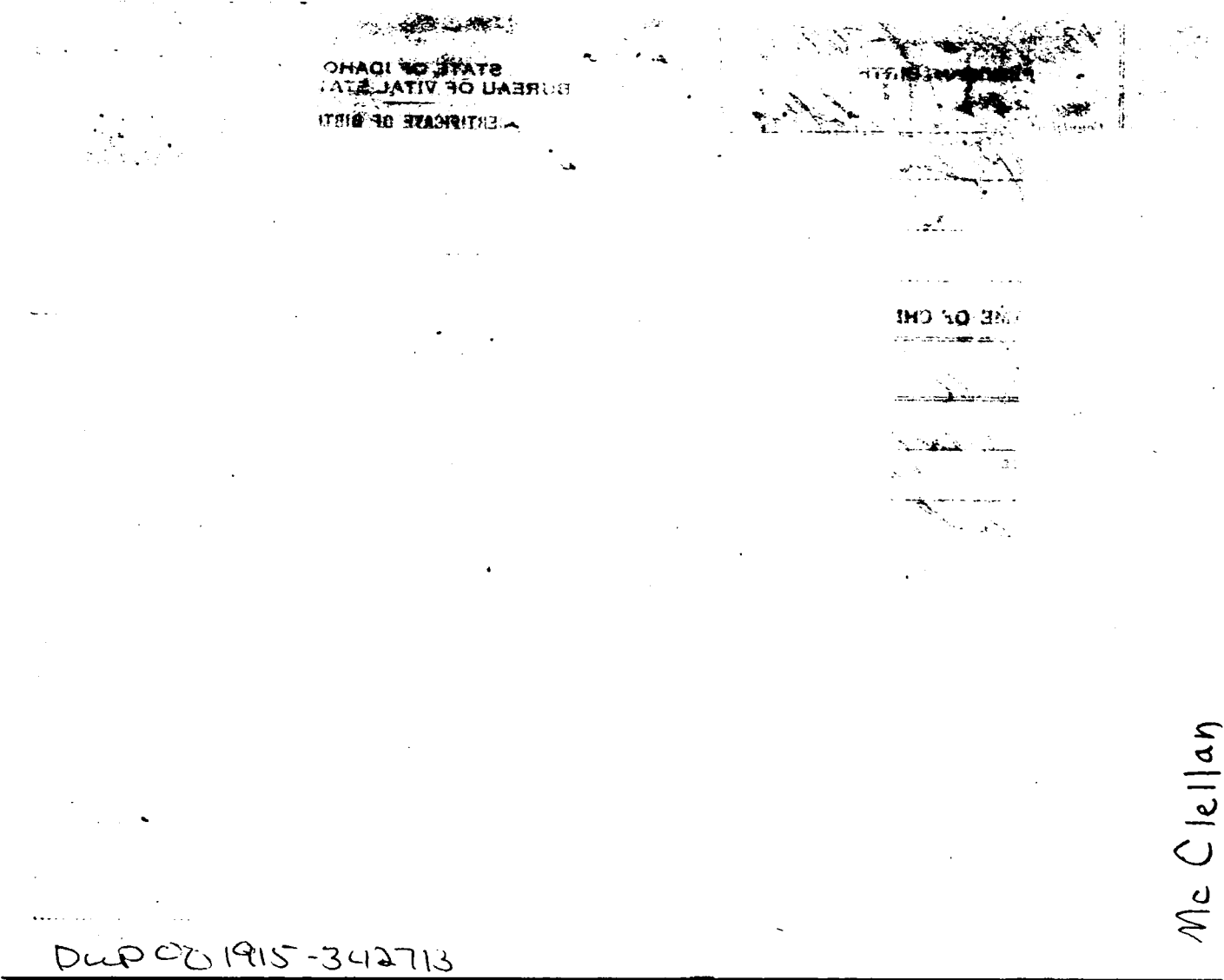
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



Mc Clellan

DUP 001915-342713

[redacted]

City of Hope Ida Registration District No. 78 File No. 34006

No. ____ St. Primary Registration District No. 2133 Registered No. 838

Hospital ____

FULL NAME OF CHILD [redacted] Melba Grace Swain

Sex of Child Female | Twin, Triplet or other? | and Number in order of birth | Legitimate? Yes | Date of Birth Oct 2 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Guy Swain	FULL MAIDEN NAME	Jan Powell
RESIDENCE	Hope	RESIDENCE	Hope
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Minnesota	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 5 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....19....

....Registrar

(Signature) Chas D Moody MD

(Physician or midwife)

Address Hope Idaho

Filed Nov 8 1915 M McKinnon Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

DEC 1 1 1968

DECEASED

165-10-1009-165

[redacted] BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34007

County of Bonner

City of Sandpoint

No. ..... St.

Hospital .....

Registration District No. 78 File No. .....

Primary Registration District No. 2155 Registered No. 859

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male					Oct 9 1915

FATHER		MOTHER	
FULL NAME	Ray Jones	FULL MAIDEN NAME	Evelyn Burns Jones
RESIDENCE	Sandpoint Ida	RESIDENCE	Sandpoint Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Washington
OCCUPATION	Shipping Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 3 a. M
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C W Williams
(Physician or midwife)

Address Sandpoint Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Nov 8 1915 M McKinnon
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

815-105-009-414

Form V. S. No. 11-C—25m-1-1-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34008

County of Bonner

City of Sandpoint

No. ..... St.

Hospital yes - City

Registration District No. 78 File No. .....

Primary Registration District No. 2153 Registered No. 860

FULL NAME OF CHILD Francis William Hanson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			yes	10 - 5 - 1915

FATHER		MOTHER	
FULL NAME	William H. Hanson	FULL MAIDEN NAME	Emilie Maupin
RESIDENCE	Spokane Wn	RESIDENCE	Spokane Wn
COLOR	W	AGE AT LAST BIRTHDAY (Years)	35
COLOR	W	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Minn	BIRTHPLACE	Idaho
OCCUPATION	Engineer	OCCUPATION	Work

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2a M
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E P Patterson

(Physician or ~~midwife~~)

Address Sandpoint Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Nov 8 19 15 M McKinnon
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 17 1975

294-228-009-365

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34009

County of Bonner

City of Sa Clede

No. ..... St.

Hospital Sa Clede

Registration District No. 78 File No. .....

Primary Registration District No. 2155 Registered No. 861

FULL NAME OF CHILD Florence Mae Krueger

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Oct 28 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Louise F. Krueger	FULL MAIDEN NAME	Minnie Long Krueger
RESIDENCE	Sa Clede	RESIDENCE	Sa Clede
COLOR	A.	COLOR	A.
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Oregon
OCCUPATION	Sawmilling	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 2 P. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. N. Williams

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Sa Clede Ida

Filed Nov 8 1915 M McKinnon
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 8 1944

155-R1-009-114

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

Registration District No. 78 File No. 34010

No. ..... St.

Primary Registration District No. 2155 Registered No. 862

Hospital .....

FULL NAME OF CHILD Robert Deane Jens

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	9-21-1915

FATHER		MOTHER	
FULL NAME	Robert Jens	FULL MAIDEN NAME	Nellie M. James
RESIDENCE	Sandpoint Ida	RESIDENCE	Sandpoint
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Ill.	BIRTHPLACE	Iowa
OCCUPATION	Merchant	OCCUPATION	Hunk

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9 P. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E B Patterson

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19.....

Address Sandpoint

Filed Nov. 8 1915 M M Kennedy
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF MONTANA)
: SS
COUNTY OF MUSSELSHELL)

AFFIDAVIT.

Nellie M. Jens being first duly sworn deposes and says:

That she is the mother of Robert Deane Jens who was born in Sandpoint, Idaho, September 21, 1915; that the mother's maiden name shown on the birth certificate of the said Robert Deane Jens is shown as Nellie M. Jame, which is erroneous, and should have read Nellie M. James.

That this affidavit is made for the purpose of having the mother's maiden name corrected to read "Nellie M. James" in said birth certificate of said Robert Deane Jens, on file in the Bureau of Vital Statistics, Boise, Idaho.

x Nellie M. Jens

Subscribed and sworn to before me this 26th day of April, A. D. 1941.

Harold P. Bennett, Clerk & Recorder,
Musselshell County, Montana.

By [illegible] Deputy.

5/1/41 Z.J.

JUN 13 1942

SEP 4 1943

764-125-009-237

PLACE OF BIRTH

County of Bonner

City of Kootenai

No. ....., ... St.

Hospital .....

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 78 File No. 34011

Primary Registration District No. 2155 Registered No. 863

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
M	1		1	Yes	Sept	25	1915

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Joseph Goulette	FULL MAIDEN NAME	Nellie Blair
RESIDENCE	Kootenai	RESIDENCE	Kootenai
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	N. B.	BIRTHPLACE	Minn
OCCUPATION	R.R. Shopman	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was cleft palate (Born alive or stillborn) at 1 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. L. Jackson

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Sandpoint

Filed Nov 8 1915 M McKinnon

Registrar

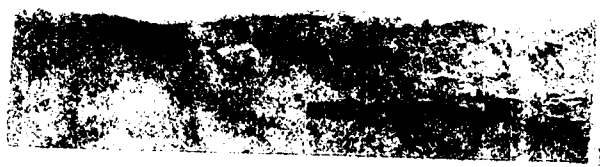
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



234-22-5009-252

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bonner

City of Sandpoint

No _____, _____ St.

Hospital _____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

! 34012

Registration District No 18 File No. _____

Primary Registration District No 213-5 Registered No. 864

FULL NAME OF CHILD _____

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	1 (To be answered only in event of plural births)	3	Yes	Oct 25 1910

FATHER		MOTHER	
FULL NAME	Ben Stutz	FULL MAIDEN NAME	Freda Resselring
RESIDENCE	Sandpoint	RESIDENCE	Selpo
COLOR	W	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Switzerland	COLOR	W
OCCUPATION	Rancher	AGE AT LAST BIRTHDAY (Years)	30
		BIRTHPLACE	Switzerland
		OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ (Born alive or stillborn) at 8 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. W. Jackson

(Physician or Midwife)

Address Selpo

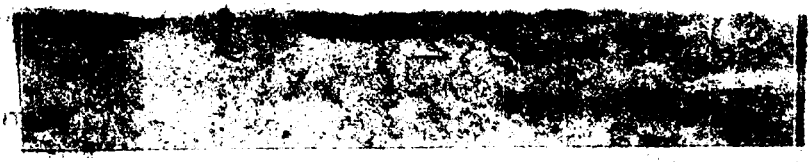
Given names added from a supplemental report

_____, 19____

_____ Registrar

Filed Nov 8 1910 M McKinnon Registrar

SYMS - YORK CO., PTRS. & SDRS. 17226



864-1221-09-864

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34013

County of Bonner

City of Sachdo

No. ..... St.

Hospital Sachdo

Registration District No. 78 File No. .....

Primary Registration District No. 2155 Registered No. 865

FULL NAME OF CHILD JAMES WILLIAM HODGE

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes.	Oct (Month) 27 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Wm J. Hodge	FULL MAIDEN NAME	Mary Schafer Hodge
RESIDENCE	Sachdo	RESIDENCE	Sachdo
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Lake Field Ins.	BIRTHPLACE	Wisconsin
OCCUPATION	Milling	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 2 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. N. Williams

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Sachdo Ida

Filed Nov 8 1915 M McKinnon
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bonner }

Certificate No. 34013
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of James W. Hodge (Birth or death)
for (Name on original certificate) who born (Was born or died) on Oct 26 - 1915 (Date of event)
in Laclede Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by insur. policy (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Hodge	James William Hodge

Subscribed and sworn to before me this 4th
day of June, 1941.
Rieka McLean
Notary Public, residing at Priest River
My commission expires May 15 — 1943.
[SEAL]

Signed William J Hodge
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Coolin Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bonner }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4th
day of November, 1941
Rieka McLean
Notary Public, residing at Priest River
My commission expires May 15 — 1943.
[SEAL]

Signed Mrs Josephine O'Gara
(Signature of any credible person other than the previous affiant.)
Kellogg
(Street Address, City, State) Idaho

Received for filing on By
(Registrar's signature)

MAY 1 2 1976

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

434-208'009-246

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34014

County of Bonner

City of Sandpoint — Registration District No. 78 — File No.

No. ____ St. — Primary Registration District No. 2155 — Registered No. 866

Hospital ____

FULL NAME OF CHILD Wilma Frances McDowell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	Oct 8 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Estell McDowell	Daisy Bridges
RESIDENCE	Sandpoint	Sandpoint
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	27	19
BIRTHPLACE	Neb	Neb
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 1 — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn) at 8 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. M. McKinnon

(Physician or midwife)

Address Sandpoint

Given names added from a supplemental report.

____ 19____

____ Registrar

Filed Nov 8 1915 S. M. McKinnon Registrar

8-Y CO. 24688

PLACE OF BIRTH

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF VITAL STATISTICS
APR 10 10 40 AM '74

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... Certificate No. 34014

County of ..... Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed McDowell (female) (Name on Original Certificate) who was born (Was Born or Died) on Oct. 8, 1915 (Date of Event)

in Sandpoint, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Hospital Certificate (Bible Record, Insurance Policy, Etc.) prepared on 4-7-74 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Wilma Frances McDowell

Subscribed and sworn to before me this 26th day of April, 19 74

Notary Public, residing at Raymond, Wash.

My commission expires 1/29/76

(Seal)

Signed [signature] (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record: or other credible person)

608 McKinley St., Raymond, Wash. 98577 (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Pacific }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7 day of May, 1974

Notary Public, residing at South Bend

My commission expires 3/15/78

(Seal)

Signed [signature] (Signature of Any Credible Person)

Box 334 South Bend (Street Address, City, State)

FORM DH 60-155

CL 4/19/74 nm

JUN 2 7 1974

Hospital Birth certif from the Twin Falls County General Hospital, Twin Falls, Idaho gives child's name as Judy Rae Kidd born Jan. 29, 1949. Father's name given as Arnold Arville Kidd and the mother's name as Wilma Frances McDowell. viewed by V. S.

Marriage Certificate from Idaho gives groom's name as Arnold A. Kidd and the bride's name as Wilma McDowell. dated Oct. 7, 1934. viewed by V. S.

Birth Certificate and Indentification for Gary Arnold Kidd born to Wilma Frances Kidd and Arnold Orville Kidd. on June 5, 1951. mother's maiden name given as Wilma Frances McDowell. viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

632.122:009255

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Dover Ida

Registration District No. 78 File No. 34015

No. ..... St.

Primary Registration District No. 2155 Registered No. 8

Hospital .....

FULL NAME OF CHILD Charles G Olson

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Oct 27 1915

FATHER		MOTHER	
FULL NAME	Chas G Olson	FULL MAIDEN NAME	Gertrude G Benson
RESIDENCE	Dover	RESIDENCE	Dover Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Minn	BIRTHPLACE	Minn
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 9 A M on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M McKinnon

(Physician or midwife)

Address Sand Point

Given names added from a supplemental report.

..... 19.....

Filed Nov 8 1915 M McKinnon

..... Registrar

Registrar

S-Y CO. 24655

693-

PL[redacted]

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of [redacted]

City of Nampa

Registration District No. 7 File No. 34016

No. ..... St.

Primary Registration District No. 2006 Registered No. .....

Hospital .....

FULL NAME OF CHILD Donald Ray Williamson

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
M	Single		Yes	10 (Month) – 30 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Wm J Williamson	FULL MAIDEN NAME	Geneva M Smith
RESIDENCE	Nampa	RESIDENCE	~~Ill~~ Nampa
COLOR	White	COLOR	Ill White
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	43 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Ill
OCCUPATION	Rancher	OCCUPATION	Ranchers Wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6:35 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. R. Meredith D.C.
Nampa Idaho
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed Nov 8 1915 Dr S D Calonge
Registrar

Registrar

Anna Harfield Deputy Reg.

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

[redacted]

AUG 5 1959

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

717 14-014-238

[redacted] BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34017

County of Canyon

City of Near Nampa

No. _____ St.

Hospital _____

Registration District No. 7

File No. _____

Primary Registration District No. 2006

Registered No. _____

FULL NAME OF CHILD Lawrence Alex Pape

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Oct 14 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Conrad A Pape	FULL MAIDEN NAME	Regina Schall
RESIDENCE	North of Nampa - Ida	RESIDENCE	Nampa -
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10:30 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Clyde E. Watson

Physician
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Nampa Ida

Filed Oct 21 1915 Dr S D Calonge Registrar

Anna Hatfield Deputy

S-Y CO. 24635

Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada }

Certificate No. 34017

Date Filed Sixth

The undersigned does solemnly swear that certain facts on the certificate of (BIRTH OR DEATH)
for Unnamed (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on 10-14-1915 (DATE OF EVENT)
in Nampa, Ida. (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Mother (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Omitted	Lawrence Alex - Pape

Subscribed and sworn to before me this 14th
day of February, 19 42
Notary Public, residing at Boise, Idaho
My commission expires 6-24-45
(SEAL)

Signed Regina Mary Pape
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19 .....

Notary Public, residing at .....
My commission expires .....
(SEAL)

Signed .....
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

214-218-214-414

PLACE OF BIRTH

County of Canyon

City of Nampa

No. 203-14 Av. N. St.

Hospital

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 34018

Primary Registration District No. 1006 Registered No.

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Oct 18 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Fred Leo Bader	FULL MAIDEN NAME	Emma Mauritz
RESIDENCE	Nampa Ida	RESIDENCE	Nampa Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Nevada	BIRTHPLACE	Nebraska
OCCUPATION	Stone Mason	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8:30 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Clyde E. Watson
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Nampa Ida

Filed Oct 20 1915 Dr. S. D. Calonge
Anna Halfield Deputy Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

319-124-014-433

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34019

County of Canyon

City of Nampa

No. 18 Ave. 7th W. St.

Registration District No. 7 File No.

Primary Registration District No. 1006 Registered No.

Hospital

FULL NAME OF CHILD Margaret Lucille Carlberg.

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
girl	X		X	yes	Oct 24 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John A Carlberg	FULL MAIDEN NAME	Emma McCumber
RESIDENCE	Nampa Ida	RESIDENCE	Nampa Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Nebr	BIRTHPLACE	Wis
OCCUPATION	Well driller	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary E Stevens (Per O M H)

Midwife
(Physician or midwife)

Given names added from a supplemental report.

Address Nampa Ida

19

Filed Nov 1 1915 Dr S D Calonge Registrar

Registrar

Anna Hatfield Deputy

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

747-1291014-294

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

County of Canyon

City of Nampa

No. Country St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 7

File No. 34020

Primary Registration District No. 2006

Registered No.

FULL NAME OF CHILD Earl Franklin Pugh

Sex of Child: boy	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth: Sept (Month) 29 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	John F Pugh	FULL MAIDEN NAME	Mary E Simmons
RESIDENCE	Nampa Ida	RESIDENCE	Nampa Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	16 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) H. P. Ross

Physician (Physician or midwife)

Address Nampa, Ida

19

Filed Nov. 11 1915

Registrar

Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho. } ss.
County of Ada. }

Certificate No. 34020

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of _____ (Birth or Death)

for _____ (Name on Original Certificate) who _____ (Was Born or Died) on _____ (Date of Event)

in _____ (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by _____ (Bible Record, Insurance Policy, Etc.) prepared on _____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	No name	Earl Franklin Pugh

Subscribed and sworn to before me this 2 day of Sept, 1942

M. B. Joy

Notary Public, residing at Boise, Ida.

My commission expires 7/14/45
(Seal)

Signed Mrs Marie E. Gerhart.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1816 N. 14th Boise, Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19____

Notary Public, residing at _____

My commission expires _____
(Seal)

Signed _____
(Signature of Any Credible Person Other Than Previous Year)

_____
(Street Address, City, State)

SEP 2 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Corrosing [redacted]

993-116-
001-366

PLACE

County of Ada

City of Malba

No. ..... St.

Hospital .....

F[redacted] No. 11—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 7

File No. 34021

Primary Registration District No. 2006

Registered No. .....

FULL NAME OF CHILD William Jackson Richards.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		Legitimate	July 16th 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	William F Richards	FULL MAIDEN NAME	Bernice Elizabeth Lower
RESIDENCE		RESIDENCE	
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Penn	BIRTHPLACE	Mich
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive July 16th 1915 5.30 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sophia Herth

midwife
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed Nov 1 1916 Dr. H. D. Colonge Registrar

Registrar

Anna Hatfield Deputy

S-Y CO. 24656

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of Whatcom

Certificate No. 34021

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for William J. Richards (Name on Original Certificate) who born (Was Born or Died) on July 16, 1915 (Date of Event)
in Melba, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Records (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	William J.	William Jackson Richards

Subscribed and sworn to before me this 27th
day of August, 1942.
Mayle Starr
Notary Public, residing at Everson
My commission expires Feb. 7, 1945
(Seal)

Signed W. J. Richards
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Rt. 2, Everson, Washington
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Whatcom

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27
day of August, 1942.
Mayle Starr
Notary Public, residing at Everson
My commission expires Feb. 7, 1945
(Seal)

Signed H. D. Likely
(Signature of Any Credible Person Other Than Previous Year)
Everson, Washington.
(Street Address, City, State)

AUG 31 1942

SEP 2 1942

Country
819-110-
00-434

PLACE [redacted]

County of [redacted]

City of Melba

No. ..... St.

Hospital .....

Form V, S. No. 11—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34022

Registration District No. 7 File No. .....

Primary Registration District No. 2006 Registered No. .....

FULL NAME OF CHILD Russell Martin O. Hara

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
mal		Legitim	Aug 10th 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Martin J. O. Hara	FULL MAIDEN NAME	Anna Irene McDonough
RESIDENCE		RESIDENCE	
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Ireland	BIRTHPLACE	Minn
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Aug 10th 1915 6 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sophia Herth
midwife
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed Nov 1 1915 Dr S D Calongl
Registrar

Registrar

Anna Hatfield Deputy

S-Y CO. 24696

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

466-126-014459

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34023

County of Canyon

City of Nampa Ida.

No. R. F. D. St.

Hospital

Registration District No. 7 File No.

Primary Registration District No. 2006 Registered No.

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Oct 26 1915

FATHER		MOTHER	
FULL NAME	Leander Moore	FULL MAIDEN NAME	Maggie Merrill
RESIDENCE	Near Nampa Ida	RESIDENCE	Near Nampa Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Kentucky	BIRTHPLACE	Iowa
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 11:15 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Clyde E. Watson
Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Address Nampa Ida

Filed Nov 1 1915 Dr S D Calonge
Registrar

Registrar

Anna Hatfield Deputy

S-Y CO. 24685

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

482-203-014942

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Canyon

City of Nampa

No. 412 - 9 ave St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34024

Registration District No. 7 File No.

Primary Registration District No. 1006 Registered No.

FULL NAME OF CHILD Naomi Lee Dykstra

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Nov 3 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John ~~[illegible]~~ Dykstra	FULL MAIDEN NAME	Pauline Ruse
RESIDENCE	Nampa Ida	RESIDENCE	Nampa Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Holland	BIRTHPLACE	Idaho
OCCUPATION	Painter	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 9:40 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Clyde E. Watson

Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Address Nampa Ida

Filed Nov 5 1915 Dr S D Colong P
Anna Hatfield Deputy
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 34024

County of Ada } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)

for No name given (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on Nov. 2, 1915 (DATE OF EVENT)

in Nampa, Ida (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Sunt (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	Omitted	Naomi Lee Dykstra
last name	Dykster	Dykstra

Subscribed and sworn to before me this 15th day of January 1942

Marion E. Orr

Notary Public, residing at Boise Idaho

My commission expires 6-24-45

(SEAL)

Signed Mrs W. D. Conklin

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

.....

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.

County of .....

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....

day of ....., 19 .....

Notary Public, residing at .....

My commission expires .....

(SEAL)

Signed .....

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

.....

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....

(REGISTRAR'S SIGNATURE)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34025

993-21-14-799

County of [redacted]yon

City of Nampa

No. _____ St.

Hospital _____

Registration District No. 7 File No. _____

Primary Registration District No. 2006. Registered No. _____

FULL NAME OF CHILD JEWEL ELIZABETH RICHARDSON

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl	X		X	yes	Oct 15—1915

FATHER

FULL NAME Sylvester Richardson

RESIDENCE Nampa Ida

COLOR White AGE AT LAST BIRTHDAY 29 (Years)

BIRTHPLACE Idaho

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Elizabeth Grigg

RESIDENCE Nampa Ida

COLOR White AGE AT LAST BIRTHDAY 32 (Years)

BIRTHPLACE Utah

OCCUPATION Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5:10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Murray M.D.
(Physician or midwife)

Address Nampa Idaho

Given names added from a supplemental report. _____ 19____

Filed Oct 24 19 15 Dr A D Caldwell Registrar

_____ Registrar

Anna Hatfield Deputy

8-Y CO. 24656

AUG 20
NOV 26 1957

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Canyon (b) City Nampa
(c) Street Address or R.F.D. No. 1 & 2 Blvd.
(d) Name of Hospital or Maternity Home: Home.
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county 10 years 6 month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Nampa
(d) Street Address or R.F.D. No. 2 Blvd.
(e) How long has MOTHER lived in Idaho? 16 yrs.
(f) Mother's mailing address 631 Van Ness ave S Fran

3. RESIDENCE of FATHER (city, state):

4. FULL NAME OF CHILD Jewel Elizabeth Richardson
5. Date of Birth (Month, day, year) Oct 15-1915
6. Sex Female
7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME Sylvester Richardson
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Malad City Idaho (City or town) (State or foreign country)
14. Exact Occupation Manager of Motel
15. Industry or Business Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Elizabeth Griggs
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Payson City Utah (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name [illegible] used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 8
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) M. on the date and at the place stated above, and that personal particulars were furnished by [illegible] (First name) (Last name) who is related to this child as mother sister (Mother, etc.)

26. (a) AUG 17 1942 (Date received) (b) ..... (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature Dr Murray deceased M.D. (D.O., Midwife, etc.)
and address Date

State of California
County of San Francisco } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ELIZABETH RICHARDSON, being first duly sworn, say that I am related to (Related to (or) acquainted with) Jewel Elizabeth Richardson (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Murray (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Elizabeth Richardson Signature
631 Van Ness Ave. San Francisco, Calif. P.O. Address

Subscribed and sworn to before me on this 14th day of August, 1942
(SEAL) Nan G. Scully Notary Public, residing at SAN FRANCISCO, CALIF.

MY COMMISSION EXPIRES July 7, 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Country

PLACE OF BIRTH

962-117-04-386

County of Canyon

City of Nampa

No. R.R.D. No 1 St.

Hospital

Form V. S. No. 11—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34026

Registration District No. 7 File No.

Primary Registration District No. 2006 Registered No.

FULL NAME OF CHILD X Frederic A. Robinson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Boy	X		X	Yes	Oct 17 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Fred A Robinson	FULL MAIDEN NAME	Susie May Thomas
RESIDENCE	Nampa Idaho	RESIDENCE	Nampa Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Minnesota	BIRTHPLACE	Idaho
OCCUPATION	Bee Keeper	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 4 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jot Murray M D,
(Physician or midwife)

Given names added from a supplemental report.

19

Address Nampa Idaho

Filed Oct 24 1915 Dr S D Calonge Registrar

Registrar

Anna Hatfield Deputy.

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 10 1957

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

City 845-205-014-663

PLACE OF BIRTH

Form V. S. No. 11—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

Amended 3/4/75

34027

Registration District No. 7

File No.

No. 1602-4th North St.

Primary Registration District No. 1006

Registered No.

Hospital X

FULL NAME OF CHILD X Lois Annita Huntley

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Girl	X		X	yes	Oct 5 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Edmond A Huntley	FULL MAIDEN NAME	Blossie Wolf
RESIDENCE	Nampa Ida	RESIDENCE	Nampa Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Nebraska
OCCUPATION	Tailor	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 5 a. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Murray

M. D.

(Physician or midwife)

Given names added from a supplemental report.

Address Nampa Idaho

19

Filed Oct 13 19 Dr S D Colong

Registrar

Registrar

Anna Hatfield Deputy

S-Y CO. 24656

K

JAN 22 1975

RECEIVED
BUREAU OF
VITAL STATISTICS
JAN 9 11 49 AM '75

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of

Certificate No. 34027

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Huntley (female) (Name on Original Certificate) who was born (Was Born or Died) on Oct. 5, 1915 (Date of Event)
in Nampa, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Lois Annita Huntley
Fathers name	Edward	Edmond
Mothers maiden name	Wolfe	Wolf

Subscribed and sworn to before me this 4 day of March, 19 75
Notary Public, residing at Nampa
My commission expires Sept 12 1977
(Seal)

Signed Edmond Huntley
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
1406 12th Ave No Nampa Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155 CL 1/22/75

Own brothers birth certificate James Lewis Huntley born Jan. 23, 1914 at Nampa, Idaho, State file # DE53-149 gives fathers name as Edmond Arlington Huntley and mothers name as Flossie Ethel Wolf.
Viewed by Vs

MAR 4 1975

Daughters birth certificate - Carol Jean Bella born July 16, 1946 at Nampa, Idaho, State file # 422537 gives mothers name as Lois Annita Huntley.
Viewed by VS

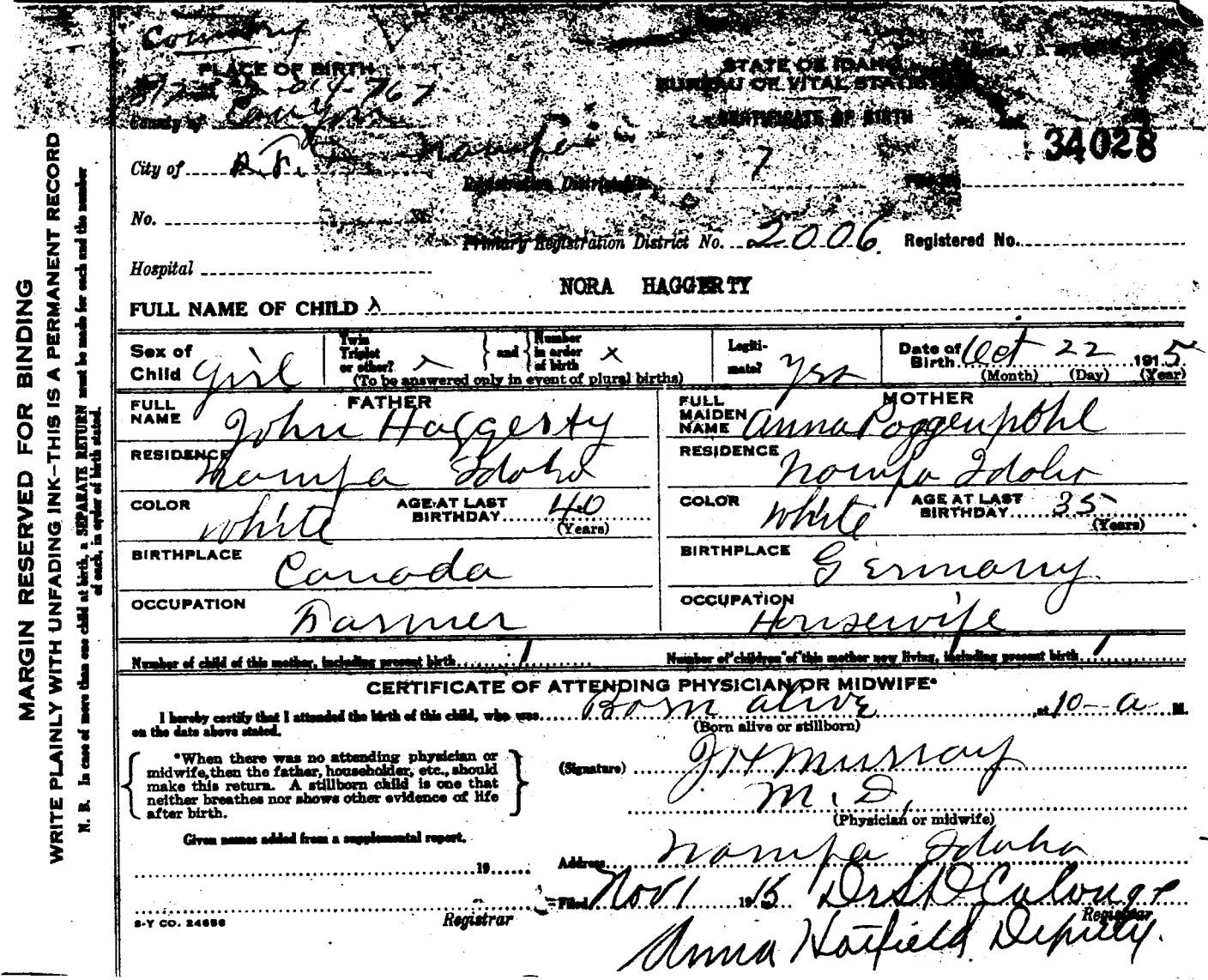
Affidavit of Birth , State Board of Health , Division of Vital Statistics, State of Kansas # 82-54 for Edmond Arlington Huntley born Dec. 17, 1887 at Stockton, Kansas.
Viewed by VS

High School Diploma- Nampa High School , Nampa, Idaho May 25, 1933 gives name as Lois Annita Huntley.
Viewed by VS

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



Country

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34028

County of Canyon

City of R. F. D. Nampa

Registration District No. 7

No. St.

Primary Registration District No. 2006 Registered No.

Hospital

FULL NAME OF CHILD NORA HAGGERTY

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Girl	X		X	Yes	Oct 22 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John Haggerty	FULL MAIDEN NAME	Anna Poggenpohl
RESIDENCE	Nampa Idaho	RESIDENCE	Nampa Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Canada	BIRTHPLACE	Germany
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10 a M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Murray

M. D.

(Physician or midwife)

Given names added from a supplemental report.

Address Nampa Idaho

19

Filed Nov 1 1915 Dr S D Calonge

Registrar

Registrar

Anna Hatfield Deputy

S-Y CO. 24656

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

IDAHO DEPARTMENT OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Ada }

Certificate No. 34028

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Haggerty (Name on Original Certificate) who was born (Was Born or Died) on Oct 22, 1915 (Date of Event)
in Canyon co., Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Unnamed	Unnamed Haggerty	Nora Haggerty

Subscribed and sworn to before me this 13th day of March, 1961.

Notary Public, residing at Boise
My commission expires March 19, 1961
(Seal)

Signed (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

220 Peasley St., Boise, Idaho (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed (Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

Graduation certificate, St. Teresa's Academy, Boise, Idaho dated June 6, 1933 gives name as Nora Haggerty. viewed by V.S.

Matrimonial Certificate issued by St. John's Cathedral, Boise, Idaho dated Nov 21, 1940 gives name as Nora Haggerty. viewed by V.S.

Son's Baptismal certificate issued by St. John's Cathederal, Boise, Idaho dated May 2, 1951 gives name as Nora Haggerty. viewed by V.S.

MAR 15 1981

Country

PLACE OF BIRTH

433-136-014-168

County of Canyon

City of Nampa

No. R.F.D. St.

Hospital

Form V. S. No. 11—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34029

Registration District No. 7 File No.

Primary Registration District No. 2006 Registered No.

FULL NAME OF CHILD X McCoshum

Sex of Child: Boy	Twin Triplet or other? X and Number in order of birth X (To be answered only in event of plural births)	Legitimate? yes	Date of Birth Oct 31 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	W. H. McCoshum	FULL MAIDEN NAME	Mamie Johnson
RESIDENCE	Nampa Idaho	RESIDENCE	Nampa Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Mo.	BIRTHPLACE	Mo.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2 45 a. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Murray M.D. (Physician or midwife)

Given names added from a supplemental report.

Address Nampa Idaho

19

Filed Nov 1 1915 Dr S D Calong Registrar

Registrar

Anna Hatfield Deputy

8-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Country

PLACE OF BIRTH

796-206-014-419

County of Canyon

City of Nampa

No. R.F.D. No 4 St.

Hospital

Form V. S. No. 11—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34030

Registration District No. 7 File No.

Primary Registration District No. 2006 Registered No.

FULL NAME OF CHILD Mary Yvonne Provost

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Girl	X		X	yes	Oct 6 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Frank Provost	FULL MAIDEN NAME	Olivine Martineau
RESIDENCE	~~Canada~~ Nampa Ida	RESIDENCE	~~Canada~~ Nampa Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Canada	BIRTHPLACE	Canada
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 6 15 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Murray M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address Nampa Idaho

19

Filed Oct 16 1915 Dr S D Calonge Registrar

Registrar

Anna Hatfield Deputy

S-Y CO. 24000

K

11-21-44

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Canyon }

Certificate No. 34030
Date Filed 10-16-15

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)

for no name Provost (Name on original certificate) who was born (Was born or died) on Oct. 6, 1915 (Date of event)

in Nampa, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Physician (Bible record, insurance policy, etc.) prepared on Nov 14 - 1941 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
name	Omitted	Mary
		Yvonne

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
[SEAL]

Signed J H Murray M D
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
[SEAL]

Signed
(Signature of any credible person other than the previous affiant.)

(Street Address, City, State)

Received for filing on By
(Registrar's signature)

JUL 25 1957

Country

PLACE OF BIRTH

319-213-014-995

County of Canyon

City of Nampa

No. ..... St.

Hospital .....

Form V. S. No. 11—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34081

Registration District No. 7 File No. .....

Primary Registration District No. 2006 Registered No. .....

FULL NAME OF CHILD X (died)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Girl	X		X	Yes	Oct 13 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Jack Carpenter	FULL MAIDEN NAME	Salina Rivett
RESIDENCE	Nampa Ida	RESIDENCE	Nampa Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Colorado	BIRTHPLACE	Montana
OCCUPATION	Butcher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10:57 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Murray M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Nampa Idaho

Filed Oct 20 1915 Dr S D Calongo Registrar

Anna Hatfield Deputy

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

D

669-121014-689

PLACE OF BIRTH

Form V. S. No. 11—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. 413 8th Ave S

Registration District No. 7

File No. 34032

Primary Registration District No. 1006

Registered No.

Hospital

FULL NAME OF CHILD Harold Joseph Workman

Sex of Child boy

Twin Triplet or other? X and Number in order of birth X (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth Oct 21 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Alexander W Workman	FULL MAIDEN NAME	Fern Jesse White
RESIDENCE	Nampa Ida	RESIDENCE	Nampa Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Atlantic ocean	BIRTHPLACE	Idaho
OCCUPATION	Traveling Salesman	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. P. Ross

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Nampa Idaho

19

Filed Nov 1 1915 Dr S D Calong Registrar

Registrar

Anna Hatfield Deputy

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

255-230-004356

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No. ..... St.

Hospital .....

FULL NAME OF CHILD ~~[illegible]~~ Catherine Severn

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34033

Registration District No. 52 File No. .....

Primary Registration District No. 2136 Registered No. .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Oct. 30th 1915

FATHER		MOTHER	
FULL NAME	Dan E. Severn	FULL MAIDEN NAME	Flora Lewis
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	~~30~~ 29	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Idaho	BIRTHPLACE	~~Santa~~ Wales.
OCCUPATION	Clerk.	OCCUPATION	Wife.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2.50 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S H H King MD

(Physician or ~~midwife~~)

Address Montpelier Idaho

Given names added from a supplemental report

..... 19.....

Filed 11/1/ 19 15 S H H King MD

Registrar

S-Y CO. 20174

236-211-004.966

PLACE OF BIRTH

Form V. B. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier

Registration District No. 52

File No. 34034

No. ..... St.

Primary Registration District No. 2136

Registered No. .....

Hospital .....

FULL NAME OF CHILD Hazel Scott

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes.	Oct. 11th 1915

FATHER		MOTHER	
FULL NAME	J. F. Scott	FULL MAIDEN NAME	Alice Roope
RESIDENCE	Montpelier Idaho	RESIDENCE	Montpelier
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Nebraska	BIRTHPLACE	Nebraska
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 11 06 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H H King MD

Physician (Physician or midwife)

Address Montpelier Idaho

Filed 11/1/1915 H H King MD Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

MAY 14 1970

133.203.004-314

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Bear Lake

City of Bern

No. ....., ... St.

Hospital .....

Registration District No. 52 File No. 34035

Primary Registration District No. 2136 Registered No. .....

FULL NAME OF CHILD Ruby Alleman

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
female		yes	Oct 3 1915

FATHER		MOTHER	
FULL NAME	John Peter Allemann	FULL MAIDEN NAME	Helene Ladweig
RESIDENCE	Bern	RESIDENCE	Bern
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Switzerland	BIRTHPLACE	Germany
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 5 Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4:50 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. A. Hottendorf

MD (Physician or Midwife)

Given names added from a supplemental report

....., 19....

Address Paris, Idaho

Filed 11/1/ 1915 H. Hilling MD Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

5-20-74

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED VITAL STATISTICS MAY 29 1 00 PM '70

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of .....

Certificate No. 34035

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Allemann (Name on Original Certificate) who was born (Was Born or Died) on October 3, 1915 (Date of Event)

in Bern, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	omitted	Ruby Allemann

Subscribed and sworn to before me this 20th day of May, 19 [illegible]

[illegible]

Notary Public, residing at Bern

My commission expires [illegible]

(Seal)

Signed [illegible]

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of .....

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

.....

(Street Address, City, State)

FORM DH 60-155

Own childs birth certificate on file with Vital Statistics, Idaho gives name of mother as Ruby Allemann. Child born August 3, 1936 in Montpelier, State File # 246891
Viewed by V.S.

JUN 11 1974

Certificate of Baptism and Confirmation from LDS Church gives name as Ruby Alleman daughter of John Peter Alleman and Helena Ludwig. Born Oct. 3, 1915 at Bern, Idaho. Was Baptized Oct. 3, 1923. viewed by V. S.

795-128100468 9

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

34036

County of Bear Lake

City of Montpelier

No ____, ____ St.

Hospital Montpelier

Registration District No 52

File No ____

Primary Registration District No 2136

Registered No ____

FULL NAME OF CHILD Joel White Greenhalgh

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	Sept 28 1915

FATHER	MOTHER
FULL NAME: Franklin Greenhalgh	FULL MAIDEN NAME: Sarah Emily White
RESIDENCE: Bloomington	RESIDENCE: Bloomington
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 45 (Years)	AGE AT LAST BIRTHDAY: 40 (Years)
BIRTHPLACE: Bloomington Ida	BIRTHPLACE: Utah
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Stollendorf M. D.

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Registrar

Address .....

Filed 11/1/15

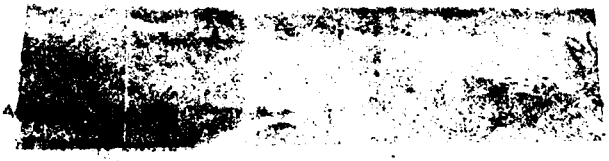
Registrar

SYMS - YORK CO., PTRS. & SORS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



APR 30 1942

Amended 7-1-59

PLACE OF BIRTH

459-127-004972

County of Bear Lake

City of Bennington

No. Idaho St.

Hospital

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 52 File No. 34037

Primary Registration District No. 2136 Registered No.

FULL NAME OF CHILD John Grant Merrill

(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				Yes	Sept. 27, 1915

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

FATHER	MOTHER
FULL NAME: Ambrose D. Merrill	FULL MAIDEN NAME: Estella Ipsen
RESIDENCE: Bennington, Ida.	RESIDENCE: Bennington, Ida.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 36 (Years)	AGE AT LAST BIRTHDAY: 35 (Years)
BIRTHPLACE: Bennington, Ida.	BIRTHPLACE: Mantua, Utah
OCCUPATION: Rancher	OCCUPATION: Rancher's Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 2:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J.H. Lynn

Physician (Physician or midwife)

Address Montpelier, Idaho

Filed 11/1/1915 H.H. King, M.D. Registrar.

Give names added from a supplemental report.

....., 192.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dep of 1915: 36432

L.D.S. Certificate of Ordination to Holy Priesthood, Feb. 25, 1930 gives names as John Grant Merrill, Ambrose D. Merrill and Estella Ipsen - viewed by V.S. Another Child's birth cert. on file, #9070 gives parent's names as Ambrose Dunn Merrill and Estella Ipsen - viewed by V.S. and Own Child's Birth Cert. on file, #242883

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of gives father's name as John Grant Merrill - viewed by V.S. } ss.
County of

Certificate No. 34037

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for John Grant Merril (Name on Original Certificate) who born (Was Born or Died) on Sept. 27, 1915 (Date of Event)
in Bennington (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's & Father's Last Name	Merril	Merrill
Mother's Maiden Name	Estela Ipsom	Estella Ipsen

Subscribed and sworn to before me this 8th day of June, 1959.

Notary Public, residing at Pocatello, Idaho
My commission expires April 7, 1963
(Seal)

Signed Estella Merrill
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

445 No. 9th Montpelier, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bannock } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8th day of June, 1959.

Notary Public, residing at Pocatello, Idaho
My commission expires April 7, 1963
(Seal)

Signed [illegible]
(Signature of Any Credible Person)

149 So. Main Pocatello, Idaho
(Street Address, City, State)

FORM DPH 55.155

L 12-3-57 1 copy paid

813-220-004699

child's name amended 8-23-84
mother & father's
name amended 8-23-84 TC

Form V. S. [redacted]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bear Lake

City of Bennington

Registration District No. 52

File No. 34038

No. ..... *St.*

Primary Registration District No. 2136

Registered No. .....

Hospital .....

FULL NAME OF CHILD Nellie ~~May~~ MAE Hall

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
f		yes	Sept 20 1915 (Month) (Day) (Year)

FULL NAME	FATHER	FULL MAIDEN NAME	MOTHER
Samuel Carlos ~~Sam C.~~ Hall		Inez Sophia ~~Inez~~ Wright	
RESIDENCE	Bennington	RESIDENCE	Bennington
COLOR	W AGE AT LAST BIRTHDAY 25 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE	Bennington	BIRTHPLACE	Bennington
OCCUPATION	rancher	OCCUPATION	housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11.30 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) I. W. Lynn M. D.

M. D. (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Montpelier, Ida

Filed 11/1/ 1915 H. H. Hung

Registrar

Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 12 1971

7-31-84

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED BUREAU OF VITAL STATISTICS AUG 23 10 41 AM '84

State of _____ } ss.
County of _____

Certificate No. 34038
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Nellie May Hall (Name on Original Certificate) who was born (Was Born, Died, etc.) on Sept 20, 1915 (Date of Event)

in Bennington (Bear Lake) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Nellie May Hall	Nellie Mae Hall
fathers name	Sam C Hall	Samuel Carlos Hall
mothers name	Ines Wright	Inez Sophia Wright

Subscribed and sworn to before me this _____ day of _____, 19__.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

x Nellie Mae Hall Weaver
Signature of Applicant

x 290 No. 500 W. #307 - Brownfield, Ab. 84010
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____

(Must be completed __)
(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19__.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

Janette Holmes
Supporting Signature

351 Jefferson, Montpelier Ida.
Street Address, City, State

Certificate of Record of Membership in L.D.S.Church gives name as Nellie Mae Weaver born September 20, 1915, in Bear Lake, Idaho. Record issued August 3, 1984. Baptized September 24, 1923.Parents - Samuel Carlos Viewed by V.S. Hall and Inez Sophia Wirght.

Marriage certificate of parents gives name of father as Samuel Carlos Hall and Inez Sophia Wright. Married October 1, 1914, in S.L C. UT. Issued form the State of Utah County of Salt Lake.
Viewed by V.S.

Own marriage certificate lists name of bride as Nellie Mae Hall, Married May 29, 1935, in Salt Lake City, Utah. Marriage license issued May 28, 1935, from county of Satl Lake.
Viewed by V.S.

386130-004-415

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier

No. Idaho St.

Hospital

Registration District No. 52

File No. 34039

Primary Registration District No. 2136

Registered No.

FULL NAME OF CHILD Clinton Lee Thomas

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		yes	July (Month) 30 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Clinton A Thomas	FULL MAIDEN NAME	Lilla Downing
RESIDENCE	Montpelier Idaho	RESIDENCE	Montpelier Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Blackfoot Idaho
OCCUPATION	R.R. Conductor	OCCUPATION	R.R. Conductors wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Lynn

Physician (Physician or midwife)

Given names added from a supplemental report

19

Address Montpelier

Filed 11/1/ 1915

S. H. Kingman
Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued Dec. 18, 1940. E.W.

155-113-004-395

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 52

Primary Registration District No. 2136

File No. 34040

Registered No. .....

FULL NAME OF CHILD Victor Henning Jensen

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	one		3	yes	July 15 1908

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME Anthon Peter Jensen	FULL MAIDEN NAME Anna Cecilia Lindberg
RESIDENCE Montpelier	RESIDENCE Montpelier
COLOR white	AGE AT LAST BIRTHDAY 32 (Years)
COLOR white	AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE Montpelier	BIRTHPLACE Sweden
OCCUPATION Brakeman	OCCUPATION Housework

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. H. Lyman

Physician

(Physician or midwife)

Address Montpelier

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 11/1 19 08 H. H. Lyman Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STA
CERTIFICATE OF BIRTH

United States Employment Service-Applicant's Identification Card, Identification No. 556-14-7040, registration date, Nov. 19, 1938 gives full name as Jensen, Victor Henr ng- viewed by V.S. and Statement concerning Montpelier, Idaho High School Records, gives full name of student as Victor Henning Jensen, born July 13, 1915 - statement has been signed by H.W. Phillips,

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho Montpelier, Idaho - viewed by V.S. Certificate No. 34040

County of Bear Lake } ss. Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Jensen (Name on Original Certificate) who was born (Was Born or Died) on July 13, 1915 (Date of Event)

in Montpelier, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by personal records (Bible Record, Insurance Policy, Etc.) prepared on date of birth (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Victor Henning Jensen

Subscribed and sworn to before me this 24th day of February, 19 61

Notary Public, residing at Montpelier, Idaho

My commission expires March 9, 1961.

(Seal)

Signed Anna S. Jensen - Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

309 So 9th St Montpelier, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bear Lake }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th day of February, 19 61

Notary Public, residing at Montpelier, Idaho

My commission expires March 9, 1961.

(Seal)

Signed Annie Peehran
(Signature of Any Credible Person)

154 South 9th Montpelier
(Street Address, City, State)

FORM DH 60-155 CL 10-18-60. rm

APR 14 1961

515-217-004972

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Bennington

Registration District No. 52 File No. 34041

No. ..... St.

Primary Registration District No. 2136 Registered No. .....

Hospital .....

FULL NAME OF CHILD Genevieve Van Orman

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	July (Month) 12 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Abraham Charlie Van Orman	FULL MAIDEN NAME	Tennie Rosina Ipsen
RESIDENCE	Bennington	RESIDENCE	Bennington
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Bennington	BIRTHPLACE	Mantua Utah
OCCUPATION	Farmer	OCCUPATION	Farmer's wife

Number of child of this mother, including present birth 4th Number of children of this mother now living, including present birth 4th

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Lynn

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Montpelier Idaho

Filed 11/1 1915 H H King MD

..... Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

249-201-004-219

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Georgetown

Registration District No. 52

File No. 34042

No. Idaho St.

Primary Registration District No. 2136

Registered No.

Hospital

FULL NAME OF CHILD Lita DeNice Smith

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	one	one	yes	July 1 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Wells Harrison Smith	FULL MAIDEN NAME	Florence Barkdull
RESIDENCE	Georgetown	RESIDENCE	Georgetown
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Bennington	BIRTHPLACE	Georgetown
OCCUPATION	Farmer	OCCUPATION	Farmers wife

Number of child of this mother, including present birth 4th

Number of children of this mother now living, including present birth 4th

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Lynn

Physician (Physician or midwife)

Given names added from a supplemental report

19

Address Montpelier Idaho

Filed 11/1 1915 H H King MD

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-3-38-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

249-116-016-759

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34043

County of Cassia

City of Island

Registration District No. 120 File No. 111

No. ..... St.

Primary Registration District No. 2199 Registered No. 87

Hospital .....

FULL NAME OF CHILD Carmon Perry Smith

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	X		X	yes	10 (Month) 16 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Hannibal H Smith	FULL MAIDEN NAME	Rhoda Perry
RESIDENCE	Island	RESIDENCE	
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	North Carolina	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 7 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E P Coleman

MD
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Oakley

Filed 10/10 1915 E P Coleman
Registrar

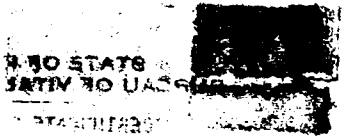
Registrar

S-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



OCT 2 8 1942

MAR 7 1969

Amended 6-8-67

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 34044
Local Reg. No. 83
Reg. Dist. No. 120

1. PLACE OF BIRTH

a. COUNTY: Cassia

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Basin

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Cassia

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Basin

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Tessa b. (Middle): Claoma c. (Last): McIntosh

4. SEX: Female

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): 10 - 19 - 1915

FATHER OF CHILD

7. FULL NAME

a. (First): Samuel b. (Middle): Carlos c. (Last): McIntosh

8. AGE (At time of this birth): 22 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Idaho

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Myra b. (Middle): M. c. (Last): Tolman

13. AGE (At time of this birth): 18 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Idaho

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 0

b. How many OTHER children were born alive but are now dead? 0

c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: E. P. Oldham, M.D.

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Oakley, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: 11-10-1915

22. REGISTRAR'S SIGNATURE: E.P. Oldham

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

Use BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the local registrar in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

DECEASED

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED AUG 9 1966 Bureau of Vital Statistics

State of Idaho } ss.
County of Cassia }

Certificate No. 34044

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Tessa Claytonia McIntosh (Name on Original Certificate) who was born (Was Born or Died) on Oct. 19, 1915 (Date of Event)

in Basin, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Tessa Claytonia McIntosh	Tessa Claoma McIntosh

Subscribed and sworn to before me this 10th day of June, 1966.

J. Willard Carter
Notary Public, residing at Burley, Idaho
My commission expires Jan. 23, 1969
(Seal)

Signed Claoma McIntosh
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Minidoka }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st day of July, 1966.

Jessie F. McGregor
Notary Public, residing at Rupert, Idaho
My commission expires April 29, 1970
(Seal)

Signed Albert M. McIntosh
(Signature of Any Credible Person)

Oakley, Idaho
(Street Address, City, State)

FORM DH 60-155 CL 6-3-66. mm one copy pd. rec. #17774.

Child's Birth Cert. on file: (Idaho Birth) #433392 gives full maiden name as Tessa Claoma McIntosh - viewed by V.S.

Rupert, Idaho High School Year Book "Comet" school year of 1934 gives full name as Tess Claoma McIntosh - viewed by V.S.

619-128-016-413

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34045

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

Registration District No. 170 File No. 14

Primary Registration District No. 2199 Registered No. 84

FULL NAME OF CHILD Wm Phillip Warr

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	X	X	Yes	10, 28, 1915

FATHER		MOTHER	
FULL NAME	Wm Edward Warr	FULL MAIDEN NAME	Edith Matthews
RESIDENCE	Oakley	RESIDENCE	
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Teacher	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10-05 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E P Oleson MD

(Physician or midwife)

Address Oakley

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 11-10-15 E P Oleson Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 2 8 1969

492231-016155

PLACE OF BIRTH

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. [illegible] 1-1-18

CERTIFICATE OF BIRTH

34046

Registration District No. 170 File No. 11

Primary Registration District No. 2149 Registered No. 85

FULL NAME OF CHILD ALOA Dixon

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	X	X	Yes	10 - 31 - 1915

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME Asael A Dixon	FULL MAIDEN NAME Ethel Jenkins
RESIDENCE Oakley	RESIDENCE Oakley
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 27 (Years)	AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Wyoming	BIRTHPLACE Idaho
OCCUPATION School Teacher	OCCUPATION Housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 6 46 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E M Johnson M D
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Oakley

Filed 11-10-19 15 E M Johnson
Registrar

..... Registrar

S-Y CO. 24685

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
MAR 29 '56
Division of Vi...

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of .....
County of ..... } ss.

Certificate No. 34046

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Dixon (Name on Original Certificate) who was born (Was Born or Died) on October 31, 1915 (Date of Event)
in Oakley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Marriage Certificate August 23, 1940
Certificate of Baptism prepared on May 2, 1924
(Bible Record, Insurance Policy, Etc.) Viewed by Vital Statistics (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Missing	Aloa Dixon

Subscribed and sworn to before me this 9th day of March, 1956

Irene E. Fields
Notary Public, residing at Phoenix, Arizona
My commission expires: My Commission Expires July 16, 1957
(Seal)

Signed Ethel E. Dixon
(Signature of parent or ~~attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.~~)
502 E. Maryland, Phoenix Arizona
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Arizona
County of Maricopa } ss.

[This Affidavit MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14th day of March, 1956

Irene E. Fields
Notary Public, residing at Phoenix, Arizona
My commission expires: My Commission Expires July 16, 1957
(Seal)

Signed U. H. Dixon
(Signature of Credible Person)
502 E. Maryland, Phoenix Arizona
(Street Address, City, State)

FORM DPH 55.155

MAY 8 1956

689-103-016-619

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Oakley

No. _____ St.

Hospital _____

Registration District No. 120 File No. ~~111~~ 34047

Primary Registration District No. 2199 Registered No. 86

FULL NAME OF CHILD Floyd Warwood Whiteley

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	X	X	yes	11 - 3 1915

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Myron Whiteley	FULL MAIDEN NAME	Kate Warwood
RESIDENCE	Oakley	RESIDENCE	
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 3:25 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E Polohan
MD
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Oakley

Filed 11-10 1915 E Polohan
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dup 001915-399671

419-206-016-951

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34048

County of Cassia

City of Marion

Registration District No. 120 File No. 111

No. ..... St.

Primary Registration District No. 2199 Registered No. 84

Hospital .....

FULL NAME OF CHILD Rachel DeHarmare

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Female	X	X	Yes	11 (Month) 6 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Wilford M. DeHarmare	FULL MAIDEN NAME	Mae Read
RESIDENCE	Marion	RESIDENCE	
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho.
OCCUPATION	Farmer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 6:20 P M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E P Oldham

MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Oakley

Filed 11-10 1915

E P Oldham

Registrar

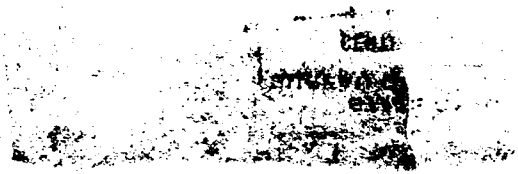
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

E9-128-035-459

PLACE OF BIRTH

County of Nez Perce

City of Gifford

No. ..... St.

Hospital .....

[redacted] TE OF IDAHO
F VITAL STATISTICS

[redacted] IFICATE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

Registration District No. 92 File No. 34049

Primary Registration District No. 2170 Registered No. 331

FULL NAME OF CHILD Raymond Henry Heitman

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	S		Yes	Aug 28 1915

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Earnest Heitman	FULL MAIDEN NAME	Frieda Dehning
RESIDENCE	Gifford	RESIDENCE	Gifford
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Minn
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 a. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E Heitman

father (Physician or midwife)

Given names added from a supplemental report.

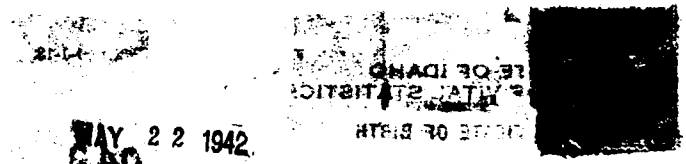
..... 19.....

..... Registrar

Address .....

Filed 10-4 1915 E. E. Watts Registrar

S-Y CO. 24655


MAY 22 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

County of Lewis

City of Nezperce

No. ..... St.

Hospital .....

Registration District No. 47

File No. 34050

Primary Registration District No. 2124

Registered No. 45

FULL NAME OF CHILD DEA JUNIOR BARNHART ~~D. Junior Brown~~ Barnhart

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Oct 16 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	LEONARD D. ~~Lenord~~ Barnhart	FULL MAIDEN NAME	ANNA E. ~~Anna~~ Brown
RESIDENCE	Nezperce, Idaho	RESIDENCE	Nezperce Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	North Dakota
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Boned alive (Born alive or stillborn) at 8 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E Taylor M.D

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Nezperce Idaho

Filed 11-1 1915 J. P. Jones Registrar

Registrar

S-Y CO. 20174

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Utah
County of Cache } ss.

Certificate No. 34050

Date Filed 2-5-42

The undersigned does solemnly swear that certain facts on the certificate of D.J. Barnhart (Birth or ~~Death~~)
for (Name on Original Certificate) who (Was Born or ~~Died~~) on Oct 26 1915 (Date of Event)
in Nee Pierce Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	D. Junior Brown Barnhart	Dea Junior Barnhart
name of mother	Emma Brown	Anna E. Brown
name of father	Lenord Barnhart	leonard D. Barnhart

Subscribed and sworn to before me this 4
day of Feb, 1942

Notary Public, residing at Logan Utah
My commission expires Aug 2 1945
(Seal)

Signed Clover Barnhart Christensen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah
County of Cache } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4
day of Feb, 1942

Notary Public, residing at Logan Utah
My commission expires Aug 2 1945
(Seal)

Signed M. L. Christensen
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

1942

294-207-031-168

[redacted]

6-15-12

PLACE OF BIRTH

County of Lewis

City of Nezperce

No. ..... St.

Hospital .....

CERTIFICATE OF BIRTH

Registration District No. 47 File No. 34051

Primary Registration District No. 2124 Registered No. 44

FULL NAME OF CHILD Adelene Dorthy Symphson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth ~~First~~	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	October 7 1915

FATHER		MOTHER	
FULL NAME	Charles Symphson	FULL MAIDEN NAME	Ada Johnson
RESIDENCE	Milton Oregon	RESIDENCE	Milton Oregon
COLOR	White	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Oregon		
OCCUPATION	Laborer		
COLOR	White	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Norway		
OCCUPATION	House Wife		

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 11 A.M. on the date above stated.

(Signature) W Taylor M D

(Physician or midwife)

Address Nezperce Idaho

Filed 10-8 1915 J B Jones Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

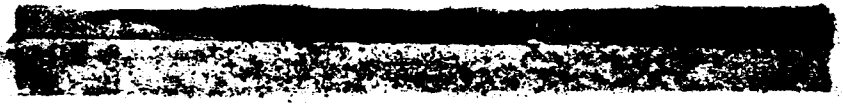
..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



[redacted]

APR 21 19[illegible]

846-205-031-812

[redacted]

Form L. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

[redacted] STATISTICS

[redacted] BIRTH

County of Lewis

City of Nezperce

No. ..... St.

Hospital .....

Registration District No. 47

File No. 34052

Primary Registration District No. 2124

Registered No. 46

FULL NAME OF CHILD Ardith Lorine Huff

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F.			10 (Month) 5 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Albert Huff	FULL MAIDEN NAME	Bertha Haskin
RESIDENCE	Nezperce, Idaho	RESIDENCE	Nezperce, Idaho
COLOR	N	COLOR	N
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	Store Clerk	OCCUPATION	Hook

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1.15 p M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. P. Jones, M. D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Nezperce, Idaho

Filed 10 5 1915

J. P. Jones
Registrar

Registrar

S-Y CO. 84655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 1 2 1947

JAN 6 1943

465-205-007-615

PLACE OF BIRTH

STATE OF [redacted]
BUREAU OF VITA[redacted]

Form V. S. No. 11-C—25m-1-1-18

County of Blaine

City of Hailey

No. ____ St.

Hospital ____

Registration District No. 21

File No. 34053

Primary Registration District No. 2074 Registered No. 76

FULL NAME OF CHILD May Elizabeth Montgomery

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
female			yes	Oct [redacted]

FATHER

FULL NAME: Elmer Clyde Montgomery

RESIDENCE: Hailey Idaho

COLOR: White

AGE AT LAST BIRTHDAY: 31 (Years)

BIRTHPLACE: Mo.

OCCUPATION: Shoe man

MOTHER

FULL MAIDEN NAME: Stella [redacted]

RESIDENCE: Hailey Idaho

COLOR: White

AGE AT LAST BIRTHDAY: 33 (Years)

BIRTHPLACE: Kansas

OCCUPATION: Housewife

Number of child of this mother, including present birth: 1

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 5 45 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John J. Rack M.D.

(Physician or midwife)

Address Hailey Idaho.

Given names added from a supplemental report.

..... 19....

Filed Oct 8 19 15 Robert L. Wright

[redacted]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

DEC 10 1963

257-208-002 818

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-1-1-15

County of Blaine

City of Hailey

No. _____ St.

Hospital _____

Registration District No. 21

Primary Registration District No. 2022

File No. 34054

Registered No. 77

FULL NAME OF CHILD No name

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Oct 8 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Israel Segraves	FULL MAIDEN NAME	Hilda Hayward
RESIDENCE	Hailey Idaho	RESIDENCE	Hailey Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	North Carolina	BIRTHPLACE	Wyoming
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 2 51 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John J. Raaf M.D.
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Hailey Idaho

Date Oct 10 1915 Robert H. Wright

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. II-C—38m-1-1-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Blaine

Address 19

Filed 19

Registrar

Registrar

396 201-007-793

PLACE OF BIRTH

County of Blaine

City of Crooks

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-8-20-11

34055

Registration District No. 42 21

Primary Registration District No. 2075 42

File No. .....

Registered No. 78

FULL NAME OF CHILD Tacy Nadine Cross

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl				Sept 1, 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Reuben T. Cross	Rosa E Pittman
RESIDENCE	Crooks	Crooks
COLOR / AGE AT LAST BIRTHDAY (Years)	white 47	white 40
BIRTHPLACE	wis.	Ind.
OCCUPATION	Carpenter	house wife

Number of child of this mother, including present birth 8

Number of children, of this mother, now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Reuben T. Cross

(Physician or Midwife)

Address Crooks Idaho

Given name added from a supplemental report

..... 19.....

Registrar

Filed Nov 7 19 15 Robert H. Wright

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

S
Euro
CERTI

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
DEC 3 - 1970
Bureau of Vital Statistics

State of Idaho
County of Blaine } ss.

Certificate No. 34055

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Cross (Name on Original Certificate) who was born (Was Born or Died) on Sept. 1, 1915 (Date of Event) in Crooks, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Tacy Nadine Cross

Subscribed and sworn to before me this 27th day of November, 1970

Berdina Peck

Notary Public, residing at Carey Idaho

My commission expires 2-19-72

(Seal)

Signed x Zelma Hutton

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Carey, Idaho 83320

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Blaine } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th day of November, 1970

Berdina Peck

Notary Public, residing at Carey, Idaho

My commission expires 2-19-72

(Seal)

Signed x [illegible]

(Signature of Any Credible Person)

Carey, Idaho 83320

(Street Address, City, State)

FORM DH 60-155

CL 1-6-61. one copy pd. receipt #10466.

JAN 23 1971

St. Alphonsus Hospital, Boise, Idaho, birth certificate certifies that Sharon Lee Bernhardt was born to Henry Richard Bernhardt and Tacy Nadine Cross on May 20, 1948. Viewed by V.S.

State of Idaho, Public School Diploma from Blaine County gives the name as Tacy Cross, dated May 17, 1929. Viewed by V.S.

493-212-007165

Amended 4/18/78

Amended 3/16/79

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form No. 11-C—25m-1-1-18

CERTIFICATE OF BIRTH

File No. 34056

County of Blaine

City of Hailey

No. ____ St.

Hospital ____

Registration District No. 21

Primary Registration District No. 2077

Registered No. 79

FULL NAME OF CHILD Helen Alrena Mills

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				yes	Oct 12 1915

FATHER		MOTHER	
FULL NAME	Mannie Mills	FULL MAIDEN NAME	Annie Jones
RESIDENCE	Hailey Idaho	RESIDENCE	Hailey Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Idaho	COLOR	White
OCCUPATION	Laborer	AGE AT LAST BIRTHDAY (Years)	19
		BIRTHPLACE	Idaho
		OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 5:10 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John J Raef M D

(Physician or midwife)

Address Hailey, Idaho

Filed Oct 15 19 15 Robert H Wright Registrar

Given names added from a supplemental report.

19 ____

____ Registrar

S-Y CO. 24695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

NOV 15 1968

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
BUREAU OF
VITAL STATISTICS
MAR 20 8 30 AM '78

State of ..... } ss.
County of ..... }

Certificate No. 34056

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Mills (female) (Name on Original Certificate) who was born (Was Born or Died) on Oct. 12, 1915 (Date of Event)
in Hailey, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Helen Alvena Mills

Subscribed and sworn to before me this ..... day of ....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed Annie E. Mills
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Yakima }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3 day of Dec, 1977

.....
Notary Public, residing at Union Gap WA
My commission expires 4-20-1976
(Seal)

Signed Kenneth James Martin
(Signature of Any Credible Person)

3403 Main Union Gap WA
(Street Address, City, State)

FORM DH 60-155 CL 11/27/74 nm

Marriage License from Idao gives name of groom as E. D. Barr and the bride's name as Helen Mills. married July 23, 1935. viewed by V. S.

APR 1 9 1978

Own child's birth certifi cate from Oregon gives child's name as Janette Helen Barr born July 8, 1936. file No. 2280. father's name as Everett D. Barr and Helen Mills viewed by V. S.

3/16/79

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
MAR 16 11 12 AM '79

State of _____ } ss.
County of _____ }

Certificate No. 34056
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of Birth

for Helen Mills (Name on Original Certificate) who Was born (Was Born, Died, etc.) on 10/12/15 (Date of Event)

in _____ (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Name	Helen Mills	Helen Alrena Mills

Subscribed and sworn to before me this 16th day of March, 1979

Notary Public, Margaret D. Davis

Residing at Boise

My commission expires Lifetime

(Seal)

Helen Alrena Carter
Signature of Applicant

Box 393 Star Rt. C. Palmer Ak. 99645
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Family Bible record compiled by Annie Jones Mills lists child born 10/12/15 as Helen Alrena Mills. (bible is obviously old) viewed by V.S.

Social Security Card #720-03-6020 issued 11/61 was issued to Helen A. Carter, Married name of Helen Mills. viewed by V.S.

MAR 16 197

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

117-214607-212

PLACE OF BIRTH

County of Blaine

City of Picabo

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34057

Registration District No. 21 File No. .....

Primary Registration District No. 2022 Registered No. 80

FULL NAME OF CHILD Doris Jaggers

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Sept 14 1915

	FATHER	MOTHER
FULL NAME	Ray Thomas Jaggers	Dora Minnie Baker
RESIDENCE	Picabo Ida	Picabo Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	25	18
BIRTHPLACE	Bannack, Mont.	Picabo Ida
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2:19 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Robert H. Wright M.D.

(Physician or midwife)

Address Hailey Ida

Given names added from a supplemental report

..... 19.....

Filed Oct 12 19 15 Robert H. Wright

Registrar

..... Registrar

S-Y CO. 20174

753-122-007-415

PLACE OF BIRTH

County of Blaine

City of Carey

No. ____, ____ St.

Hospital ____

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-20-11

34058

Registration District No. 21 File No. ____

Primary Registration District No. 2025 Registered No. 81

FULL NAME OF CHILD Marven Allen Petterson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Sept. 22 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John Allen Petterson	Amy Elizabeth Davis
RESIDENCE	Custer Ida.	Custer Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	27	21
BIRTHPLACE	Bear Track Montana	Malad City Ida.
OCCUPATION	Farmer	House Wife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 12:25 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. E. B. Howard

Midwife
(Physician or Midwife)

Address Carey Idaho.

Given name added from a supplemental report

....., 19.....

Filed Oct 1 1915 Robert H. Wright
Registrar

Registrar

S-Y CO., 16666

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DUP001915-342604

534-130-007-396

PLACE OF BIRTH

Form V. S. No. 11—[illegible]m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Amended 6/17/74

3[illegible]59

County of Blaine

City of Carey

No. ____, ____ St.

Hospital ____

Registration District No. 21

File No. ____

Primary Registration District No. 2025

Registered No. 82

FULL NAME OF CHILD Gail Veone Eldredge

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	Sept. 30, 1915

FATHER		MOTHER	
FULL NAME	Harest Howard Eldredge	FULL MAIDEN NAME	Vivian Elizabeth Cross
RESIDENCE	Carey Ida	RESIDENCE	Carey Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Summit Co. Utah	BIRTHPLACE	Barton Co. Missouri
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 6:15 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs G. B. Howard

Midwife (Physician or Midwife)

Given name added from a supplemental report

Address Carey Idaho

Filed Oct 12 1915 Robert H. Wright Registrar

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAY 1 8 1945

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
JUN 11 10 AM '74

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of .....
County of ..... } ss.

Certificate No. 34059

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Gale Veone Eldredge (Name on Original Certificate) who was born (Was Born or Died) on Sept. 30, 1915 (Date of Event)
in Carey, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Gale	Gail

Subscribed and sworn to before me this 7th day of June, 1974

Notary Public, residing at Salmon, Ida

My commission expires Nov. 10, 1974

(Seal)

Signed Rowena Sparks
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

2008 Euclid Boise, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of .....
County of ..... } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7th day of June, 1974

Notary Public, residing at Salmon, Ida

My commission expires Nov. 10, 1974

(Seal)

Signed Dorothy Eldredge
(Signature of Any Credible Person)

Salmon Idaho 83467
(Street Address, City, State)

FORM DH 60-155

CL6/ 4/74 nm

Certif of Blessing from LDS Church gives name as Gail Veone Eldrege son of Forest H. Eldredge, Jr. and Vivian E. Cross. Born Sept. 30, 1915 at Carey, Idaho. Was Blessed Nov. 7, 1915. viewed by V. S.

JUN 17 1974

Social Security Card ~~from~~ (519-18-7112) gives name as Gail Veone Eldregeof Carey, Idaho. viewed by V. S.

699-115-007:691

PLACE OF BIRTH

Form [illegible]-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34060

County of Blaine

City of Gannett

No. ..... St.

Hospital .....

Registration District No. 21

File No. .....

Primary Registration District No. 2022

Registered No. 83

FULL NAME OF CHILD ~~Not Named~~ THERON LEE WRIGHT

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Boy	✓		4	yes	Oct 15 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	David Wright	FULL MAIDEN NAME	Nance Frome
RESIDENCE	Wright Ranch. Gannett, P.O.	RESIDENCE	Wright ranch Gannett P.O.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Utah	BIRTHPLACE	Sweden
OCCUPATION	Farmer	OCCUPATION	Heroic wife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8:20 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. J. Allen MD

Bellevue
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed Oct 20 1915 Robert H. Wright
Registrar

Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California }
County of Nevada } ss.

Certificate No. 34050

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed (Name on Original Certificate) who born (Was Born or Died) on October 15, 1915 (Date of Event)
in Gannett, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Theron Lee Wright

Subscribed and sworn to before me this 9
day of July, 1943

Notary Public, residing at Grass Valley, Calif.

My commission expires Aug. 12, 1944
(Seal)

Signed David G. Wright
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

418 Marshall St.
(Street Address, City, State) Grass Valley, Calif.

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California }
County of Nevada } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th
day of July, 1943

Notary Public, residing at Grass Valley, Calif.

My commission expires Aug. 12, 1944
(Seal)

Signed Angus C. Fox
(Signature of Any Credible Person Other Than Previous Year)

Grass Valley Calif. Box 870
(Street Address, City, State)

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

CERTIFICATE TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH

1943

249-131 to 07-389

PLACE OF BIRTH

County of Blaine

City of Tikura

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-20m-1-1-18

CERTIFICATE OF BIRTH

34061

Registration District No. 21 File No. .....

Primary Registration District No. 2077 Registered No. 84

FULL NAME OF CHILD Not Named

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy	—		4	Yes	Oct 31 1915

FATHER		MOTHER	
FULL NAME	Jess Smith	FULL MAIDEN NAME	Addie Christoleur
RESIDENCE	Farm Near Tikura	RESIDENCE	Farm near Tikura
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Texas
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 6:30 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. J. Allen M.D.

Bellevue, Idaho

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed Nov 1 19 15 Robert H. Wright Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

243-118-207-114

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Blaine

City of Gannett

No. _____ St.

Hospital _____

Registration District No. 21 File No. 34062

Primary Registration District No. 2044 Registered No. 85

FULL NAME OF CHILD Not Named

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy	✓		1	Yes	Oct 18 1917

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Wm D. Buckley	FULL MAIDEN NAME	Caroline V. Jamison
RESIDENCE	North Gannett Ranch Gannett P.O.	RESIDENCE	Gannett P.O.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Home wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 9 on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O J. Allen MD

Bellevue, Idaho

(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Address _____

Filed Oct 15 19 15 Robert H. Wright Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, with unfading ink—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

132-721 [redacted] STATE OF IDAHO [redacted] 1-C—20m-2-15-12

[redacted] OF VITAL STATISTICS [redacted]

[redacted] CERTIFICATE OF BIRTH [redacted] 063

County of [redacted]

City of Picabo Registration District No. 21 File No.

No. St. Primary Registration District No. 2022 Registered No. 86

Hospital

FULL NAME OF CHILD Harvey M. Albrethsen

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Oct 26 1915

FATHER	MOTHER
FULL NAME Adolph Albrethsen	FULL MAIDEN NAME Anna Peterson
RESIDENCE Picabo, Ida	RESIDENCE Picabo Ida
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 27 (Years)	AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Idaho	BIRTHPLACE Wisconsin
OCCUPATION Stockman	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Robert H. Wright M.D.

(Physician or midwife)

Address Hailey Ida

Given names added from a supplemental report

..... 19.....

Filed Oct 30 19 15 Robert H. Wright

Registrar

..... Registrar

S-Y. CO.—20174

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Ida } ss. Certificate No. 34063
County of Ada } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Harvey M. Albrethsen

Subscribed and sworn to before me this 5th day of June, 1948

Notary Public, residing at Mabel Fielder
My commission expires Boise
(Seal)

Signed Adolph Albrethsen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws,)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

(Street Address, City, State)

APR 28 1972

JUN 5 1945

364-229. 044-962

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

34065

County of Washington

City of Weiser

Registration District No. 86 File No.

No. St.

Primary Registration District No. 212 Registered No. 37

Hospital

FULL NAME OF CHILD. Lois Virginia Compton

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Sept 29 1915

FATHER

FULL NAME Fredrick Wm Compton

RESIDENCE Weiser

COLOR White AGE AT LAST BIRTHDAY 50 (Years)

BIRTHPLACE Mo.

OCCUPATION Physician

MOTHER

FULL MAIDEN NAME Olive Rose

RESIDENCE Weiser

COLOR White AGE AT LAST BIRTHDAY 29 (Years)

BIRTHPLACE Idaho

OCCUPATION Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. W. Compton M.D.

Physician (Physician or midwife)

Address Weiser Ida

Given names added from a supplemental report

....., 19.....

Filed 10-25 1915 W. R. Hamilton Registrar

.....
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

MAR 3 1967

469-130-044-714

PLACE OF BIRTH

County of Washington

City of Weiser

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11,C—15m-6-20-11

Registration District No. 56

File No. 34066

Primary Registration District No. 2112

Registered No. 39

FULL NAME OF CHILD Archer N. Morgan

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Oct. 30 1915

FATHER		MOTHER	
FULL NAME	Archer H Morgan	FULL MAIDEN NAME	Elledia Paddock Morgan
RESIDENCE	Weiser Idaho	RESIDENCE	Weiser Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Sarnia N.D.	COLOR	White
OCCUPATION	Manager I. T. T.	AGE AT LAST BIRTHDAY (Years)	36
		BIRTHPLACE	Prairie Lee.
		OCCUPATION	Housewife

Number of child of this mother, including present birth ____

Number of children, of this mother, now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 12:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E B Dudley

Physician (Physician or Midwife)

Address Weiser Ida

Given names added from a supplemental report

____, 19____

Filed 11-5 1915 W. P. Hamilton Registrar

____ Registrar

S-Y CO., 16470

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

71-141

DEC 24 1962

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

258-1291044-693

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

34067

County of Washington

City of Weiser

Registration District No. 86 File No.

No. , St.

Primary Registration District No. 2112 Registered No. 35

Hospital

FULL NAME OF CHILD Robert Medford Keyes

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		3rd	Yes	Sept 29 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Karl Keyes	Selma Wellman
RESIDENCE	Weiser	Weiser
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	35	32
BIRTHPLACE	Minnesota Mich	Brunswick Me
OCCUPATION	Ranch	Housework

Number of child of this mother, including present birth

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) on the date above stated, at 8.50 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

Physician

(Physician or Midwife)

Address Weiser Ida

Given names added from a supplemental report

....., 19.....

Filed 10-27 1915 W. R. Hamilton

Registrar

.....

Registrar

S-Y CO., 16670

FEB 11 1944

555-111-044-897

PLACE OF BIRTH

ST[illegible]
BUREAU [illegible]
CER[illegible] OF BIRTH

[illegible]-C—25m-1-1-13

County of Washington

City of Weiser

No. _____ St.

Hospital _____

Registration District No. 86

File No. 34068

Primary Registration District No. 2112

Registered No. 36

FULL NAME OF CHILD Charles Carmack Neeley

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male		8th	Yes	Oct. 11 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John C. Neeley	FULL MAIDEN NAME	Lorena Hixon
RESIDENCE	Weiser Ida	RESIDENCE	Weiser Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	54 (Years)	AGE AT LAST BIRTHDAY	48 (Years)
BIRTHPLACE	Scott Co Va	BIRTHPLACE	Holton Kansas
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 8th

Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 8 20 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S B Dudley

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Weiser Ida

Filed 10-27 1915 W. R. Hamilton Registrar

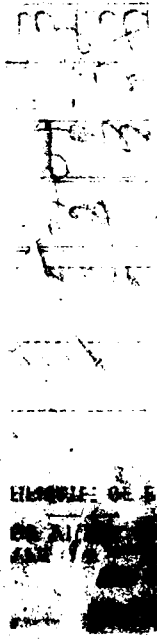
Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

N 26

State File No. 68
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Weiser
(c) ~~Street Address~~ or R.F.D. No. 4
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county Was years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Weiser
(d) ~~Street Address~~ or R.F.D. No. 4
(e) How long has **MOTHER** lived in Idaho? 44 yrs.

3. RESIDENCE OF FATHER (city, state) Weiser, Idaho

4. FULL NAME OF CHILD Charles Carmack Neeley

5. Date of Birth of Child (Month, day, year) Oct. 11 – 1915

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John C. Neeley decd.
11. Color or Race American
12. Age at time of THIS birth 55 yrs.
13. Birthplace Speers Ferry Va. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Retired sheepman.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lorena Hixon
17. Color or Race American
18. Age at time of THIS birth 41 yrs.
19. Birthplace Holton Kansas (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business Caring for home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at 2 A M. on the date and at the place stated above, and that personal particulars were furnished by Lorena (First name) Neely (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature Stowell B. Dudley M.D. Midwife Address Caldwell Ida Date 1-24-42

State of Idaho
County of Washington } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 26 years, and that S B Dudley M D (First name) (Last name), who attended this birth Caldwell Idaho (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lorena Neeley Signature
P. O. Address

Subscribed and sworn to before me this 23 day of January 1942
(SEAL) E. R. Carter Notary Public, residing at Weiser Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 26 1942 by [illegible], Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

[redacted] 1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

No. 638 W. Commercial St.

Hospital

Registration District No. 86 File No. 34069

Primary Registration District No. 1010 Registered No. 32

FULL NAME OF CHILD Rebekah Susan Rock

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Aug. (Month) 28 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Elmer Rock	FULL MAIDEN NAME	Louanna Lloyd
RESIDENCE	Weiser Idaho	RESIDENCE	Weiser Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Kent Indiana	BIRTHPLACE	Kent Indiana.
OCCUPATION	carpenter	OCCUPATION	

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr S. B. Dudley

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Address Weiser

Filed 9-21 1915 W. R. Hamilton Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 27 1944

[redacted]

168-108-044635

Form V. S. No. 11 [illegible] 3-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Washington

City of Weiser

No. ..... St.

Hospital .....

CERTIFICATE OF BIRTH

Registration District No. 86 File No. 34070

R.F.D.

Primary Registration District No. 2112 Registered No. 43

FULL NAME OF CHILD Johnston

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	—		—	yes	Oct 8 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Wealthy Howard Johnston	FULL MAIDEN NAME	Olga, Oleson
RESIDENCE	Weiser Idaho	RESIDENCE	Weiser Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Pittsburg Penn.	BIRTHPLACE	Bleuftone Minn
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 12 30 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James A Young

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Weiser, Ida

Filed 11-7 1915 W. R. Hamilton Registrar

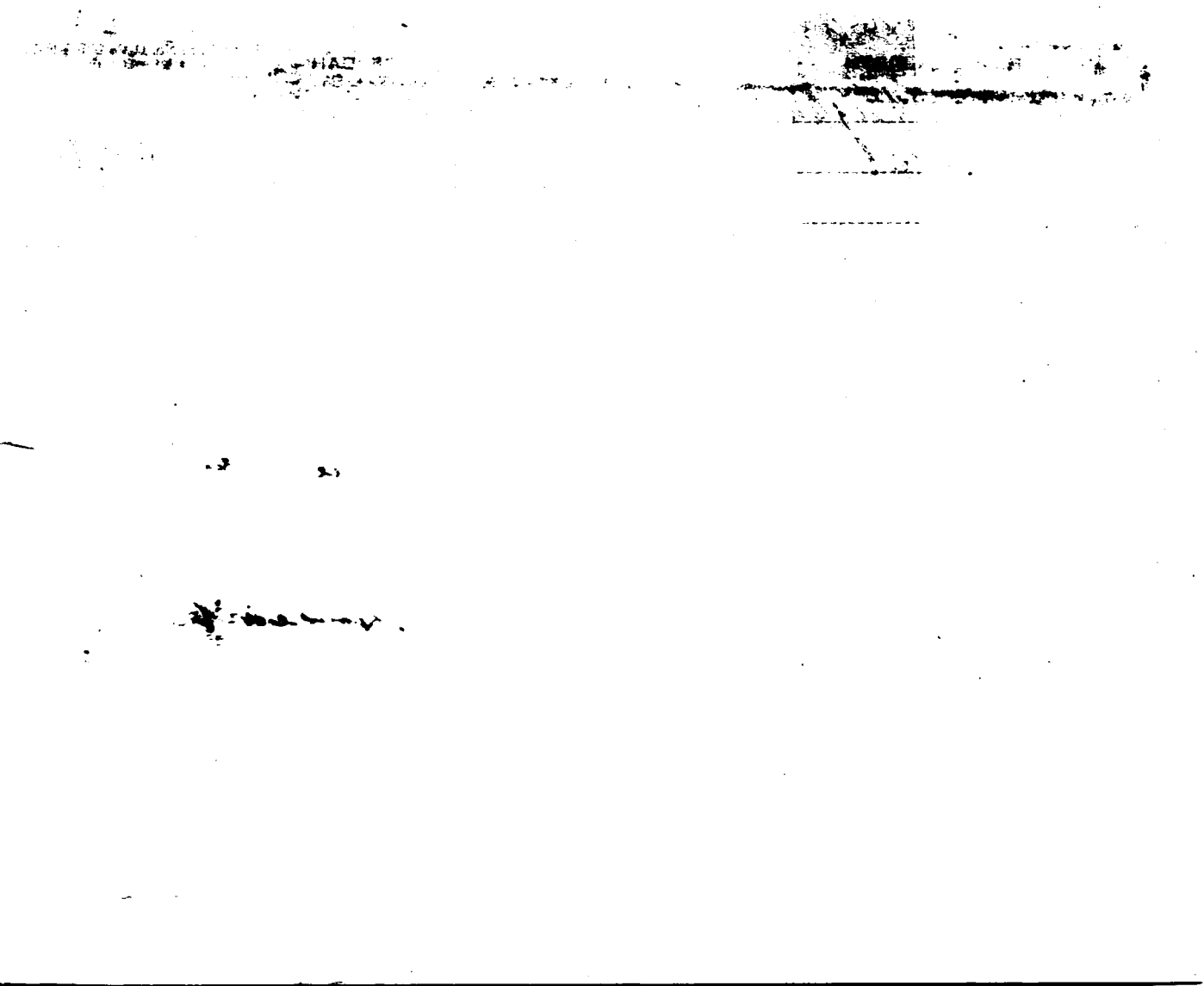
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



394-102-044-331

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34071

County of Washington

City of Weiser

Registration District No. 96 File No.

No. St.

Primary Registration District No. 2112 Registered No. 8720.42

Hospital

FULL NAME OF CHILD CLARK Lewey Limprecht Jr.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	yes	Nov 2- 1915

FATHER		MOTHER	
FULL NAME	William H Limprecht	FULL MAIDEN NAME	Maude Clark
RESIDENCE	Weiser Ida	RESIDENCE	Weiser Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Montezuma Co Colorado	BIRTHPLACE	Garnly Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James A Young

Weiser Ida (Physician or midwife)

Address

Given names added from a supplemental report

19

Registrar

Filed 11-9 1915 W. R. Hamilton Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

CERTIFICATE OF BIRTH

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada

Certificate No. 34071

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Henry Limprecht Jr. (Name on Original Certificate) who Born (Was Born or Died) on November 2, 1915. (Date of Event) in Weiser, Adams County, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by the following statement (Bible Record, Insurance Policy, Etc.) prepared on June 30, 1942 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Henry Limprecht, Jr.	Clark Henry Limprecht
birthdate	Nov. 1, 1915	Nov. 2, 1915

Subscribed and sworn to before me this 30th day of June, 1942.

S. D. Fairchild

Notary Public, residing at Boise, Idaho.

My commission expires August 12, 1945.
(Seal)

Signed Blanche Martin.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

622 South 13th St. Boise, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho, } ss.
County of Ada.

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30th day of June, 1942.

S. D. Fairchild

Notary Public, residing at Boise.

My commission expires August 12, 1945.
(Seal)

Signed William Martin
(Signature of Any Credible Person Other Than Previous Year)

622 South 13th St., Boise, Idaho.
(Street Address, City, State)

291-115-005-293

PLACE OF BIRTH

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

34072

County of Benewah

City of Desmet

No. ....., ... St.

Hospital .....

Registration District No. 31 File No. .....

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Everett Elden Bramblet

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male	1	yes	Aug 15 1915

FATHER		MOTHER	
FULL NAME	Everett Elden Bramblet	FULL MAIDEN NAME	Effie Kitterell
RESIDENCE	Desmet, Ida	RESIDENCE	Desmet, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Fort Scott, Kansas	BIRTHPLACE	not known
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 40 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Collard

Physician (Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Desmet, Ida

Filed Oct. 25 1915 John Post Asst. Registrar

..... Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

[redacted]

STATE OF IDAHO

Bureau of Vital Statistics

PLACE OF BIRTH

364.106.029-234

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form No. [illegible]

CERTIFICATE OF BIRTH

County of Latah

City of near Kendrick

Registration District No. 63 File No. 34073

No. ..... St.

Primary Registration District No. 2143 Registered No. 88

Hospital .....

FULL NAME OF CHILD Howard Delos Comstock

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	(To be answered only in event of plural births)			Yes	10 6 15

FATHER

FULL NAME Horace Comstock

RESIDENCE Kendrick Ida

COLOR W AGE AT LAST BIRTHDAY 21 (Years)

BIRTHPLACE Idaho

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Laura Bleuden

RESIDENCE same

COLOR W AGE AT LAST BIRTHDAY 18 (Years)

BIRTHPLACE Kan

OCCUPATION housewife

Number of child of this mother, including present birth One

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10 9 M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John E. Hoyt M.D.

(Physician or midwife)

Address Kendrick, Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Oct 8 19 15 J E Hoyt Registrar

S-Y CO. 24698

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

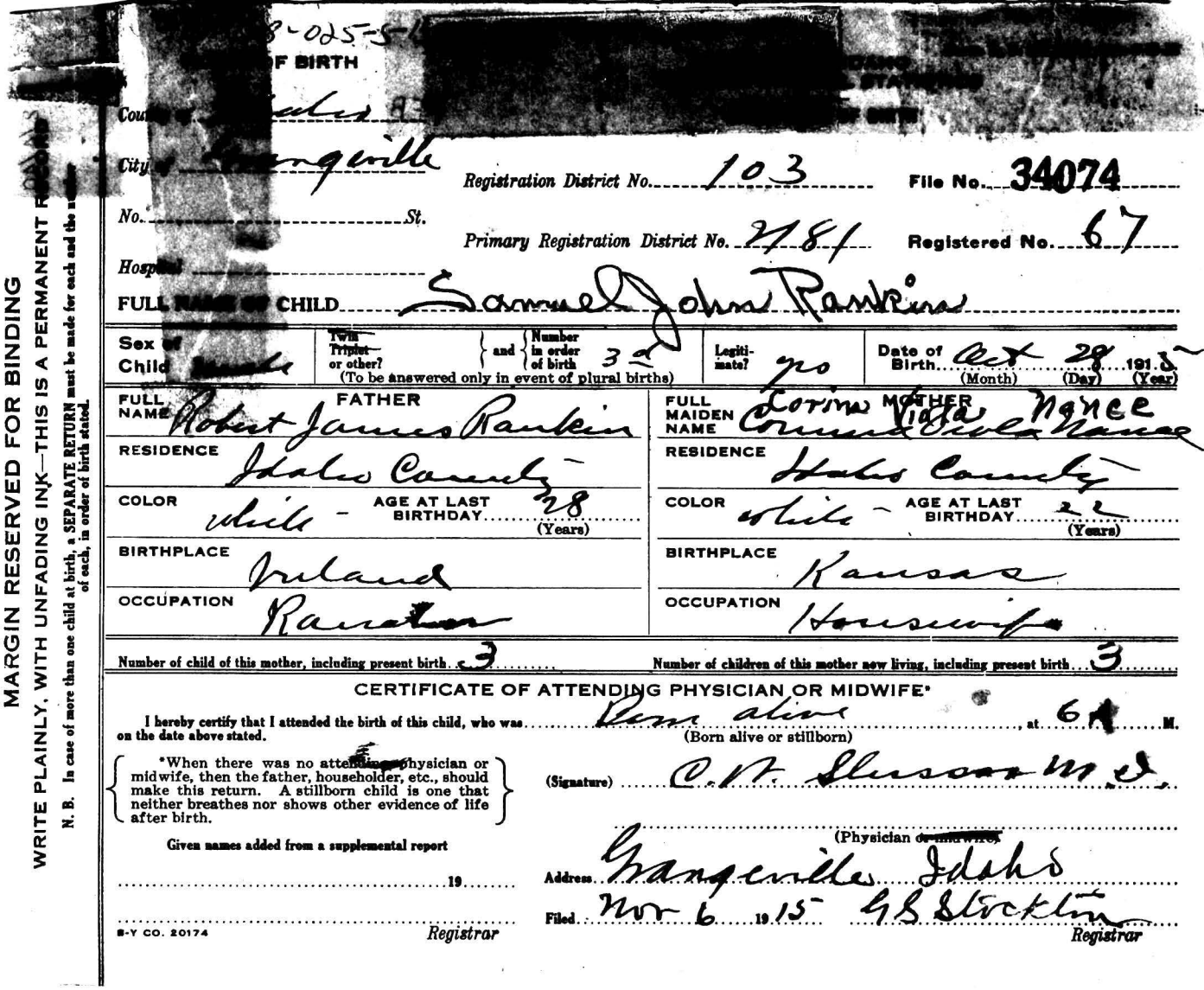
JAN 18 1967

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 31073

FEB 14 1946



F BIRTH

Registration District No. 103 File No. 34074

Primary Registration District No. 781 Registered No. 67

FULL NAME OF CHILD Samuel John Rankins

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		3rd	yes	Oct 28 1913

FATHER	MOTHER
FULL NAME: Robert James Rankin	FULL MAIDEN NAME: Lorina Viola Nance
RESIDENCE: Idaho County	RESIDENCE: Idaho County
COLOR: white — AGE AT LAST BIRTHDAY: 28 (Years)	COLOR: white — AGE AT LAST BIRTHDAY: 22 (Years)
BIRTHPLACE: Ireland	BIRTHPLACE: Kansas
OCCUPATION: Rancher	OCCUPATION: Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 6 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. N. Slusser M.D.

(Physician or midwife)

Address Grangeville Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed Nov 6 1913 G B Stockton
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT R

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the n of each, in order of birth stated.

[redacted]

FEB 16 1949

[redacted]

12/4/49 L. F.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

D 15-125 025-292

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Idaho

City of Grangeville

No. ....., ... St.

Hospital .....

Registration District No. 103

File No. 34075

Primary Registration District No. 2181

Registered No. 66

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	-		-	Yes	Oct 25 1915

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Harvey William Baeus	FULL MAIDEN NAME	Ruth Grace Kiser
RESIDENCE	Grangeville	RESIDENCE	Grangeville
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9 45 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jesse L. Rains

(Physician ~~or Midwife~~)

Given names added from a supplemental report

....., 19.....

Address Grangeville, Idaho

Filed Nov 6 1915 G S Stockton

Registrar

Registrar

S-Y CO., 16670

238-125-025-219

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Grangeville,

No. ..... *St.*

Hospital .....

Registration District No. 103 **File No.** 34076

Primary Registration District No. 2181 **Registered No.** 65

FULL NAME OF CHILD Baby Schmadeka (died)

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	no		yes	Oct (Month) 25 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Roy Cornelias Schmadeka	FULL MAIDEN NAME	Inez Barnett
RESIDENCE	4 m. north Grangeville	RESIDENCE	4 m. North Grangeville
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Wash.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 5: P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Warren D. Moore M.D.

(Physician or ~~midwife~~)

Given names added from a supplemental report

..... 19.....

Address Grangeville, Idaho

Filed Nov 2 1915 G S Stricklin

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

D

364-112025-964

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Grangeville

No. ..... *St.*

Hospital .....

Registration District No. 103 **File No.** 34077

Primary Registration District No. 2181 **Registered No.** 64

FULL NAME OF CHILD Clyde Stewart Coulter

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	No		Yes	Oct. (Month) 12 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME: Fred Irwin Coulter	FULL MAIDEN NAME: Mary Ellis Rode
RESIDENCE: 6 m. North Grangeville	RESIDENCE: 6 m. North, Grangeville
COLOR: White — AGE AT LAST BIRTHDAY: 29 (Years)	COLOR: White — AGE AT LAST BIRTHDAY: 23 (Years)
BIRTHPLACE: Nebraska	BIRTHPLACE: Illinois
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: one — Number of children of this mother now living, including present birth: one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 10:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Harvin S. Moore M.D.

Physician (Physician or midwife)

Address Grangeville, Idaho

Given names added from a supplemental report

..... 19.....

Filed Nov 2 1915 G S Stockton

Registrar — Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

C. C. 4/10/1941 C. P.

SECRET
DEC 21 030

244-030025-946

Form V. S. No. 11-C—20m-8-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Grangeville

No. ..... St.

Hospital .....

Registration District No. 103 File No. 34078

Primary Registration District No. 1001 Registered No. 63

FULL NAME OF CHILD Nedra Maxine Smith

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
F			Yes	Oct 30 (Month) (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	George J Smith	FULL MAIDEN NAME	Gertrude M Downs
RESIDENCE	Grangeville	RESIDENCE	Grangeville
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Missouri
OCCUPATION	Stock & farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G S Stricklin

(Physician ~~or midwife~~)

Address Grangeville Idaho

Given names added from a supplemental report

..... 19.....

Filed Nov 2 1915 G S Stricklin

..... Registrar

8-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

693108025-415

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Idaho

City of Grangeville

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 103 File No. 34079

Primary Registration District No. 2181 Registered No. 62

FULL NAME OF CHILD Avery Elton Wilkins

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	Oct 8 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Oscar B Wilkins	FULL MAIDEN NAME	Clare G Mannering
RESIDENCE	Grangeville Rx FD	RESIDENCE	Grangeville
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Wash
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G S Stockton

(Physician or ~~midwife~~)

Address Grangeville Idaho

Filed Nov. 2 1915 G S Stockton Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

SEP

439-216-029-269

Form V. S. No. 11—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Potlatch

Registration District No. 65

File No. 34080

No. ..... St.

Primary Registration District No. 2145

Registered No. .....

Hospital .....

FULL NAME OF CHILD Harvey Sorwiede Ritz

Sex of Child Male	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth 10 (Month) – 16 (Day) – 1915 (Year)

FATHER		MOTHER	
FULL NAME	Calmore Ritz	FULL MAIDEN NAME	Anna Sorwiede
RESIDENCE	Potlatch	RESIDENCE	Potlatch
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	51 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Ill
OCCUPATION	Laberor	OCCUPATION	Housewife

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. S. Le Pard M. D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Potlatch Ida

Filed Oct 30th 1915 Dr. J. W. Thompson Registrar

Registrar

S-Y CO. 24636

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

168-126-029-363

PLACE OF BIRTH

County of Latah.

City of Princeton

No. _____ St.

Hospital _____

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34081

Registration District No. 65 File No. _____

Primary Registration District No. 2145 Registered No. _____

FULL NAME OF CHILD Not named Calvin H Johnson X

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male X			Yes X	Sept 26 1915 X

FATHER		MOTHER	
FULL NAME	David M Johnson	FULL MAIDEN NAME	Florence M Gottemier
RESIDENCE	Princeton	RESIDENCE	Princeton
COLOR	White	COLOR	W
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Washington
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 X Number of children of this mother now living, including present birth 4 X

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr W T Mahan

(Physician or midwife)

Address Princeton Ida

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed Oct 4 19 15 D. Geo. Thompson Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 6 1952

363105-029-383

PLACE OF BIRTH

County of Latah

City of

No. St.

Hospital

Form V. S. No. 11—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 65. File No. 34082

Primary Registration District No. 2145 Registered No.

FULL NAME OF CHILD Rolland Tyler Collier

Sex of Child	Twin, triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	/	Yes	Oct 5 1915

FATHER		MOTHER	
FULL NAME	Walter O Collier	FULL MAIDEN NAME	Edith Blanche Tyler
RESIDENCE	Latah Co	RESIDENCE	Latah Co
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	48 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Ill	BIRTHPLACE	Cal
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) D B Harrison MD
(Physician or midwife)

Address Palouse Wash

Filed Oct. 10. 1915 J. W. Thompson Registrar

8-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 21 1944

AUG 9 1944

693-125029-854

PLACE OF BIRTH

County of Latah

City of Potlatch

No. (Country) St.

Hospital

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 65 File No. 34083

Primary Registration District No. 2146 Registered No.

FULL NAME OF CHILD Thomas Earle Fitch

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Sept 25 1915

FATHER		MOTHER	
FULL NAME	Geo. L. Fitch	FULL MAIDEN NAME	Grace Hedges
RESIDENCE	Potlatch	RESIDENCE	Potlatch
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Canada
OCCUPATION	Farmer	OCCUPATION	Home Manager

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo I Boyd M.D.
(Physician or midwife)

Address Palouse Wash

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed Oct. 18 1915. Dr. Jm Thompson
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

745-128-029-285

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11—25m-1-1-13

STATE OF IDAHO
DEPARTMENT OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 34084

Registered No.

PLACE OF BIRTH

County of Latah

City of Onaway

No. St.

Hospital

Registration District No. 65

Primary Registration District No. 2145

FULL NAME OF CHILD Jack Guernsey

Sex of Child	Color, "Negro" or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		1	Yes	Oct 28 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Evan Guernsey	Lola Sheldon
RESIDENCE	Onaway Ida	Onaway Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	26	21
BIRTHPLACE	Mich	Ill.
OCCUPATION	Merchant	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 00 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. B. Harrison M.D.

(Physician or midwife)

Address Palouse Wash

Given names added from a supplemental report.

....., 19.....

Filed Nov 4 1915 Dr. J.W. Thompson

Registrar

.....
Registrar

9-Y CO. 24656

MAR 23 1942

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MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted] 14-042-915

BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

Registration District No. 39 File No. 34085

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD James Lorain McGowan

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Sept. 14 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Andrew B. McGowan	FULL MAIDEN NAME	Cora M. Randolph
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Mo
OCCUPATION	R. F. D. Carrier	OCCUPATION	housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5 A. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. Withabee

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Buhl Iola

Filed 10-5 1915 J. H. Murphy Registrar

Registrar

S-Y CO. 24655

[redacted]

[illegible] 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

134-10A-042-296

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34086

County of Twin Falls

City of Buhl

Registration District No. 39 File No.

No. St.

Primary Registration District No. 2087 Registered No.

Hospital

FULL NAME OF CHILD George Erwin McDonald

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M.		yes	Oct (Month) 1 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Amos McDonald	FULL MAIDEN NAME	Lena Brown
RESIDENCE	Buhl Ida	RESIDENCE	Buhl Ida
COLOR	W. AGE AT LAST BIRTHDAY 20 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE	Sandpoint Ida	BIRTHPLACE	Rockycomfort Mo
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6:40 A M on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. McClusky

Phys (Physician or midwife)

Given names added from a supplemental report.

19

Address Buhl Ida

Filed 10-10 1915 J. T. Murphy Registrar

Registrar

S-Y CO. 24655

MAR 13

142-107-042-363

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34087

Registration District No. 39 File No. .....

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD Gerald Alson Ambrose

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M.		Yes	Oct 7 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	W A Ambrose	FULL MAIDEN NAME	Clara May Colegrove
RESIDENCE	Buhl Ida	RESIDENCE	Buhl Ida
COLOR	W. AGE AT LAST BIRTHDAY 33 (Years)	COLOR	W AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE	Schuyler Co. Ill.	BIRTHPLACE	Beaver Co. Neb.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9:15 P. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. McCluskey

Phys
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Buhl Ida

Filed 10-10 1915 J. H. Murphy Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho. } ss.
County of Twin Falls }

Certificate No. 34087

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Gerald Alson Ambrose (NAME ON ORIGINAL CERTIFICATE) who Born (WAS BORN OR DIED) on Oct 7th 1915 (DATE OF EVENT)
in Buhl, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	unnamed	Gerald Alsen Ambrose
Gerald Alson Ambrose		

Subscribed and sworn to before me this 16th
day of April, 19 42
A. J. Amos
Notary Public, residing at Buhl Idaho.
My commission expires Nov 5th, 1945
(SEAL)

Signed: Mrs. Clara Ambrose
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
(SEAL)

Signed
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on By
(REGISTRAR'S SIGNATURE)

168-107-042-864

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl.

No. _____ St.

Hospital _____

Registration District No. 39 File No. 34088

Primary Registration District No. 7087 Registered No. _____

FULL NAME OF CHILD Norman Gilbert Johnson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			Yes	10 7 1915

FATHER		MOTHER	
FULL NAME	A. G. Johnson	FULL MAIDEN NAME	Louisa Young.
RESIDENCE	Ark. U. Buhl.	RESIDENCE	Same
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Neb.	BIRTHPLACE	Mich.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9:50 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Murphy. M. D.

(Physician or midwife)

Address Buhl Idaho

Given names added from a supplemental report.

..... 19....

Filed 10-10 1915 J. F. Murphy Registrar

..... Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued October 31, 1940. E.W.

SEP 8 1965

399-20-042-396

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34089

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

Registration District No. 39 File No. .....

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD Lora Babette Crippen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem.				yes	Oct. 10 191 5

FATHER		MOTHER	
FULL NAME	Samuel P. Crippen	FULL MAIDEN NAME	Edith Du Crow
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Penn.	BIRTHPLACE	Neb.
OCCUPATION	farmer	OCCUPATION	housework

Number of child of this mother, including present birth 3. Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11 P. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. Welchaker
(Physician or midwife)

Address Buhl Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 10-20 1915 J. N. Murphy Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

214-212-042-433

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34090

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

Registration District No. 39 File No. .....

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD Idella Gertrude Kauffman

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
fem.		yes	Oct. 12 1915

FATHER		MOTHER	
FULL NAME	Wm W. Kauffman	FULL MAIDEN NAME	Annalou McLaughlin
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Ill	BIRTHPLACE	Buhl
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. Wethubee
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Buhl Ida.

Filed 10-20 1915 J. F. Murphy Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 24 1942

317-114-042-262

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34091

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

Registration District No. 39 File No. .....

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD Frank Lagata

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male		yes	Oct. 14 1915

FATHER		MOTHER	
FULL NAME	Stanley Lagata	FULL MAIDEN NAME	Victoria Sobcaka
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Poland	BIRTHPLACE	Germany
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11 a. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. Wilhelm

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Buhl Ida.

Filed 10-20 1915 J. A. Kempley Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dep of 1915 - 344641

ZAGATA

699-215-042-168

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

Registration District No. 39 File No. 34092

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD Roberta Fritcher

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
fem.		yes	Oct. 15 1915

FATHER		MOTHER	
FULL NAME	Glen F. Fritcher	FULL MAIDEN NAME	Nora E. Johnson
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Iowa	BIRTHPLACE	Minn.
OCCUPATION	Bank Clerk	OCCUPATION	housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. Wilhelm

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Buhl Ida.

Filed 10-20 1915 J. H. Murphy Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

689-117-012-469

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Bubl

No. _____ St.

Hospital _____

Registration District No. 31 File No. 34093

Primary Registration District No. 2087 Registered No. _____

FULL NAME OF CHILD Delbert Eugene Whitaker

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M.		Yes	10 (Month) 17 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	R. D. Whitaker	FULL MAIDEN NAME	Ulah Morrissette
RESIDENCE	I.E. 4½ S. Bubl	RESIDENCE	Same
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	W. Va.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 6.20 M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Murphy
M. D.
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Bubl Idaho

Filed 10-20 1915 J. H. Murphy
Registrar

Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

SEP 8 1950

DECEASED

813-218-042-242
Amended 10-17-72

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Filer

No. ..... St.

Hospital .....

Registration District No. 39 File No. 34094

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD Elsie Ellen Hall

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
fem.		yes	Oct. 18 1915

FATHER		MOTHER	
FULL NAME	Frank G. Hall	FULL MAIDEN NAME	Margaret Bush
RESIDENCE	Filer	RESIDENCE	Filer
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Iowa	BIRTHPLACE	Kan
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11 a. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. Wellhuber

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Buhl Ida

Filed 10-20 1915 J. T. Murphy
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 20 1972

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Twin Falls } ss.

RECEIVED
BUREAU OF
VITAL STATISTICS

Certificate No. 34094

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Georgia Ellen Hall (Name on Original Certificate) Oct 11 2 who was born (Was Born or Died) on Oct. 18, 1915 (Date of Event)
in Filer, Idaho (Place of Event) are erroneous or were omitted: and that, to the best of his knowledge, the true facts are shown by I, Mrs. Mary Ihler was at the home the day Gergia Ellen Hall same & correct name Elsie Ella Hall was born. (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Georgia Ellen Hall	Elsie Ella Hall

Subscribed and sworn to before me this 2nd day of October, 1972
Helen C. Fullach
Notary Public, residing at Twin Falls
My commission expires Feb 5, 1973
(Seal)

Signed Mrs. Mary Ihler
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
566 Maurice St. Terry Court Twin Falls,
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Twin Falls } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd day of October, 1972
Helen C. Fullach
Notary Public, residing at Twin Falls
My commission expires Feb 5, 1973
(Seal)

Signed Mrs. Dick Atkinson
(Signature of Any Credible Person)
Buhl Idaho R. #1
(Street Address, City, State)

FORM DH 60-155 CL 9/20/72 RUSH!!

School Record issued August 27, 1930 at Age 14 years and 11 Months gives name as Elsie Hall. Date of Birth October 18, 1915 at Filer, Idaho. OCT 17 1972
Name of Parent Frank G. Hall. Graduated May 1934 from Twin Falls County High School.

Grade School Diploma issued May 16, 1930 by Public Schools of Twin Falls gives name as Elsie Hall. Graduated May 16, 1930.
Viewed by V.S.

Family Record issued at time (soon after) gives name as Elsie Hall born Oct. 18, 1915 at Filer, Idaho to Frank G. Hall and Margaret Bush.
Viewed by V.S.

293-127-042-249

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

Registration District No. 39 File No. 34095

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD John Robert Ketcham

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M.		Yes	10-27-1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	M. Ketcham	FULL MAIDEN NAME	Bessie Burr
RESIDENCE	Buhl	RESIDENCE	same
COLOR	W. AGE AT LAST BIRTHDAY 26 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE	Ill.	BIRTHPLACE	Neb.
OCCUPATION	Barber	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 14° AM on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Murphy

M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Buhl Ida

Filed 10-30 1915 J. H. Murphy
Registrar

Registrar

8-Y CO. 24688

ARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 6 1975

DEC 31 1941

154-228-042-652

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Twin Falls

City of Burke

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 39 File No. 34096

Primary Registration District No. 2087 Registered No. _____

FULL NAME OF CHILD Iris Lucille

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
F.			Yes	10 (Month) 28 (Day) 1915 (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Fred Anderson	Mabel Westfall
RESIDENCE	1½ E Burke Ida	1½ E. Burke Ida
COLOR	W	W.
AGE AT LAST BIRTHDAY	31 (Years)	19 (Years)
BIRTHPLACE	Goldendale Wash	Malheur Co. Ore
OCCUPATION	Farming	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9:30 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. J. McClusky

Phys.
(Physician or midwife)

Address Burke Ida

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed 10-30 1915 J. A. Murphy Registrar

S-Y CO. 24655

JAN 31 1973

918-131-042-212

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Twin Falls

City of Buhl

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 39 File No. 34097

Primary Registration District No. 2087 Registered No. _____

FULL NAME OF CHILD WILLIAM EDWARD RAY

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	Oct 31st 1915 (Month) (Day) (Year)

	FATHER		MOTHER
FULL NAME	Willis Benjamin Ray	FULL MAIDEN NAME	Addie Baker
RESIDENCE	4 W 3 S Buhl Ida	RESIDENCE	4 W. 3 S Buhl
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Sheridan, Mo.	BIRTHPLACE	Quanah, Tex
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8:30 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. McCluskey
Phys
(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Address Buhl Ida

Filed 10-30 1915 J. H. Murphy
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. SEP 11 1947 Certificate No. 34097

County of Owyhee } Date Filed Mar 28 42

The undersigned does solemnly swear that certain facts on the certificate of ..... (BIRTH OR DEATH)

for William E Ray (NAME ON ORIGINAL CERTIFICATE) who Born (WAS BORN OR DIED) on Oct-31 (DATE OF EVENT) Birth

in Castleford Ice (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	unnamed	William Edward Ray
birthdate	Oct. ~~29~~ 31, 1915	Oct. 31, 1915
Castleford Ida		

Subscribed and sworn to before me this 28 day of March 1942

George R. Jones

Notary Public, residing at Bruneau

My commission expires Oct. 1944 (SEAL)

Signed Adda A Ray

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Bruneau Idaho

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.

County of ~~Idaho~~ Owyhee }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th day of Sept. 1942

[illegible]

Notary Public, residing at ~~[illegible]~~ Bruneau, Idaho

My commission expires 3/3/46 (SEAL)

Signed .....

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Idaho

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....

(REGISTRAR'S SIGNATURE)

SEP 15

238-130-042-449

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

Registration District No. 39 File No. 34098

Primary Registration District No. 2077 Registered No. .....

FULL NAME OF CHILD May Edison Schooler

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
male	(To be answered only in event of plural births)		yes	Oct. 30 (Month) (Day) 191.5 (Year)

FATHER		MOTHER	
FULL NAME	Hugh Edwin Schooler	FULL MAIDEN NAME	Mary Ann Dunfee
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Ida.	BIRTHPLACE	Ida
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 12 M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas Wilbanks
(Physician or midwife)

Address Buhl Ida.

Given names added from a supplemental report.

..... 19.....

Filed 10-30 1915 J. F. Murphy Registrar

..... Registrar

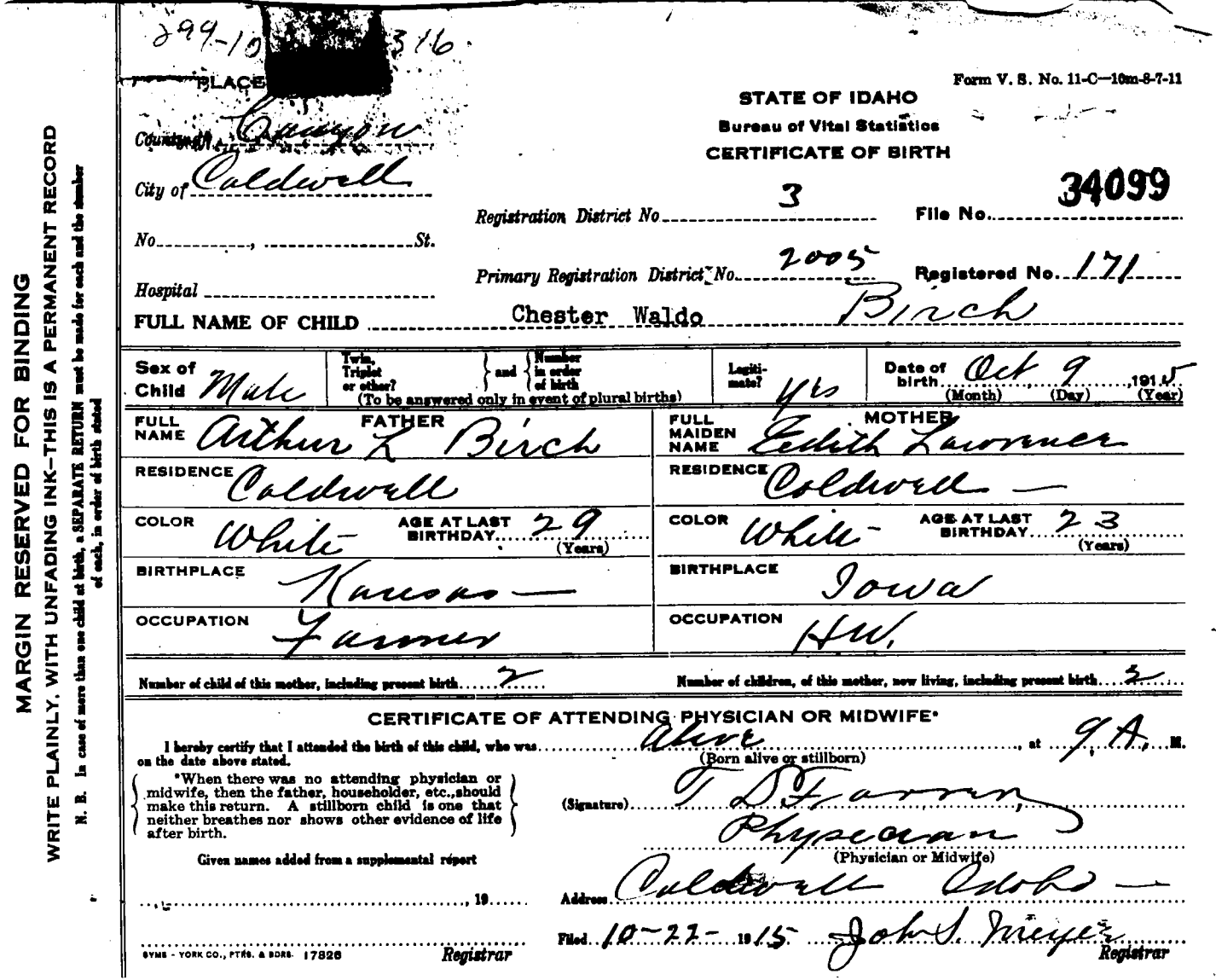
5-Y CO. 24695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

6 1948



299-10 [redacted] 316

PLACE [redacted]

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. ....., ... St.

Hospital .....

Registration District No. 3 File No. 34099

Primary Registration District No. 2005 Registered No. 171

FULL NAME OF CHILD Chester Waldo Birch

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Oct 9 1915

FATHER		MOTHER	
FULL NAME	Arthur L Birch	FULL MAIDEN NAME	Edith Lawrence
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Kansas	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	H.W.

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 9 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. D. Farren

Physician (Physician or Midwife)

Address Caldwell Idaho

Given names added from a supplemental report

....., 19.....

Filed 10-22-1915 John S. Meyer Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 5 1957

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Canyon } ss.

Certificate No. 34099
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Birch (Name on Original Certificate) who was born (Was Born or Died) on 10-9-15 (Date of Event) in Caldwell (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on the year 1930 are: Viewed by Vital Statistics (Date)

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Unnamed	Chester Waldo Birch
	#566-09-7917 Viewed by V. S.	

Subscribed and sworn to before me this 18th day of March, 19 57

Notary Public, residing at Caldwell, Idaho
My commission expires December 15, 1958
(Seal)

Signed Arthur Lesslie Birch
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Route 4 Caldwell, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Canyon } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18th day of March, 19 57

Notary Public, residing at Caldwell, Idaho
My commission expires Dec. 15, 1958
(Seal)

Signed L. J. Larrance
(Signature of Any Credible Person)
Route 2, Caldwell, Idaho
(Street Address, City, State)

FORM DPH 55.155

nm 3-13-57 1 Copy pd

MAY 29 1957

314-213-014-324

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. Clevel. Boulevard. St.

Hospital no

Registration District No. 3

File No. 34100

Primary Registration District No. 1005

Registered No. 172

FULL NAME OF CHILD Chiyo Yamura.

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Fema		Yes.	Oct. 13 1915

FATHER		MOTHER	
FULL NAME	T. Yamura.	FULL MAIDEN NAME	Sumimiru Yontano
RESIDENCE	Caldwell Idaho	RESIDENCE	Caldwell Idaho
COLOR	Jap. AGE AT LAST BIRTHDAY 38 (Years)	COLOR	Jap. AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE	Japan	BIRTHPLACE	Japan.
OCCUPATION	Restaurant Cook	OCCUPATION	Housewife.

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 8 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. Yamura

Husband (Physician or Midwife)

Address Caldwell Idaho.

Given names added from a supplemental report

....., 19....

Registrar

Filed Oct. 16. 1915 John S. Meyer Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

286-218-017-4/66 Amended 7/30/73

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

Hospital No.

Registration District No. 3 File No. 34101

Primary Registration District No. 1005 Registered No. 173

FULL NAME OF CHILD Irene Eugenia Shorb

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	—	yes,	Oct 18 1905

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	C. J. Shorb.	FULL MAIDEN NAME	Lilian Moore
RESIDENCE	Caldwell.	RESIDENCE	Caldwell
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Ohio.	BIRTHPLACE	Minn.
OCCUPATION	Editor	OCCUPATION	Housewife.

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 10.30 P. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. F. M. Cole M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Caldwell Ida.

Filed 10-20-1905 John L. Breyer
Registrar

S-Y CO. 24655 Registrar

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

MAR 6 1973

WARNING: A PERMANENT RECORD

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED BUREAU OF VITAL STATISTICS Apr 10 10 31 AM '73

State of ..... } ss.
County of ..... }

Certificate No. 34101

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Shorb (Female) (Name on Original Certificate) who was born (Was Born or Died) on Oct. 18, 1915 (Date of Event)
in Caldwell, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed Shorb	Irene Eugenia Shorb
mother's first nzme	Lillian	Lilian

Subscribed and sworn to before me this ..... day of
....., 19.....

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at .....
My commission expires .....
(Seal)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO } ss.
County of Canyon }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14 day of
April, 1973

Notary Public, residing at Caldwell

My commission expires Feb. 25, 1975
(Seal)

Signed [signature] (Signature of Any Credible Person)

[illegible] Washington St Caldwell Idaho
(Street Address, City, State)

FORM DH 60-155 CL 3/6/73

2 Copies - fc 5-22-73

Certified copy of sisters birth certificate Ilano Emergene Shorb born Jan.,7,1910 at Caldwell, Idaho State file no 333094 gives mothers name as Lilian Talitha Moore.
Viewed by VS

JUL 3 0 1973

Brothers Marriage License, State of Idaho,Canyon County,Caldwell Clement I. Shorb & Alma Elizabeth Deno married June 20, 1923 gives name of Lilian T. Shorb mother of groom as witness.
Viewed by VS

Statement from the Rebekah Lodge , Caldwell, Idaho dated June 6, 1973 gives name Irene Eugenia Shaw Lake(Shorb) initiated in to Diamond Rebekah Lodge No. 56, I.O.O. F. Council, Idaho May 18, 1936.
Viewed by VS

Marriage License August Lake & Irene Eugenia Shaw - maiden name Shorb married July 17, 1957 at Grangeville, Idaho, Idaho County(& August Lake) .
Viewed by VS

862-118-014-719

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon.

City of Homedale R.Q.

Registration District No. 3

File No. 34102

No. ..... St.

Primary Registration District No. 2005

Registered No. 174

Hospital No.

FULL NAME OF CHILD Ralph Chester Hoseley

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	—	—	yes.	Oct-18-1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	G. L. Hoseley.	FULL MAIDEN NAME	Sadie Parkhill.
RESIDENCE	Homedale R.Q.	RESIDENCE	Homedale R.Q.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	49 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Minn.	BIRTHPLACE	Wis.
OCCUPATION	Rancher	OCCUPATION	Housewife.

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 9 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. C. M. Kaley

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Caldwell Ida

Filed 10-20-1915 John S. Meyer
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada

Certificate No. 34102
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for Unnamed Hoseley (Name on original certificate) who born (Was born or died) on 10-18-1925 (Date of event)
in Homedale, Ida. (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Parents (Bible record, insurance policy, etc.) prepared on Dec. 16-1941 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed	Ralph Chester Hoseley

Subscribed and sworn to before me this 16th
day of Dec., 1941
Geo C Walker
Notary Public, residing at Boise, Idaho
My commission expires Jan. 17-1943
[SEAL]

Signed Sadie A Hoseley
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
2108 Longmont St. Boise, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada.

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th
day of Dec., 1941
Geo C Walker
Notary Public, residing at Boise, Ida.
My commission expires Jan. 17-1943
[SEAL]

Signed German L Hoseley
(Signature of any credible person other than the previous affiant.)
2108 Longmont St. Boise, Ida.
(Street Address, City, State)

Received for filing on ..... By .....
(Registrar's signature)

Amended May 11, 1953

PLACE OF BIRTH

45-1-118-014-295

County of Canyon

City of Star

No. ____ St.

Hospital no

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 34103

Primary Registration District No. 2005 Registered No. 175

FULL NAME OF CHILD KENNETH ALVIN MEANS

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
MALE			YES	OCT. 18, 1915

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	J. A. Means	FULL MAIDEN NAME	Florence Breshears
RESIDENCE	Star	RESIDENCE	Star
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Iowa	BIRTHPLACE	Ida.
OCCUPATION	rancher	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 11:40 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. F. M. Cole

(Physician or midwife)

Address Caldwell, Idaho

Give names added from a supplemental report.

....., 192.....

Registrar.

Filed 10/20 1915 John S. Meyer

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Canyon } ss.

Certificate No. 34103

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth ~~or Death~~)
for Kenith Alvin Means (Name on Original Certificate) who (Was Born ~~or Died~~) on Oct. 18 - 1915 (Date of Event)
in Star, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Mother & Older Sister (Bible Record, Insurance Policy, Etc.) prepared on May 4 - 1953 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
First Name of Child	Kenith	Kenneth

Subscribed and sworn to before me this 4th day of May, 1953
Wallace Abrahamsen
Notary Public, residing at Nampa Idaho
My commission expires 2-21-57
(Seal)

Signed Mrs. Florence Means, Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
920-15 Ave So. Nampa Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Canyon } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4th day of May, 1953
Wallace Abrahamsen
Notary Public, residing at Nampa Idaho
My commission expires 2-21-57
(Seal)

Signed Mrs. Charlotte C. Sites Older Sister
(Signature of Any Credible Person)
802 Bacon Drive, Boise, Idaho
(Street Address, City, State)

693-120-014-699

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell R.D.

Registration District No. 3 File No. 34104

No. ..... St.

Primary Registration District No. 2005 Registered No. 176

Hospital No.

FULL NAME OF CHILD Max Fritz William Weick.

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	yes.	Oct - 20 - 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Wm Weick.	FULL MAIDEN NAME	Minnie Fritz.
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	W AGE AT LAST BIRTHDAY 37 (Years)	COLOR	W AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE	Germany.	BIRTHPLACE	Nebraska.
OCCUPATION	Rancher	OCCUPATION	Housewife.

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 11 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. C. M. Kaley RM.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Caldwell Idaho

Filed 10-25-1915 John S. Meyer
Registrar

Registrar

S-Y CO. 24685

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

2
c.c. 6/17/41. w.n.

459-221-014-259

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

Hospital No.

Registration District No. 3 File No. 34105

Primary Registration District No. 2005 Registered No. 177

FULL NAME OF CHILD ERMA MARIE MERRITT

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	yes	Oct-21-1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Chas. ~~[illegible]~~ MERRITT	FULL MAIDEN NAME	Pearl Berry
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Virginia	BIRTHPLACE	Neb.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 8 30 P. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr F. M. Cole
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Caldwell Ida

Filed 10-25-1915 John S. Meyer
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada }

Certificate No. 34105

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (BIRTH OR DEATH)
for ..... (NAME ON ORIGINAL CERTIFICATE) who ..... (WAS BORN OR DIED) on ..... (DATE OF EVENT)
in ..... (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Not named	Erma Marie Merritt
Surname	Merrett	Merritt

Subscribed and sworn to before me this 9th
day of May, 19 42
Signed Mrs Chas Merritt
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Notary Public, residing at Boise, Idaho

My commission expires 6-26-45
(SEAL)

..... (STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19 .....

Signed .....
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at .....

My commission expires .....
(SEAL)

..... (STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

APR 8 1954
JUL 16 1976

296-221-014-434

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34106

County of Canyon

City of Caldwell

No. ..... St.

Hospital .....

Registration District No. 3 File No. .....

Primary Registration District No. 2005 Registered No. 178

FULL NAME OF CHILD Margaret Lillian Brock

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
F	S	4	yes	Oct 21 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Hugh M. Brock	FULL MAIDEN NAME	Clara McDougal
RESIDENCE	Caldwell	RESIDENCE	~~Mo~~ Caldwell
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Mo	BIRTHPLACE	Mo.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alm (Born alive or stillborn) at 8:55 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J W Gue M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Caldwell Idaho

Filed 10-22-1915 John S. Meyer Registrar

..... Registrar

S-Y CO. 24698

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DECEASED

384/22 01K493

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. R.R. 1 Caldwell

Registration District No. 3

File No. 34107

Primary Registration District No. 2005

Registered No. 179

Hospital

FULL NAME OF CHILD George Arthur Thomas

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
Male			Yes	Oct	22	1915

FATHER		MOTHER	
FULL NAME	Walter Thomas	FULL MAIDEN NAME	Sarah E. Trillines
RESIDENCE	Caldwell Rural 1	RESIDENCE	Caldwell Rural 1
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 1.00 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John D. Meyers

(Physician or Midwife)

Address Caldwell Idaho

Given names added from a supplemental report

....., 19.....

Filed 10-22- 1915 John D. Meyers

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 5 1942

DECEASED

815-123-014 8K2

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell- Rural S- Registration District No. 3 File No. 34108

No. ____, ____ St.

Primary Registration District No. 2005 Registered No. 180

Hospital no

FULL NAME OF CHILD John Stewart Hanley-

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male.			Yes.	Oct. 23- 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Lyman B. Hanley-	Elizabeth Huston-
RESIDENCE	Caldwell Rural S-	Caldwell, Rus. S-
COLOR	White-	White-
AGE AT LAST BIRTHDAY (Years)	44	40
BIRTHPLACE	Minn.	Iowa-
OCCUPATION	Farming-	Housewife-

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3.30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John S. Meyer, M.D.

(Physician or Midwife)

Address Caldwell- Idaho

Given names added from a supplemental report

....., 19.....

Filed 10-23- 1915 John S. Meyer

Registrar

S-Y CO., 16670

Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada

Certificate No. 34108
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for John Beecher Hanley (Name on original certificate) who was born (Was born or died) on October 23, 1915 (Date of event)
in Caldwell - Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	John Beecher Hanley	John Stewart Hanley

Subscribed and sworn to before me this 10th
day of December 1941
Harding M. Davis
Notary Public, residing at Boise, Idaho
My commission expires October 26, 1943
[SEAL]

Signed Elizabeth Hanley
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Route #3 - Caldwell - Ida.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
[SEAL]

Signed
(Signature of any credible person other than the previous affiant.)

(Street Address, City, State)

Received for filing on By
(Registrar's signature)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

789-25-01-0213

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of near Caldwell Idaho Registration District No. 3 File No. 34109

No. ____ St.

Primary Registration District No. 2005 Registered No. 181

Hospital ____

FULL NAME OF CHILD ____

Sex of Child: M. Twin Triplet or other? S. and Number in order of birth 2. (To be answered only in event of plural births) Legitimate? Yes Date of Birth Oct 25 (Month) (Day) 1915 (Year)

	FATHER	MOTHER
FULL NAME	Bruno Geise	FULL MAIDEN NAME Annie E. Daly
RESIDENCE	near Caldwell Ida.	RESIDENCE near Caldwell Id
COLOR	W.	COLOR W.
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE	Wis	BIRTHPLACE Tex
OCCUPATION	Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2nd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7:15 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Gue M. D.
(Physician or midwife)

Address Caldwell Id

Given names added from a supplemental report.

..... 19.....

Filed 10-27-1915 John L. Meyer
Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

214-126-014-218

PLACE OF BIRTH

Form V. S. No. 11-C—35m-1-1-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of near Caldwell

Registration District No. 3

File No. 34110

No. R. 3 St.

Primary Registration District No. 2005

Registered No. 182

Hospital

FULL NAME OF CHILD Barnum

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.	S. (To be answered only in event of plural births)	1	Yes	10 26 1915

FATHER		MOTHER	
FULL NAME	J. Oscar Barnum	FULL MAIDEN NAME	Hazel Bayless
RESIDENCE	near Caldwell Ida	RESIDENCE	near Caldwell Ida
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Ohio	BIRTHPLACE	Rantoul Ill
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) J. P. Gee M. D.

(Physician or midwife)

Address Caldwell Ida

Filed 10-29- 1915 John S. Sawyer Registrar

S-Y CO. 24659

345-228-0147764

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon.

City of Parma R.H.

Registration District No. 3 File No. 34111

No. ..... St.

Primary Registration District No. 2005 Registered No. 183

Hospital No.

FULL NAME OF CHILD Lena Marie Lund

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	yes.	Oct - 28 - 1914

	FATHER	MOTHER
FULL NAME	M J. Lund.	FULL MAIDEN NAME Beatrice M Gould.
RESIDENCE	Parma R H.	RESIDENCE Parma R H.
COLOR	W	COLOR W
AGE AT LAST BIRTHDAY (Years)	30	24
BIRTHPLACE	Kan.	Kan.
OCCUPATION	Rancher.	Housewife.

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 1 30 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr F M. Cole P.M.

(Physician or midwife)

Address Caldwell Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 11-1- 1915 John I. Meyer Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

294-224-010-744

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls, Ida.

Registration District No. 13 File No. 34112

No. _____ St.

Primary Registration District No. 210-0 Registered No. 289

Hospital _____

FULL NAME OF CHILD _____

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	✓		✓	Yes	Oct-24-1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Joseph Brunt	FULL MAIDEN NAME	Fannie Gudmunsen
RESIDENCE	Idaho Falls, Idaho	RESIDENCE	Idaho Falls, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Grocery man	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive - October-24-1915 at 4:00 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Idaho Falls, Idaho

Filed Nov 8 1915 [signature]

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[illegible]

[illegible] BIRTH

165-203-010-493

County of Bonneville

City of Idaho Falls

No. _____ St.

Hospital _____

[illegible]

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34113

Registration District No. 73 File No. _____

Primary Registration District No. 21-0 Registered No. 288

FULL NAME OF CHILD Lucille Alvina Moeller

Sex of Child Female	Twin Triplet or other? ✓ and Number in order of birth ✓ (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth Nov - 3 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	William E. Moeller	FULL MAIDEN NAME	Louise Dittman
RESIDENCE	Idaho Falls, Idaho	RESIDENCE	Idaho Falls, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Iowa.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive - November 4 1915 at 11 30 P M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address Idaho Falls, Idaho.

Filed Nov 8 1915 - [signature] Registrar

S-Y CO. 24655

JAN 17 1969

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

RECEIVED
AUG 5 - 1971
Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 34113

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Moeller (female) (Name on Original Certificate) who was born (Was Born or Died) on Nov. 4, 1915 (Date of Event)
in Idaho Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed Moeller	Lucille Alvina Moeller
Date of birth	Nov. 4, 1915	Nov. 3, 1915

Subscribed and sworn to before me this 19 day of July, 1971

Carl A. Hall
Notary Public, residing at Shelley, Idaho
My commission expires 3-26-75
(Seal)

Signed Lucille Alvina Moeller McCurdy
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bingham }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19 day of July, 1971

Carl A. Hall
Notary Public, residing at Shelley, Idaho
My commission expires 3-26-75
(Seal)

Signed Lesley L. McCurdy
(Signature of Any Credible Person)

[illegible] Shelley, Idaho 83274
(Street Address, City, State)

FORM DH 60-155 CL 7/1/71 nm

Church record from a German Lutheran Church gives name as Lucille Alvina Moeller. Born Nov. 3, 1915 at Idaho Falls, Idaho. Church record dated Jan. 23, 1916 Viewed by V. S.

AUG 25 1971

Marriage License from Idaho gives groom's name as Wesley Thomas McCurdy and the bride's name as Lucille Alvina Park. Maiden name given as Lucille Alvina Moeller. Married Oct. 20, 1951. Viewed by V. S.

Application for Birth Certificate from LDS Church gives name as Lucille Alvina Moeller. Born Nov. 3, 1915 at Idaho Falls, Idaho. Fathers name as William E. Moeller and mother's name as Louise Dittmar. Baptized March 14, 1937. Signed by Mont Dutson, Ward Clerk, Shelley 4th Ward. Viewed by V. S.

219-101010-639

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

Registration District No. 73 File No. 34114

No. ..... St.

Primary Registration District No. 2110 Registered No. 287

Hospital ..... Charles Edward Barnes

FULL NAME OF CHILD Charles Edward Barnes

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Nov (Month) 1 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Edward Barnes	FULL MAIDEN NAME	~~Mary~~ Mary Flint
RESIDENCE	Idaho Falls Ida	RESIDENCE	Idaho Falls Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	41 (Years)
BIRTHPLACE	Kaysville Utah	BIRTHPLACE	Kaysville Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3:15 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Idaho Falls Ida

Filed Nov 3 1915 [signature] Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued Feb.7, 1941. E.W.

cc 2/25/41 rmf

OCT 10 1961

866-119-010-445

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Coltman

No. ..... St.

Hospital .....

Registration District No. 73

Primary Registration District No. 2150

File No. 34115

Registered No. 286

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	October 19 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	James Oliver Hoff	FULL MAIDEN NAME	Amelia Geneve Muehlfeil
RESIDENCE	Coltman	RESIDENCE	Coltman
COLOR	White — AGE AT LAST BIRTHDAY 25 (Years)	COLOR	White — AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE	Main	BIRTHPLACE	Idaho
OCCUPATION	Farming	OCCUPATION	House wife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child,* who was born alive at 10:30 A.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Josephine Thompson

Midwife

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Wcon Bonneville Co Idaho

Filed Oct 29 1915 [signature]

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

CHILD'S SURNAME, FATHER'S FIRST & SURNAMES AMENDED 10/06/2011 TG

163-225-010-319

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Ucon

No. Oxford St.

Hospital

Registration District No. 73

Primary Registration District No. 210-0

File No. 34116

Registered No. 285

FULL NAME OF CHILD Violet ~~Jochomsen~~ JOCKUMSEN

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of Birth October (Month) 25 (Day) 1915 (Year)

FULL NAME	FATHER	FULL MAIDEN NAME	MOTHER
CHRISTIAN ~~Christen Jochomsen~~ JOCKUMSEN		Laura Larsen	
RESIDENCE Ucon		RESIDENCE Ucon	
COLOR White	AGE AT LAST BIRTHDAY 40 (Years)	COLOR White	AGE AT LAST BIRTHDAY 37 (Years)
BIRTHPLACE Denmark		BIRTHPLACE Denmark	
OCCUPATION Blacksmith		OCCUPATION House wife	

Number of child of this mother, including present birth 11

Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Josephine Thompson

Midwife (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Ucon Bonneville Idaho

Filed Oct 29 1915 [signature] Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 1 1970
AUG 0 2 2011
OCT 0 7 2011

IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF HEALTH POLICY AND VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of IDAHO
County of BANNOCK } SS

Certificate No. 1915-34116
Date Filed 10/29/1915

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth, Death, Marriage, etc.)
for Violet Jochomsen (Name on Original Certificate) who was born (Was Born, Died, etc.) on 10/25/1915 (Date of Event)
in Ucon (Bonneville Co.) Id. (Place of Event)
are erroneous or were omitted.

ITEMS TO BE CORRECTED	FROM	TO
~~child's first name~~	~~Violet~~	Viola NO DOCUMENTATION PER APPLICANT
child's surname	Jochomsen	Jockumsen
father's first name	Christen	Christian
father's surname	Jochomsen	Jockumsen

Subscribed and sworn to before me this 25 day of AUGUST, 2011
Notary Public, [signature]
Residing at POCATELLO IDAHO
My commission expires (Seal) APRIL 21, 2016

NOTARY PUBLIC STATE OF IDAHO

× Carol Orr
Signature of Applicant

× 4300 Stockman Rd.
Street Address, City, State and Zip

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } SS

(Must be completed ☐)
(Is not necessary ☒)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of ,
Notary Public,
Residing at
My commission expires (Seal)

Signature of Applicant

Street Address, City, State and Zip

August 2, 2011 DRAFT REGISTRATION CARD CHRISTIAN HANSEN JOCKUMSEN DATED 09/12/1918 VIEWED BY VS
US FEDERAL CENSUS POPULATION SCHEDULE CHRISTIAN JOCKUMSEN DATED 04/07/1930 VIEWED BY VS
LDS CERTIFICATE OF BAPTISM & CONFIRMATION VIOLA JOCKUMSEN SLACK BAPTIZED 03/05/1960 VIEWED BY VS
STATE OF IDAHO DEATH CERTIFICATE VIOLA JOCKUMSEN SLACK DIED 02/26/1997 VIEWED BY VS

713.224.010-168

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

CERTIFICATE OF BIRTH

Registration District No. 73 File No. 34117

Primary Registration District No. 2150 Registered No. 284

FULL NAME OF CHILD Belva J. Galbraith

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	✓	✓	yes	Oct - 24 1915

FATHER	MOTHER
FULL NAME Christopher L. Galbraith	FULL MAIDEN NAME Neva Johnson
RESIDENCE Idaho Falls. Idaho	RESIDENCE Idaho Falls. Idaho
COLOR White. AGE AT LAST BIRTHDAY 46 (Years)	COLOR White. AGE AT LAST BIRTHDAY 39 (Years)
BIRTHPLACE Utah	BIRTHPLACE Utah.
OCCUPATION Rancher	OCCUPATION Housewife

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive - October 24 1915 at 10 50 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]
Physician
(Physician or midwife)

Address Idaho Falls, Idaho

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed Oct 24 19 15 [illegible] Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 1 0 1944

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Utah, } ss.
County of Weber,

Certificate No. 34117

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Belva J. Galbraith (Name on Original Certificate) who was born (Was Born or Died) on October 24th, 1915, (Date of Event)
in Amon, Idaho, (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by [illegible] (Bible Record, Insurance Policy, Etc.) prepared on October 24 1916 (Give Date) are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	None Given	Belva J. Galbraith
Surname, Father	Galbrath	Galbraith
Christopher Lorin Galbraith,		

Subscribed and sworn to before me this 7th
day of June, 1944.

Clair C. Peterson
Notary Public, residing at Ogden, Utah.
My commission expires July 17, 1945.
(Seal)

Signed Marjorie Lawson Galbraith
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

2903 Washington Blvd, Ogden, Utah
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah, } ss.
County of Weber

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that she has knowledge of the corrected facts as set forth above and that they are true to the best of her knowledge.

Subscribed and sworn to before me this 7th
day of June, 1944.

Notary Public, residing at Ogden, Utah.
My commission expires July 17, 1945.
(Seal)

Signed Mamie Galbraith
(Signature of Any Credible Person Other Than Previous Year)

2903 Washington Blvd, Ogden, Utah.
(Street Address, City, State)

JUN 14 1944

313-224-010-851

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
[redacted]EAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34118

County of Bonneville

City of Idaho Falls Ida.

Registration District No. 73 File No.

No. St.

Primary Registration District No. 2150 Registered No. 283

Hospital

FULL NAME OF CHILD Verna Berneice Catmull

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	10/24 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Albert Catmull	FULL MAIDEN NAME	Grace Heath
RESIDENCE	Idaho Falls Ida.	RESIDENCE	Idaho Falls Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Idaho Falls Ida.	BIRTHPLACE	Idaho Falls Ida.
OCCUPATION	Grocery Clerk.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive Oct. 27-15 at 6 30 a.m. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. R. Sodergren M.D.

Physician

(Physician or midwife)

Given names added from a supplemental report.

19

Address Idaho Falls Ida.

Filed Oct 28 1915 - [illegible]

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

APR 8 1942

599-220-010-569

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls Ida.

No. _____ St.

Hospital _____

Registration District No. 73 File No. 34120

Primary Registration District No. 2100 Registered No. 281

FULL NAME OF CHILD Frances Allene Erickson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day)
Female		yes	10/20

FATHER		MOTHER	
FULL NAME	Ed Erickson	FULL MAIDEN NAME	Amanda Nordb[illegible]
RESIDENCE	Idaho Falls Ida.	RESIDENCE	Idaho Falls Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Sweden	BIRTHPLACE	Elbow Lake Minn.
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive 10/20/15 at 11:30 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. R. Soderquist M.D.

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Idaho Falls. Ida.

Filed Oct 26 1915 [illegible]

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V.S. No. [illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

1950

APR 15 1971

155-222-010-753

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Ucon

No. ..... St.

Hospital .....

Registration District No. 73 File No. 34121

Primary Registration District No. 2140 Registered No. 280

FULL NAME OF CHILD Doris Lucille Jensen

Sex of Child Female	Twin / Triplet / or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth: Oct. 22, 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Alvin Jensen	FULL MAIDEN NAME	Grace Peterson
RESIDENCE	Ucon	RESIDENCE	Ucon
COLOR	White AGE AT LAST BIRTHDAY 22 (Years)	COLOR	White AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4:30 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John O'Mellor MD
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Idaho Falls, Ida.

Filed Oct 26 1915 C. Kimball
Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

547-223-010-443

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Ammon

Registration District No. 73

File No. 34122

No. ..... St.

Primary Registration District No. 2116

Registered No. 279

Hospital .....

FULL NAME OF CHILD LEAH EMPEY

Sex of Child Female	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth Oct. 23, 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	A. E. Empey	FULL MAIDEN NAME	Olive Mitchell
RESIDENCE	Ammon, Ida.	RESIDENCE	Ammon, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John O. Mellar, MD (Physician or midwife)

Address Idaho Falls, Ida.

Given names added from a supplemental report

..... 19.....

Filed [illegible] 19 17 [illegible] Registrar

Registrar

S-Y CO. 20174

MAR 17 1969

3-17-69

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Bonneville }

Certificate No. 34122

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Empey (Name on Original Certificate) who was born (Was Born or Died) on Oct. 23, 1915 (Date of Event)
in Ammon, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
childs name	Unnamed	Leah Empey

Subscribed and sworn to before me this 18th day of Oct. April 1969

WALLACE HANSON
Clerk District Court
Notary Public residing at Bonneville County
My commission expires By: Deputy
(Seal)

Signed
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

3430 Rawson, Idaho Falls, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bonneville }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18th day of October 1969

WALLACE HANSON
Clerk District Court
Notary Public residing at Bonneville County
My commission expires By: Deputy
(Seal)

Signed Evelyn M. Robinson
(Signature of Any Credible Person)

3435 Rawson
Idaho Falls Idaho
(Street Address, City, State)

FORM DH 60-155

Birth Certificate from the LDS Church in Idaho Falls, Idaho. Entered on record February 6, 1916. Child's name Leah Empey, born Oct. 23, 1915. Viewed by V. S.

OCT 22 1969

Daughter's (Barbara Ann Molen) birth Certif. on file in Idaho. State File No. 48-13177. born Oct. 23, 1948 gives mother's maiden name as Leah Empey. Viewed by V. S.

299-222-010319

Form V.S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34123

County of Bonneville

City of Ammon

No. ..... St.

Hospital .....

Registration District No. 73

Primary Registration District No. 2150

File No. .....

Registered No. 278

FULL NAME OF CHILD .....

Sex of Child: Female	Twin / Triplet / or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth: Oct 22 (Month) (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Sylvester A. Birwe	FULL MAIDEN NAME	Hulda Carter
RESIDENCE	Ammon, Ida.	RESIDENCE	Ammon
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John O Mellor MD

(Physician or midwife)

Address Idaho Falls, Idaho

Filed Oct 26 1915 [signature] Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

863-217-010-556

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34124

County of Bonneville

City of Idaho Falls, Ida.

Registration District No. 73 File No.

No. St.

Primary Registration District No. 2150 Registered No. 277

Hospital

FULL NAME OF CHILD Blanche Winnie Hockley.

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	✓		✓	Yes	October-17-1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	J. W. Hockley.	FULL MAIDEN NAME	Amelia Newman
RESIDENCE	Idaho Falls, Idaho	RESIDENCE	Idaho Falls, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	England.	BIRTHPLACE	Utah.
OCCUPATION	Miller	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive — October-17-1915 at 2:50 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. R. Sodergren M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address Idaho Falls, Ida.

Filed Oct 25 1915 [signature]

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

236-[illegible]-010214

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. _____ St.

Hospital _____

Registration District No. 73

File No. 34125

Primary Registration District No. 2150

Registered No. 276

FULL NAME OF CHILD ANNA PLANK BLOUGH

Sex of Child Female	Twin Triplet or other? ✓ and Number in order of birth ✓ (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth Oct-9 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	C. C. Blough.	FULL MAIDEN NAME	Magdeline Sadil
RESIDENCE	Idaho Falls. Ida.	RESIDENCE	Idaho Falls. Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Iowa.	BIRTHPLACE	Bohemia
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive - October - 9 - 1915 at 5 00 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. R. Sodergust M.D.
(Physician or midwife)

Given names added from a supplemental report.

Address Idaho Falls Ida.

_____ 19__

Filed Oct 25 1915 [signature]
Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 34125

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Oct 9-1915 (Birth ~~or Death~~)
for Anna Plank Blough (Name on Original Certificate) who (Was Born ~~or Died~~) on Oct 9-1915 (Date of Event)
in Idaho Falls (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Anna Plank Blough

Subscribed and sworn to before me this 26th
day of June, 1943

Notary Public, residing at Omaha Nebr Douglas

My commission expires 11/27-46.
(Seal)

Signed Magdalen Blough
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

4833½ So 24 St,
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19.....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

.....
(Street Address, City, State)

JUL 2 1943

JUL 6 1943

369-221-010-815

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls Ida

Registration District No. 73 File No. 34126

No. _____ St.

Primary Registration District No. 2150 Registered No. 275

Hospital _____

FULL NAME OF CHILD Eva Faye Lords

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	✓		✓	yes	Oct - 21 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Howard Lords	FULL MAIDEN NAME	Ellen Hanson
RESIDENCE	Idaho Falls, Ida.	RESIDENCE	Idaho Falls, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive - October - 21 - 1915 1:00 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Idaho Falls, Idaho

Filed Oct 25 1915 [signature]

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Bonneville } ss.

Certificate No. 34126
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Missing (Name on Original Certificate) who was born (Was Born or Died) on Oct. 21, 1915 (Date of Event)
in Idaho Falls (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Church Records (Bible Record, Insurance Policy, Etc.) prepared on baptised March 9, 1924 (Give Date), are:
Child's Birth Cert. #326330 Viewed by V. S.

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Missing	Eva Faye Lords

Subscribed and sworn to before me this 8th day of February, 1957

Notary Public, residing at Idaho Falls, Idaho
My commission expires Sept. 1, 1957
(Seal)

Signed Cora Ellen Hanson Lords
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

311-11th St Idaho Falls, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bonneville } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8th day of February, 1957

Notary Public, residing at Idaho Falls, Idaho
My commission expires Sept. 1, 1957
(Seal)

Signed Alice Baldwin Hanson
(Signature of Any Credible Person)

311-11th St Idaho Falls, Idaho
(Street Address, City, State)

MAR 8 1957

433-219-010-433

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Coltman

No. ..... St.

Hospital .....

Registration District No. 73 File No. 34127

Primary Registration District No. 2110 Registered No. 274

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		No	Oct. 19, 1915

FATHER		MOTHER	
FULL NAME	?	FULL MAIDEN NAME	Emma McLean
RESIDENCE	?	RESIDENCE	Coltman
COLOR	AGE AT LAST BIRTHDAY ..... (Years)	COLOR	White AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE	?	BIRTHPLACE	Michigan
OCCUPATION	?	OCCUPATION	House maid

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address John O. Mellor MD Idaho Falls, Id.

Filed Oct 21 1915 [illegible] Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 27 2016

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

383-220-010 249

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34129

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

Registration District No. 73 File No. .....

Primary Registration District No. 2150 Registered No. 272

FULL NAME OF CHILD EDNA LUCILLE LYLE

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Oct 20 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Rosco M Lyle	FULL MAIDEN NAME	Josephine Bennett
RESIDENCE	Idaho Falls Idaho	RESIDENCE	Idaho Falls Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Illinois
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Idaho Falls Idaho

Filed Oct 22 1915 [signature] Registrar

Registrar

S-Y CO. 24695

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Illinois } ss. JUL 1 2 1943 Certificate No. 34129

County of Bureau } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth or Death)

for (Name on Original Certificate) who (Was Born or Died) on (Date of Event)

in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Edna Lucille Lyle

Subscribed and sworn to before me this 9 th.

day of July, 1943.

H. R. Knowlton

Notary Public, residing at Sheffield, Ill.

My commission expires March 10 th. 1946

(Seal)

Signed Josephine B. Lyle

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

, Sheffield, Ill.

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ~~Illinois~~ } ss.

County of

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this

day of , 19

Notary Public, residing at

My commission expires

(Seal)

Signed

(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

JUL 15 1943

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

381-214-010-365

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34130

County of Bonneville

City of Iona

No. ..... St.

Hospital .....

Registration District No. 73 File No. .....

Primary Registration District No. 2150 Registered No. 271

FULL NAME OF CHILD Afton Elizabeth Thatcher

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Oct. 14, 1915

FATHER		MOTHER	
FULL NAME	John B. Thatcher	FULL MAIDEN NAME	Clara Long
RESIDENCE	Iona	RESIDENCE	Iona
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2:45 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John O. Mellor, M.D.
(Physician or midwife)

Address Idaho Falls, Idaho

Given names added from a supplemental report

..... 19.....

Filed Oct 17 1915 W. Kunard
Registrar

Registrar

8-Y CO. 20174

OCT 21 1950

OCT 12 1950

632-207-010-652

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34131

County of Bonneville

City of Milo

No. ..... St.

Hospital .....

Registration District No. 73 File No. .....

Primary Registration District No. 2150 Registered No. 270

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	October (Month) 7 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Martin K Olsen	FULL MAIDEN NAME	Bertha Marie Weston
RESIDENCE	Milo	RESIDENCE	Milo
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Norway	BIRTHPLACE	Sweden
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive ~~or stillborn~~), at 10 55 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Josephine Thompson

Midwife (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Ucon Bonneville Co Idaho

Filed Oct 18 1915 [signature] Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

231-2160010-891

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneyville

City of Ammon

No. ..... St.

Hospital .....

Registration District No. 73 File No. 34132

Primary Registration District No. 2150 Registered No. 269

FULL NAME OF CHILD Inez Blatter

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl		yes	Oct 16 1915

FATHER		MOTHER	
FULL NAME	Andors Blatter	FULL MAIDEN NAME	Margaret Hiatt
RESIDENCE	Ammon	RESIDENCE	Ammon
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Ill	BIRTHPLACE	Harrisville Utah
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at Twelve M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Annie Hiatt

Midwife
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

..... Registrar

Address Idaho Falls Ida

Filed Oct 19 1915 [signature] Registrar

S-Y CO. 24655

JUN 10 1944

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted] 3-042-751

OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Filer

Registration District No. 38

File No. 34133

No. ..... St.

Primary Registration District No. 3086

Registered No. .....

Hospital .....

FULL NAME OF CHILD Evalyn Unis Davis

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of Birth (Month) (Day) (Year)
G.			Yes.	10 23 15

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Grover Davis	Edna Jeese
RESIDENCE	Filer Ida	Filer Ida
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	30	26
BIRTHPLACE	Mo	Wis
OCCUPATION	Lumberman	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 2-20 P.M. on the date above stated.
(Born alive or Stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr A A Newberry
(Physician or midwife)

Address Filer Ida

Given names added from a supplemental report.

..... 19.....

Filed Oct 19 15 A A Newberry
Registrar

..... Registrar

S-Y CO. 24685

DEC 17 1941

817 [illegible] 042-314

PLACE OF BIRTH

Amended 8/22/74

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Clover

Registration District No. 38

File No. 34134

No. _____ St.

Primary Registration District No. 2086

Registered No. _____

Hospital _____

FULL NAME OF CHILD Susie Vesta Hagler

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
G.		Yes	10 (Month) 14 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Fred Hagler	FULL MAIDEN NAME	Berta Campe
RESIDENCE	Clover Ida	RESIDENCE	Clover Ida
COLOR	N. AGE AT LAST BIRTHDAY 34 (Years)	COLOR	N. AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE	Ill	BIRTHPLACE	Ill
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at 3 30 P M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr A A Newberry

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Filer Ida

Filed 10/14 1915 A A Newberry

Registrar

Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JUL 3 0 1974

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED

AUG 16 1974

Bureau of Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of .....

Certificate No. 34134

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Vesta Hagler (Name on Original Certificate) who was born (Was Born or Died) on Oct. 17, 1915 (Date of Event)

in Clover, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Vesta Hagler	Susie Vesta Hagler
date of birth	Oct. 17, 1915	Oct. 14, 1915

Subscribed and sworn to before me this 8 day of Aug 74, 19 .....

Signed Fred B. Hagler
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Lake Tacoma Ida

My commission expires July 1978
(Seal)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of .....

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Signed .....
(Signature of Any Credible Person)

Notary Public, residing at .....

My commission expires .....
(Seal)

.....
(Street Address, City, State)

FORM DH 60-155 CL 8/5/74 lcc pd.

Family Bible record gives child's name as Susie Vesta Hagler, born Oct. 14, 1915
viewed b V. S.

Photo-copy of Application for exchange of Idaho Mutual Benefit Assoc. Policy No. 9335 and 9708 and transfer of Equity Credit from Old Est Life Ins. Co gives name as Susie V. Wanamaker. born Oct. 14, 1915. dated July 2, 1957 viewed by V. S.

AUG 2 2 1974

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

551-110-642-236

PLACE OF BIRTH

County of Twin Falls

City of Berger

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 38 File No. 34135

Primary Registration District No. 2086 Registered No. .....

FULL NAME OF CHILD (Not named)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of Birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy		Yes	Oct 10 1915

FATHER		MOTHER	
FULL NAME	A J Evans	FULL MAIDEN NAME	Lulu Scott
RESIDENCE	Berger Ida	RESIDENCE	Berger Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	La	BIRTHPLACE	Mo
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 11 a M
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr A A Newberry
(Physician or midwife)

Address .....

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 10/10 19 15 A A Newberry
Registrar

S-Y CO. 24688

859-1[redacted]-497

PL[redacted]H

Form V. S. No. 11—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of [redacted]ce

City of Slickpoo

Registration District No. 97

File No. 34136

No. ..... St.

Primary Registration District No. 2174

Registered No. .....

Hospital .....

FULL NAME OF CHILD Tilman Norman Heinzerling

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	—	—	—	yes	July (Month) 3 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Walton Heinzerling	FULL MAIDEN NAME	Lula Dixon
RESIDENCE	Slickpoo	RESIDENCE	Slickpoo
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	California	BIRTHPLACE	Washington
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 p. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) William P H Habel MD.

(Physician or midwife)

Given names added from a supplemental report.

Address Lapwai. Idaho.

..... 19.....

Filed Sept 15 19.....

John N. Alley
Registrar

..... Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 25 1971

26413 9-935 814

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ney Perce

City of Lapwai

No. ..... St.

Hospital .....

Registration District No. 97

File No. 34137

Primary Registration District No. 2174

Registered No. .....

FULL NAME OF CHILD Obie Roy Bounds Jr.

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	—		—	yes.	July 30 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Obie R. Bounds	FULL MAIDEN NAME	Ethel B. Hammond
RESIDENCE	Lapwai	RESIDENCE	Lapwai
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Washington	BIRTHPLACE	Kansas
OCCUPATION	Painter	OCCUPATION	housewife

Number of child of this mother, including present birth - 3 -

Number of children of this mother now living, including present birth - 3 -

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8.30 a. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm P H Hatel Md.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Lapwai Idaho.

Filed Aug 15 1915

..... Registrar

..... Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 13 1942

JUL 1 19

666-107-035'695

Form V. S. No. 11—25m-1-1-13

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Nez Perce

City of Lapwai.

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 97 File No. 34138

Primary Registration District No. 2,174 Registered No. .....

FULL NAME OF CHILD Ralph Homer Woody

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	—	—	yes	Aug. 7 1915

FATHER		MOTHER	
FULL NAME	Bascom Woody	FULL MAIDEN NAME	Amarilla Frederickson
RESIDENCE	Lapwai.	RESIDENCE	Lapwai.
COLOR	White	COLOR	White.
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	N. C.	BIRTHPLACE	Oregon
OCCUPATION	farmer	OCCUPATION	house wife.

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8-30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) William P. Hobel M.D.

(Physician or midwife)

Address Lapwai. Idaho.

Filed Sept. 19.15.

..... Registrar

S-Y CO. 24656

APR 26 1967

253-12-035-954

V. S. No. 11—25m-1-1-13

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Nez Perce.

City of Lewiston

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 97 File No. 34139

Primary Registration District No. 2174 Registered No. .....

FULL NAME OF CHILD [redacted] Kelley ; REESE MILTON

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	—	—	yes	Aug 12 1915

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	James Kelley	Mollie Inman
RESIDENCE	Lewiston	Lewiston
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	24	23
BIRTHPLACE	Kansas.	Mo.
OCCUPATION	farmer	housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 a. m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Nelson A. Hatch M.D.

(Physician or midwife)

Address Lapwai Idaho

Given names added from a supplemental report.

..... 19.....

.....
Registrar

Filed Sept. 6, 1915 John N. Ally, M. D.
Registrar

9-6-15 John N. Ally

S-Y CO. 24686

5/2/41 L. B.

STATE OF WASHINGTON)
:SS.
COUNTY OF CLARK)

I, Mollie Kelley, formerly Mollie Inman, being first duly sworn upon oath according to law depose and say:

That I am the wife of James Kelley and was the wife of the said James Kelley on the 12th day of August, 1915.

That on the said 12th day of August, 1915, a son was born to me at Slickpool, Idaho. That the actual name of said son was Reese Milton Kelley.

I am informed that the official records now show that the name of said son was Floyd Kelley.

It is my desire that the records be corrected to show that the true and correct name of said son so born to me at Slickpool, Idaho on the 12th day of August, 1915, was Reese Milton Kelley and, in accordance with my desires in said matter, I do hereby request and authorize that the proper officials make such changes in the records as to show the true facts.

That the father of my said son was my husband, James Kelley.

Further, affiant sayeth not.

Mollie Kelley

Subscribed and sworn to before me this 28th day of April, 1941.

R. W. Temples
Notary Public in and for the State of Washington, residing at Vancouver, therein.

My commission expires: Nov. 9, 1943.

855-207-035-693

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

County of Ney Perce

City of Spalding

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 97 File No. 34140

Primary Registration District No. 2174 Registered No. .....

FULL NAME OF CHILD Marian Gwendolin Hennin.

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
female	—	—	yes.	Oct. 7 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	William M. Hennin	FULL MAIDEN NAME	Mary C. Williams
RESIDENCE	Spalding	RESIDENCE	Spalding
COLOR	White	COLOR	Indian 1/8 White - 7/8
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	South Dakota	BIRTHPLACE	British Columbia -
OCCUPATION	farmer.	OCCUPATION	house wife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5.30 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John N. Alley & William H. Habel M.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Lapwai - Idaho.

Filed Nov 19 15

..... Registrar

..... Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

689-12-035295

Form V. S. No. 11—25m-1-1-13

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Nez Perce

City of Spalding.

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 97 File No. 34141

Primary Registration District No. 2174 Registered No. .....

FULL NAME OF CHILD [illegible] Carrol George Whitlock

Sex of Child	Twin Triplet or other?	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	—	yes.	Oct 21 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Elvin D. Whitlock.	Nora Kress
RESIDENCE	Spalding Idaho.	Spalding Idaho.
COLOR	White.	White.
AGE AT LAST BIRTHDAY (Years)	26	30
BIRTHPLACE	Kansas.	Indiana
OCCUPATION	Farmer	housewife.

Number of child of this mother, including present birth - 3 - Number of children of this mother now living, including present birth - 3 -

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 1130 P. M. on the date above stated.

(Born alive or stillborn)

(Signature) William D. Hobel M.D.

(Physician or midwife)

Address Lapwai - Idaho

Filed 11-10-1913

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

S-Y CO. 24696

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Nez Perce }

Certificate No. 3414r
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Carrol George Whitlock (Name on original certificate) who was born (Was born or died) on October 21, 1915 (Date of event)
in Spalding, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by family bible record (Bible record, insurance policy, etc.) prepared on date of birth (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Whitlock	Carrol George Whitlock

Subscribed and sworn to before me this 19th day of April 1942

Notary Public, residing at Lapwai, Idaho
My commission expires January 11, 1943
[SEAL]

Signed [signature]
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Spalding, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Nez Perce }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19th day of April 1942

Notary Public, residing at Lapwai, Idaho.
My commission expires Jan. 11, 1943.
[SEAL]

Signed Lurnica Allegier
(Signature of any credible person other than the previous affiant.)

Lapwai, Idaho.
(Street Address, City, State)

Received for filing on By
(Registrar's signature)

FEB 22 1949

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

05-205-035367

County of Ray Pyce

City of Myrtle

Registration District No. 97

File No. 34142

No. ..... St.

Primary Registration District No. 2174

Registered No. .....

Hospital .....

FULL NAME OF CHILD Virginia Pearson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F			Two	yes	Sept 5 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Floyd Pearson	FULL MAIDEN NAME	Mary Lopez
RESIDENCE	Myrtle	RESIDENCE	Myrtle
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Wash	BIRTHPLACE	Wash.
OCCUPATION	Merchant	OCCUPATION	House wife

Number of child of this mother, including present birth Two

Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Virginia Pearson at 12.30 P M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John N Alley

Physician

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed Sept 6 1915

John N Alley

Registrar

Registrar

S-Y CO. 24655

JUN 29 1961

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

275-119-1004

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear [redacted]

City of Paris

Registration District No. 33 File No. 34143

No. ____ St.

Primary Registration District No. 2132 Registered No. ____

Hospital ____

FULL NAME OF CHILD J. Bennion Spencer

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Oct. 19, 1913

FATHER		MOTHER	
FULL NAME	Geo. S. Spencer	FULL MAIDEN NAME	Lillie North
RESIDENCE	Paris	RESIDENCE	Paris
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Banker	OCCUPATION	H W

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3:00 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. J. Sullon

(Physician or midwife)

Address Paris Ida

Given names added from a supplemental report.

..... 19.....

Filed 11—10 1913 T. J. Sullon

Registrar

S-Y CO. 24655

Registrar

[redacted]

JAN 2 9 1974

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
APR 15 2 04 PM '74

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Utah
County of Cache

Certificate No. 34143

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Spencer (Male) (Name on Original Certificate) who was born (Was Born or Died) on Oct. 19, 1915 (Date of Event)
in Paris, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	J. Bennion Spencer

Subscribed and sworn to before me this 15th day of April, 1974

Notary Public, residing at Logan, Utah
My commission expires July 8, 1977
(Seal)

Signed Jesse S. Budge
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
745 North 2 East, Logan, Utah
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah
County of Cache
ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15th day of April, 1974

Notary Public, residing at Logan, Utah
My commission expires July 8, 1977
(Seal)

Signed Rusley S. Hawkins
(Signature of Any Credible Person)
345 West 4th north Logan Utah
(Street Address, City, State)

FORM DH 60-155 CL 1/29/74

Certif. of Blessing from LDS Church gives name as J. Bennion Spencer son of George S. Spencer and Lilly Ann North. Born October 19, 1915.at Paris, Idaho. Was Blessed December 1915. Viewed by V. S.

Note from State Farm Insurance gives name as J. Bennion Sepncer. Has policy with the XXXX Company (policy No. F03 0897 547 APL. gives date od birth as Oct. 19, 1915. Viewed by V. S.

MAY 1 1974

386-107-004399

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Bear Lake

City of Bloomington, Idaho.

No. —, St.

Hospital —

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 53 File No. 34144

Primary Registration District No. 2632 Registered No.

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Oct. 7 1915

FATHER		MOTHER	
FULL NAME	Wilford Myron Thornock	FULL MAIDEN NAME	Jane Berthenia Critchlow
RESIDENCE	Bloomington, Idaho.	RESIDENCE	Bloomington, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Bloomington, Idaho.	BIRTHPLACE	Idaho.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. A. Hottendorf

MD

(Physician or ~~Midwife~~)

Given names added from a supplemental report

, 19

Address PARIS, IDAHO.

Filed 11-10- 1913 R. J. Sutton

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

Form V.S. No. [illegible]

STATE OF IDAHO

CERTIFICATE OF BIRTH

Registered No.

493-120-004-219

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

34145

County of Bear Lake

City of PARIS, IDAHO.

Registration District No 53

File No.

No ....., ... St.

Primary Registration District No 2132

Registered No.

Hospital

FULL NAME OF CHILD LOUIS SMITH MICHEL

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
male		yes	Oct (Month) 20 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Jacob Michel	FULL MAIDEN NAME	Emma Barfuss
RESIDENCE	PARIS, IDAHO.	RESIDENCE	PARIS, IDAHO.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	48 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Switzerland	BIRTHPLACE	Switzerland
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. A. Hottendorf

M. D. (Physician or Midwife)

Given names added from a supplemental report

PARIS, IDAHO.

Address

..... 19

Filed 11-10 1915 R. J. Sutton Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS 17326

STATE OF IDAHO

CERTIFICATE OF BIRTH

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Ada } ss.

Certificate No. 34 145

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Emanuel Michel (Name on Original Certificate) who born (Was Born or Died) on Oct. 20, 1915 (Date of Event)
in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Aunt (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM, (As on Original)	TO (The Correct Facts)
Name	Omitted	Louis Smith Michel

Subscribed and sworn to before me this 25th
day of March, 19 42

Notary Public, residing at Boise Idaho

My commission expires
(Seal)

Signed Mrs Anna Murphey,
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

415 Ave C. Boise Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

619-227-004-245

PLACE OF BIRTH

County of Bear Lake

City of Bloomington,

No. ....., ... St.

Hospital .....

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 33 File No. 34146

Primary Registration District No. 2132 Registered No. .....

FULL NAME OF CHILD ZULA CLARISSA WARD

Sex of Child female	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	Date of birth OCT 27 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	George Henry Ward	FULL MAIDEN NAME	Clarissa Bunderson
RESIDENCE	Bloomington, Idaho.	RESIDENCE	Bloomington, Idaho.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Bloomington, Idaho.	BIRTHPLACE	ST. CHARLES Idaho
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 4 Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L T A Hottendorf

MD

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address PARIS, IDAHO.

Filed 11-10- 1915 R J Sullon

Registrar

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Bear Lake } ss.

Certificate No. 34116

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for "Unnamed" (Name on Original Certificate) who was born (Was Born or Died) on Oct. 27, 1915 (Date of Event)
in Bloomington, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Church Record May 12, 1929
School Record prepared on May 25, 1929 & 1933
(Bible Record, Insurance Policy, Etc.) Viewed by Div. of Vital Statistics (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	"Unnamed"	Zuba Clarissa Ward

Subscribed and sworn to before me this 13th. day of June, 1955

Thos. J. Price

Notary Public, residing at Paris, Idaho
My commission expires Oct. 1, 1958
(Seal)

Signed Georgie K Ward
Clarissa B. Ward
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bear Lake } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13th. day of June, 1955

Thos. J. Price

Notary Public, residing at Paris, Idaho
My commission expires Oct. 1, 1958
(Seal)

Signed J. Jay Nelson
(Signature of Any Credible Person)

Bloomington
(Street Address, City, State)
Idaho

DPH 52.155

1 Copy pd

445-126-004-365

Form V. S. No. 11—10m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Paris

No. ..... *St.*

Hospital .....

Registration District No. 53 **File No.** 34147

Primary Registration District No. 2132 **Registered No.** .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Sept 26 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Noron Munson	FULL MAIDEN NAME	Anna E. Sarg
RESIDENCE	Paris	RESIDENCE	Paris
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Paris	BIRTHPLACE	Bloomington Ida
OCCUPATION	Shoemaker	OCCUPATION	HW

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 1:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A P Cooley
M D
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Paris Ida

Filed 11-10-1915 R J Sutton
Registrar

Registrar

S-Y CO. 20175

643-19-004815

PLACE OF BIRTH

County of Bear Lake

City of Paris

No. ..... St.

Hospital .....

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 53 File No. 34148

Primary Registration District No. 2132 Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Sept 19 1915

FATHER		MOTHER	
FULL NAME	Christian Fritz	FULL MAIDEN NAME	Magdalene Hauber
RESIDENCE	Paris	RESIDENCE	Paris
COLOR	W	AGE AT LAST BIRTHDAY (Years)	23
COLOR	W	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Russia	BIRTHPLACE	Germany
OCCUPATION	Farmer	OCCUPATION	None

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. P. Cooley M. D.
(Physician or midwife)

Address Paris

Given names added from a supplemental report

..... 19.....

Filed 11—10—1915 R. J. Sutton Registrar

..... Registrar

8-Y CO. 20175

234-230-004-794

PLACE OF BIRTH

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Paris

No. ..... St.

Hospital .....

Registration District No. 53 File No. 34149

Primary Registration District No. 2132 Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Oct 30 191 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Joseph S Slucker	FULL MAIDEN NAME	Mary Price
RESIDENCE	Paris	RESIDENCE	Paris
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Paris	BIRTHPLACE	Utah
OCCUPATION	Tourist	OCCUPATION	H W

Number of child of this mother, including present birth 6th Number of children of this mother now living, including present birth 6th

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10:45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A P Cooley M D
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Paris

Filed 11-10 1915 R J Sutton
Registrar

Registrar

S-Y CO. 20175

285·227·004·799

PLACE OF BIRTH

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Paris

No. ..... *St.*

Hospital .....

Registration District No. 53 **File No.** 34150

Primary Registration District No. 2132 **Registered No.** .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Oct 27 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	H. James Shepherd	FULL MAIDEN NAME	Edna B Innes
RESIDENCE	Paris	RESIDENCE	Paris
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Paris.	BIRTHPLACE	Paris
OCCUPATION	Timberman	OCCUPATION	H.W.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C F Cooley M D

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Paris

Filed 11-10-1915 R J Sutton

Registrar

Registrar

S-Y CO. 20175

884-125-00K-168 ADDED CHILD'S NAME 12-18-2000 MS

PLACE OF BIRTH

Form V. S. No. 11—10m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Liberty

No. ..... St.

Registration District No. 53 File No. 34151

Primary Registration District No. 2132 Registered No. .....

Hospital .....

FULL NAME OF CHILD MELBA EMMA HYMAS

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Oct 25 1915

FATHER		MOTHER	
FULL NAME	Geo. A. Hymas	FULL MAIDEN NAME	Emma Johnson
RESIDENCE	Liberty	RESIDENCE	Liberty
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Liberty	BIRTHPLACE	Ovid
OCCUPATION	Farmer	OCCUPATION	H W.

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A Cooley M D

(Physician or midwife)

Address Paris

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 11-10-1915 J. Sutton Registrar

8-Y CO. 20178

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Center for Vital Statistics
and Health Policy

12-6-2000

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Utah
County of Davis } ss.

VITAL STATISTICS
00 DEC 18 P 9:36

Certificate No. 1915-34151
Date Filed NOV. 10, 1915

The undersigned does solemnly swear that certain facts on the certificate of BIRTH

for UNNAMED HYMAS (Name on Original Certificate) who WAS BORN (Was Born, Died, etc.) on OCT. 25, 1915 (Date of Event)

in LIBERTY (BEAR LAKE) ID (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
CHILD'S NAME	UNNAMED HYMAS	MELBA EMMA HYMAS

Subscribed and sworn to before me this 12th day of Dec. 2000

Notary Public, Stacy L. Smith

Residing at Layton, Ut

My commission expires 9-22-2004

STEPHANIE L. SMITH
NOTARY PUBLIC - STATE OF UTAH
2000 N. Main
Layton UT 84041
My Comm. Exp. 9-22-2004

Melba Emma Hymas
Signature of Applicant

1703 No Main
Street Address, City, State
Same St, Ut.

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ___)
(Is not necessary X)

State of
County of ss.

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, ___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

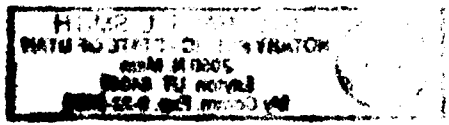
_____
Supporting Signature

_____
Street Address, City, State

1cc pd

MARRIAGE LICENSE FROM UTAH SHOWS RONALD ARTHUR MISKIN AND MELBA EMMA HYMAS WERE MARRIED ON NOV 7, 1935 IN SALT LAKE CITY UT VIEWED VS.

DURABLE POWER OF ATTORNEY SIGNED BY MELBA EMMA HYMAS MISKIN ON OCT. 22, 1993 VIEWED VS.



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

434-118-025-292

County of Idaho

City of Stites

No. ..... St.

Hospital .....

Registration District No. 106 File No. 34152

Primary Registration District No. 2184 Registered No. 52

FULL NAME OF CHILD Jesse Everett McMillan

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Oct 18 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Jesse McMillan	FULL MAIDEN NAME	May Ethel Bishop
RESIDENCE	Stites	RESIDENCE	Stites
COLOR	White AGE AT LAST BIRTHDAY 33 (Years)	COLOR	White AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Saskatchewan Can.
OCCUPATION	Harness maker	OCCUPATION	Housewife

Number of child of this mother, including present birth one Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Wentworth MD

Stites (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Stites Idaho

Filed Nov 9 1915 J.M. Verbeeknoes Registrar

Registrar

S-Y CO. 20174

Form U. S. No. 11-C—10m-3-15-32

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration Dist. No. ..... Fac. No. 34152

PLACE OF BIRTH

County of Idaho

City of .....

No. .....

NO RECORD

843.216.025-319

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Idaho

City of Stites

No. ..... St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 106 File No. 34153

Primary Registration District No. 2184 Registered No. 37

FULL NAME OF CHILD Leah May Hutchens

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Female			Yes	Oct 16 (Month) (Day) 191 5 (Year)

FATHER		MOTHER	
FULL NAME	Orval Hutchins	FULL MAIDEN NAME	Ora Maude Carpenter
RESIDENCE	Stites	RESIDENCE	Stites
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth One

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) H W Hutchins

(Physician or midwife)

Address Stites Idaho

Filed Nov 9 1915 Jno. Vehrkamp Registrar

6-Y CO. 20174

1/17/41 L. B.

Amended 10-18-67

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 34154
Local Reg. No. 50
Reg. Dist. No. 106

1. PLACE OF BIRTH
a. COUNTY: Idaho
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Kooskia
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Idaho
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Kooskia
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Elma
b. (Middle): Alice
c. (Last): Yenney

4. SEX: Female

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): October 17, 1915

FATHER OF CHILD

7. FULL NAME
a. (First): Carl
b. (Middle):
c. (Last): Yenney

8. AGE (At time of this birth): 41 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Germany

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Alice
b. (Middle):
c. (Last): Kidder

13. AGE (At time of this birth): 33 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Montana

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 4
b. How many OTHER children were born alive but are now dead?
c. How many children were stillborn (born dead after 20 wks. pregnancy?)

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: J. M. Verberkmoes

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Kooskia, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: Nov. 9, 1915

22. REGISTRAR'S SIGNATURE: J.M. Verberkmoes

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address ON OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
MAY 22 1967
Bureau of Vital Statistics

State of Idaho } ss
County of Idaho }

Certificate No. 34154

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Alma Alice Yenny (Name on Original Certificate) who was born (Was Born or Died) on Oct 19, 1915 (Date of Event)
in Kooskia, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Alma Alice Yenny	Elma Alice Yenney
Father's Name	Carl Yenny	Carl Yenney
Birth Date	Oct. 19, 1915	Oct. 17, 1915

Subscribed and sworn to before me this 28th day of April, 1967

Louis G. Drake

Notary Public, residing at Kooskia
My commission expires February 15, 1970
(Seal)

Signed Jas. Mat J. Yenney
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Kooskia, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Idaho }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28th day of April, 1967

Notary Public, residing at Kooskia
My commission expires February 15, 1970
(Seal)

Signed Harry Farris
(Signature of Any Credible Person)

Clearwater, Idaho
(Street Address, City, State)

FORM DPH 55.155

Statement from St. Mary's Hospital, Cottonwood, Idaho, dated April 24, 1967 by Sister Mary Mildred, O.S.B., R.R.L., states "This is to certify that Mrs. Elma (Albert M.) Berry was admitted to the above-named hospital on April 17, 1940 and four times since then. On each of these admissions she gave the following information:

Date of Birth: October 17, 1915 Place of Birth: Kooskia, Idaho

Name of Father: Carl Yenney Maiden Name of Mother: Alice Kidder

document viewed by V.S.

Photo Copy of Grade Transcript, Northern Idaho College of Education, Lewiston, Idaho., matriculated 1933 gives full name of student as Elma Yenney Berry, born Oct. 17, 1915 at Kooskia, Idaho - guardian is given as Lewis R. Yenney - viewed by V.S.

Father's Death Cert. on file: (Idaho Death) #129971 gives full name of deceased as Carl Yenney, - informant is given as Mrs. Albert Berry, Kooskia, Idaho - viewed by V.S.

313-208025-613

PLACE OF BIRTH

Form V. S. No. 11-C—Rev-1-1-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34155

County of Idaho

City of Kooskia

No. ..... St.

Hospital .....

Registration District No. 106 File No. .....

Primary Registration District No. 2184 Registered No. 49

FULL NAME OF CHILD Merna Talcott

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				yes	Oct 8 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Chester Talcott	Theresa Walker
RESIDENCE	Kooskia - Idaho	Kooskia - Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	40	30
BIRTHPLACE	Kansas	Kansas
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1:00 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J.M. Verbenkamp

Physician (Physician or midwife)

Address Kooskia - Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Nov 9 1913 J.M. Verbenkamp Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

6-27-41

291-2171025-446

PLACE OF BIRTH

Form V. S. No. 11-C—Mar-1-1-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Kooskia

No. ..... St.

Hospital .....

Registration District No. 106 File No. 34156

Primary Registration District No. 2184 Registered No. 48

FULL NAME OF CHILD Edna Marie Braxling

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Sept 17 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Emil Braxling	FULL MAIDEN NAME	Julia Duck
RESIDENCE	Tahoe - Idaho	RESIDENCE	Tahoe - Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Illinois
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5:30 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Emil Braxling

Father
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Tahoe - Idaho

Filed Nov 9 1915 J M Verbeekmoes
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 21 1945

439-025-040-466

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34157

County of Shoshone

City of Wallace

Registration District No. 122 File No.

No. — St.

Primary Registration District No. 2210 Registered No. 83

Hospital —

FULL NAME OF CHILD Norma Marie McInnis

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	One (To be answered only in event of plural births)	1st	Yes	Oct 25 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Charles McInnis	Louise Moody
RESIDENCE	Butte Montana	Butte Montana
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	26	21
BIRTHPLACE	[redacted]	Montana
OCCUPATION	Barkeeper	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4:09 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. H. Mowery

Physician

(Physician or midwife)

Address Wallace Ida.

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Oct 30 1915 H. Mowery

Registrar

S-Y CO. 24655

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

693-105-040-717

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34158

County of Shoshone

City of Wallace

Registration District No. 122 File No.

No. St.

Primary Registration District No. 2200, Registered No. 80

Hospital

FULL NAME OF CHILD Howard Leroy Williams

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
M	1	7	yes	Oct 15 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Henry Williams	FULL MAIDEN NAME	Mabel Pappineau
RESIDENCE	Wallace Ida	RESIDENCE	Wallace, Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	65	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Missouri	BIRTHPLACE	Iowa
OCCUPATION	Policeman	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Mowery

Physicians
(Physician or midwife)

Given names added from a supplemental report.

Address Wallace Ida

19

Filed 10/14 1915 H C Mowery
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

168-109040-345

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace

Registration District No. 122

File No. 34159

No. _____ St.

Primary Registration District No. 2200

Registered No. 81

Hospital _____

FULL NAME OF CHILD Louis Henry Johnson

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
M	one	3d	yes	Oct 9 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Henry Johnson	FULL MAIDEN NAME	Jennie Lindgren
RESIDENCE	Wallace Ida	RESIDENCE	Wallace Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Sweden	BIRTHPLACE	Sweden.
OCCUPATION	Contractor	OCCUPATION	Housewife

Number of child of this mother, including present birth 3d

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8 30 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Mowery

Physicians (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Wallace Idaho

Filed 10/15 1915 H C Mowery

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 11 1942

dup CD 1915-301163

255-119-040-993

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Interstate Mine

Registration District No. 122

File No. 34160

No. _____ St.

Primary Registration District No. 2200

Registered No. 82

Hospital _____

FULL NAME OF CHILD William Henry Bennett

Sex of Child Male | Twin Triplet or other? one | and | Number in order of birth 4th | Legitimate? Yes | Date of Birth Sept 19 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John Bennett	FULL MAIDEN NAME	Eliza Ricker
RESIDENCE	Interstate Mine	RESIDENCE	Interstate Mine
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Wales England	BIRTHPLACE	Wales England
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 12 noon on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Ina Wessel

Midwife

(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Address Interstate Mine Wallace Ida

Filed Oct 20 1915 H C Mowery

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

415-106-040386

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Shoshone

City of Burke

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 122 File No. 34161

Primary Registration District No. 2200 Registered No. 79

FULL NAME OF CHILD Arlan Leonard Daniels

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	One	4th	Yes	Oct 6 1915

FATHER		MOTHER	
FULL NAME	Louis Daniels	FULL MAIDEN NAME	Cora Thompson
RESIDENCE	Interstate Mine	RESIDENCE	Interstate Mine
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Canada	BIRTHPLACE	Minn.
OCCUPATION	Mine Foreman	OCCUPATION	Housewife

Number of child of this mother, including present birth 4th Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Dr Mowery

Physicians

(Physician or midwife)

Address Wallace Ida

Filed 10/13 1915 H. C. Mowery Registrar

S-Y CO. 24655

DEC 18 1941

695-203-040334

PLACE OF BIRTH Amended 2/16/77

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34162

County of Shoshone

City of Genn

No. _____ St.

Hospital _____

Registration District No. 122

Primary Registration District No. 2200

File No. _____

Registered No. 78

FULL NAME OF CHILD Helen Louise Fredrickson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	one	1st	yes	Oct 3 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Victor Fredrickson	Lena Strom
RESIDENCE	Genn, Ida.	Genn, Ida.
COLOR	W	W.
AGE AT LAST BIRTHDAY (Years)	38	49
BIRTHPLACE	Finland	Finland
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 1st

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Dr. Mowry

Physicians

(Physician or midwife)

Address Wallace Ida

Filed 10/13 1915 W. O. Mowry Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Shoshone } ss.

Certificate No. 34162

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Helen Louise Frederickson (Name on Original Certificate) who was born (Was Born or Died) on Oct. 5, 1915 (Date of Event)
in Gem, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Helen Louise Frederickson	Helen Louise Fredrickson
date of birth	Oct. 5, 1915	Oct. 3, 1915

Subscribed and sworn to before me this 1st day of May, 1973

Notary Public, residing at Malad

My commission expires 12-16-73

(Seal)

Signed Edith S. Johnson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

CT 7/23/73 nm

FEB 1 6 1977

Insurance policy from Metropolitan Insurance Co gives name as Helen L. White born Oct 3, 1915 at Gem, Idaho. dated April 15, 1948. viewed by VS

School Census Marshal's Report gives name as Helen Fredrickson daughter of Victor Fredrickson. born Oct 3, 1915. dated Sept. 1922. viewed by VS

Marriage License and Certificate from Idaho gives names as Edward White and the birde's name as Helen Fredrickson. dated June 9, 1934. Viewed by V. S.

[redacted]

County of [redacted]

City of Stockton Registration District No. 16 File No. [redacted]

No. [redacted], [redacted] St. Primary Registration District No. 1016 Registered No. 34163

Hospital Dill's

FULL NAME OF CHILD Agnes Mary Pagoaga

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		1	yes	Oct 17, 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Julian Pagoaga	Mary Ondarza
RESIDENCE	Stockton	Stockton
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	43	43
BIRTHPLACE	Spain	Spain
OCCUPATION	Farmer	Wife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) J. L. Dill

Physician

(Physician or Midwife)

Address Stockton Calif

Filed Oct 18 1915 J. L. Fuller Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DEC 22 1942

[redacted]

693-216-032-364

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

[redacted]

CERTIFICATE OF BIRTH

34164

County of Lincoln

City of Shoshone

No. ..... St.

Hospital Home

Registration District No. 16

File No. .....

Primary Registration District No. 1016

Registered No. .....

FULL NAME OF CHILD Eve Irene Wilson

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
F.	Other (To be answered only in event of plural births)	1st	yes	Sept. 16, 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Joseph H. Wilson	FULL MAIDEN NAME	Pearl L. Todd
RESIDENCE	Shoshone, Ida.	RESIDENCE	Shoshone
COLOR	W. AGE AT LAST BIRTHDAY 23 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Oregon
OCCUPATION	Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth 1st

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 1/2 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. F. Zellers

M. D.

(Physician or Midwife)

Given name added from a supplemental report

..... 19.....

Address .....

..... Registrar

Filed Oct 8th 1915

J. L. [illegible] Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

413-201-029386

Form V. S. No. 11-C—25m-1-1-15

PLACE OF BIRTH

[redacted] OF IDAHO
[redacted]VITAL STATISTICS

CERTIFICATE OF BIRTH

34167

County of Latah

City of Deary

No. ..... St.

Hospital .....

Registration District No. 2147 File No. 2

Primary Registration District No. 67 Registered No. 22

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F.	✓		✓	Yes	Oct. 1 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Lewis P. Dalberg	FULL MAIDEN NAME	Ida Thompson
RESIDENCE	Deary	RESIDENCE	Deary
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Minn.
OCCUPATION	Gen. Mdse	OCCUPATION	H. W.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 11 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. C. Faust

physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Deary

Filed 10/2 1915 W. C. Faust

Registrar Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 6 1970

266-203-029-363

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

34168

County of Latah

City of Avon R.1

Registration District No. 2147 File No. 2

No. ..... St.

Primary Registration District No. 67 Registered No. 23

Hospital .....

FULL NAME OF CHILD Ruth Bower

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
f.	✓		✓	Yes.	Sept. 3 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	William A Bower	FULL MAIDEN NAME	Jennie Cole
RESIDENCE	Avon R#1	RESIDENCE	Avon R#1
COLOR	W. AGE AT LAST BIRTHDAY 45 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 38 (Years)
BIRTHPLACE	Pa.	BIRTHPLACE	Iowa.
OCCUPATION	farmer	OCCUPATION	H.W.

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 2:30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) William A Bower
Father
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Avon R#1

Filed 10/13 1915 R. C. Faust
Registrar

Registrar

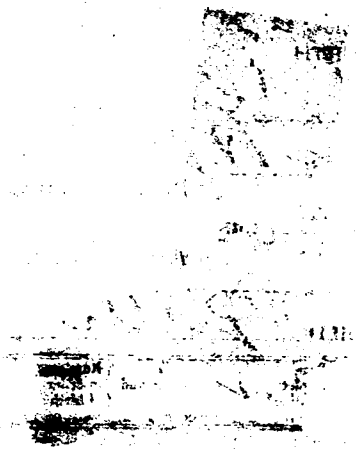
B-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

15.



212-122-024-235

Form V. S. No. 11-C—25m-1-1-18

34169

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Latah

City of Deary R#1

No. ..... St.

Hospital .....

Registration District No. 2146 File No. 2

Primary Registration District No. 67 Registered No. 24

FULL NAME OF CHILD Harold Baker

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
M.	✓	✓	Yes	Oct. 22 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Columbus Baker	FULL MAIDEN NAME	Viola Stewart
RESIDENCE	Deary R#1	RESIDENCE	Deary R#1
COLOR	W. AGE AT LAST BIRTHDAY 57 (Years)	COLOR	W AGE AT LAST BIRTHDAY 41 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Virginia
OCCUPATION	farmer	OCCUPATION	H.W.

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 11 P.M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Torbjor Olsen

midwife (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Deary R#1

Filed 10/30 1915 P. C. Faust

Registrar Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Washington } ss. JUN 25 10 06 AM '74
County of Grays Harbor }

Certificate No. 34169

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Baker (Male) (Name on Original Certificate) who was born (Was Born or Died) on Oct. 22, 1915 (Date of Event)
in Deary, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are ~~known~~well known to me as his elder brother by ten years (Bible Record, Insurance Policy, Etc.) (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Harold Baker

Subscribed and sworn to before me this 18th day of June, 1974

Notary Public, residing at Elma

My commission expires [illegible]

(Seal)

Signed [signature]
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

[illegible] (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Grays Harbor }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19th day of June, 1974

Notary Public, residing at Elma

My commission expires May 1, 1978

(Seal)

Signed [signature]
(Signature of Any Credible Person)

[illegible] (Street Address, City, State)

FORM DH 60-155

CL 6/14/74 nm

Application to the U.S. Social Security Act (518-01-2343) gives name as Harold Baker born at Deary, Idaho on Oct. 22, 1915. father's name given as Columbus Baker and the mother's name as Viola Stewart. viwe by V. S.

JUN 26 1974

Marriage license and Certif. from Idaho gives grooms name as Harold baker and the bride's name as Ruby Young. datedJan. 26, 1935. viewed by V. S.

819-118-007-415

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Blaine

City of Hill City

No. ..... St.

Hospital .....

Registration District No. 58 File No. 34170

Primary Registration District No. 2138 Registered No. .....

FULL NAME OF CHILD ~~Samuel Ambrose~~ HARLEY AMBROSE Harrington

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Oct (Month) 18th (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Samuel Ambrose Harrington	FULL MAIDEN NAME	Helen May Davenport
RESIDENCE	Hill City	RESIDENCE	Hill City
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Clyde N. D.	BIRTHPLACE	Brooks Co Kan
OCCUPATION	Section Foreman	OCCUPATION	House wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4:55 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O E Bloom

M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Hill City

Filed 10 19 15 D Briggs
Registrar

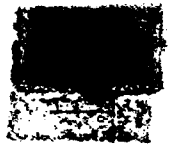
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California
City and County of San Francisco } ss.

Certificate No. 34-70

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for (Name on Original Certificate) who Born (Was Born or Died) on October 18, 1915. (Date of Event)
in Hill City, Idaho, (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by personal knowledge. (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Samuel Ambrose	Harley Ambrose Harrington
Date	not given	Oct. 18, 1915

Subscribed and sworn to before me this 12th day of August, 1942.

Notary Public, residing at 2876 - 24th Street, San Francisco, California.

My commission expires November 20, 1943.
(Seal)

Signed [illegible] (Mother).
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

2920 - 25th St., San Francisco, California
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California
City and County of San Francisco } ss.

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13th day of August, 1942.

PETER AMONY
Notary Public, residing at 2876-24th Street, San Francisco, California.

My commission expires November 20, 1943.
(Seal)

Signed [illegible]
(Signature of Any Credible Person Other Than Previous Year)

2920 - 25th St., San Francisco, Cal.
(Street Address, City, State)

AUG 17 1942

AUG 20

734-121-007-955

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Blaine

City of Hill City 1 mi W & 4 south

Registration District No. 58 File No. 34171

No. ..... St.

Primary Registration District No. 2138 Registered No. .....

Hospital .....

FULL NAME OF CHILD Howard Ray Plummer

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day)
Male		Yes	Sept 21 19[illegible]

FATHER		MOTHER	
FULL NAME	Howard Plummer	FULL MAIDEN NAME	Dulcie Reedy
RESIDENCE	Hill City 4 mi S. & 1 west	RESIDENCE	Hill City 4 mi S - 1 W.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Grayson Co Va.	BIRTHPLACE	Grayson Co Va.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1:10 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O E Bloom

M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Hill City Ida

Filed Oct 13 1911 D P Higgs

..... Registrar Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

NOV 5 1943

319-204-007-693

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Blaine

City of Soldier

No. _____ St.

Hospital _____

Registration District No. 58 File No. 34172

Primary Registration District No. 2138 Registered No. _____

FULL NAME OF CHILD Mary Lou Carpenter

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	10 (Month) 4 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Herbert Carpenter	FULL MAIDEN NAME	Katie Wilkins
RESIDENCE	Soldier Ida	RESIDENCE	Soldier Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	54 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	England	BIRTHPLACE	England
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dewitt P. Higgs M.D.
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Soldier Ida

Filed 10-5 1915 D P Higgs Registrar

_____ Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

69-208-020-363

PLACE OF BIRTH

STATE OF [redacted]
BUREAU OF VIT[redacted]CS

Form V. S. No. 11-C—25m-1-1-18

County of Elmore

City of Hill City 4 mi W - 1 N

Registration District No. _____ File No. 34173

No. _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Nina May Francis

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	10 - 8 - 1915

FATHER		MOTHER	
FULL NAME	Cecil Francis	FULL MAIDEN NAME	Mary Beall Lock
RESIDENCE	Hill City 4 mi W - 1 mi N.	RESIDENCE	Hill City 4 mi W. - 1 mi N.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Custer Co Neb.	BIRTHPLACE	Putnam Co Mass
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3:20 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O R Bloom M D
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Hill City Ida

Filed Oct 13 1915 D O Hupp
Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 2 1957

281-112-007-753

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

No. 11[illegible]

34174

County of Blaine

City of Fairfield

No. _____ St.

Hospital _____

Registration District No. 58 File No. _____

Primary Registration District No. 2138 Registered No. _____

FULL NAME OF CHILD James Winchester Stratton

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	10 (Month) 12 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Chas. Stratton	FULL MAIDEN NAME	Maud Peck
RESIDENCE	Fairfield	RESIDENCE	Fairfield
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Wash	BIRTHPLACE	Calif
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dewitt B. Higgs M.D.
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Soldier Ida

Filed 10-12 1915 D. B. Higgs
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

STATE OF IDAHO
BUREAU OF VITAL STA

CERTIFICATE OF BIRTH

File No.

245-125-0004-442

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Bear Lake

City of Bern

No. ....., ... St.

Hospital .....

FULL NAME OF CHILD HERBERT LOUIE KUNZ

For [redacted] 10m-8-7-11

STATE OF [redacted]

Bureau of Vital Statistics

CERTIFICATE OF [redacted]

Registration District No. 52 File No. 34175

Primary Registration District No. 2136 Registered No. .....

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male		yes	Oct 25 1915

	FATHER		MOTHER
FULL NAME	Ezra Louie Kunz	FULL MAIDEN NAME	Vilda Dustin Kunz
RESIDENCE	Bern	RESIDENCE	Bern
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Bern Idaho	BIRTHPLACE	Garden City Utah
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L H Hottendorf

MD (Physician or Midwife)

Given names added from a supplemental report

....., 19....

Address Paris Ida

Filed 11/11/ 1915 H H Kung MD Registrar

..... Registrar

SYMS - YORK CO., PTRS. & BORS. 17826

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Utah } ss.
County of Salt Lake }

Certificate No. 34175

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Herbert Louie Kunz (Name on Original Certificate) who was born (Was Born or Died) on Oct 25, 1915. (Date of Event)
in Bern Bear Lake Idaho (Place of Event) ~~are erroneous or~~ were omitted; and that, to the best of his knowledge, the true facts are shown by Rehurch records (Bible Record, Insurance Policy, Etc.) prepared on [illegible] (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed	Herbert Louie Kunz

Subscribed and sworn to before me this 24
day of August, 1942
[illegible]
Notary Public, residing at Sandy Utah
My commission expires 12-31-44
(Seal)

Signed Ezra L. Kunz
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Sandy Utah Box 123
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24
day of Aug, 1942
[illegible]
Notary Public, residing at Sandy, Utah
My commission expires 12-31-44
(Seal)

Signed Vilda D Kunz
(Signature of Any Credible Person Other Than Previous Year)
Sandy Utah
(Street Address, City, State)

AUG 26 1942

AUG 2 7 1942

852-102-004-241

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier

Registration District No. 52

File No. 34176

No. ..... St.

Primary Registration District No. 2136

Registered No. .....

Hospital .....

FULL NAME OF CHILD Gene Leslie Hess

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		Yes	Aug 2 1915 (Month) (Day) (Year)

	FATHER		MOTHER
FULL NAME	F Hess	FULL MAIDEN NAME	Emma Smart
RESIDENCE	Montpelier	RESIDENCE	Geo Town
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Geo Town	BIRTHPLACE	Geo Town
OCCUPATION	Creamery Station Mgr	OCCUPATION	W

Number of child of this mother, including present birth 3 ..... Number of children of this mother now living, including present birth 3 .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alone (Born alive or stillborn) at 9 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo F Ordley

Montpelier (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address ..... Idaho

Filed 11/11/ 1915 [signature] Registrar

..... Registrar

S-Y CO. 20174-

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DECEASED

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
VITAL STATISTICS
JUL 21 4 44 PM '78

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss. Certificate No. 34176

County of ..... Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Hess (Name on Original Certificate) who was born (Was Born or Died) on Aug. 2, ~~1978~~ 1915 (Date of Event)

in Bear Lake Co. (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	omitted	Gene Leslie Hess
Date of birth	August 2, 1915	August 1, 1915

Subscribed and sworn to before me this 28th day of July, 1978

Florence Curtright

Notary Public, residing at Boise

My commission expires Lifetime

(Seal)

Signed Gene L Hess

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.

County of .....

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

.....

(Street Address, City, State)

FORM DH 60-155

Social SEcurity Card issued by the Social Security administration gives name as Gene L. Hess. # 712 09 0294 Card issued March 30, 1937
Viewed by V.S.

Own child's birth certificate on file with Idaho gives name as Leslie Sue Hess daughter of Gene Leslie Hess, father. Child born January 20, 1943 in Montpelier, Idaho.
Viewed by V.S.

249-111-004-796

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier

Registration District No. 52

File No. 34177

No. ..... *St.*

Primary Registration District No. 2136

Registered No. .....

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		Yes	Aug 11 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Knibbe	FULL MAIDEN NAME	Mary Grochem
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Germany
OCCUPATION	Laborer	OCCUPATION	None

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 29 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo F Culley

Montpelier (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed 11/11 1915 H H King Mgr

..... *Registrar*

..... *Registrar*

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

231-11-004-642

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier

Registration District No. 52

File No. 34178

No. ..... St.

Primary Registration District No. 2136

Registered No. .....

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy		yes	Aug 11 1915

FATHER		MOTHER	
FULL NAME	Alfred Blaser	FULL MAIDEN NAME	M E Trussler
RESIDENCE	Montpelier	RESIDENCE	W
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Germany	BIRTHPLACE	Montpelier
OCCUPATION	Laborer	OCCUPATION	None

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9 P. M. on the date above stated.

(Signature) Geo F Ashley

Montpelier (Physician or midwife)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

Address .....

Filed 11/11/1915 [signature] Registrar

R-Y CO. 20174

DuPO61915-349698

Z mom?

3451191004254

Form V. S. No. 11-C—20m-3-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34179

County of Bear Lake

City of Montpelier

No. ..... St.

Hospital .....

Registration District No. 52 File No. .....

Primary Registration District No. 2136 Registered No. .....

FULL NAME OF CHILD Loyd Michael Tueller

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy		Yes	Aug 19 1915

FATHER		MOTHER	
FULL NAME	Fred Tueller	FULL MAIDEN NAME	Bertha Kunitzi
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Paris	BIRTHPLACE	Montpelier
OCCUPATION	Brick layer	OCCUPATION	Wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 9 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Montpelier (Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address .....

Filed 11/11/ 1915 [signature] Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 1 1 1975
JUL 1 1 1975

7 10 75

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
AUG 18 8 53 AM '75

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of) ss.

Certificate No. 34179

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Tueller (Name on Original Certificate) who was born (Was Born or Died) on Aug. 19, 1915 (Date of Event)
in Montpelier, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Omitted	Loyd Micheal Tueller

Subscribed and sworn to before me this 22nd day of July, 19 75

Notary Public, residing at Salt Lake City, Utah
My commission expires June 14, 1977
(Seal)

Signed
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah
County of Salt Lake) ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22nd day of July, 1975

Notary Public, residing at Salt Lake City, Utah
My commission expires June 14, 1977
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

Certificate of Blessing - LDS Church Montpelier, Idaho Ward.
Loyd Michael Tueller born Aug. 19, 1915 at Montpelier, Idaho
son of Fredrick Tueller and Bertha Knuth, Blessed Sept. 25, 1915.
Viewed by VS

AUG 18 1975

Salt Lake High School Register - Attendance Record - photocopy issued Aug. 4, 1975 by Board of Education-Salt Lake City 440 East First St. Salt Lake City, Utah.
Loyd Tueller born Aug. 19, 1915 father Fredrick Tueller , year of 1931.
Viewed by VS

255-220 004-254

PLACE OF BIRTH amended Mar.17,1980

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-2-15-12

CERTIFICATE OF BIRTH

34180

County of Bear Lake

City of Montpelier

Registration District No. 52

File No.

No. St.

Primary Registration District No. 2136

Registered No.

Hospital

FULL NAME OF CHILD Mildred Lydia Seewer

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Gen		Yes	Aug 20 1915

FATHER		MOTHER	
FULL NAME	Karl W. Seewer	FULL MAIDEN NAME	Lida G. Seewer
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	19	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Germany	BIRTHPLACE	Montpelier
OCCUPATION	Lab	OCCUPATION	Wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo F Ackley

(Physician or midwife)

Given names added from a supplemental report

19

Address Montpelier Ida

Filed 11/11 1915 H H Stacy Mrs

Registrar

Registrar

8-Y CO. 20 4

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 17 1976

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 34180

Date Filed ..... 2 21 PM '80

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Seever (female) (Name on Original Certificate) who was born (Was Born or Died) on Aug 20, 1915 (Date of Event)
in Montpelier, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Mildred Lydia Seewer
father's name as	Seever	Seewer, KARL

Subscribed and sworn to before me this ..... day of
..... , 19 .....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed Lydia Walter Seever
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

..... (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bear Lake }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29 day of
Feb, 19 80

Notary Public, residing at Montpelier, Id
My commission expires Nov 5 1982
(Seal)

Signed Lydia Seever
(Signature of Any Credible Person)

..... (Street Address, City, State)

FORM DH 60-155 CL 1

Own daughter's birth certif on file in Idaho #245732 gives child'sname as Rochelle Hart born in Pocatello,Ifaho on Aug 18, 1936. father's name a s Charles Robert Hart and Mother's name as Mildred Lydia Seewer. viewed by VS

Certif of Baptism from the LDS Church gives nameas Mildred Lydia Seweer daughter of Carl Sw Seweer and Lyda Summers. bom Aug 20, 1915 at Montpelier Idaho. Baptized July 9, 1924. viewed by V. S.

Father's birth certificate from Switzerland gives nameas Karl Walter Seewer date March 6, 1896. viewed by V. S.

747-102-004-845

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Bennington

Registration District No. 52 **File No.** 34181

No. ..... *St.*

Primary Registration District No. 2136 **Registered No.** .....

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		Yes	Sept 2 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	E A Prince	FULL MAIDEN NAME	L G Hunter
RESIDENCE	Bennington	RESIDENCE	Bennington
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	St Charles	BIRTHPLACE	Bennington
OCCUPATION	Lobe	OCCUPATION	W

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alone (Born alive or stillborn), at 29 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo F Ailey

(Physician or midwife)

Address Montpelier Ida

Filed 11/11/ 1915 H H King Mr

Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Amended 5-28-59

PLACE OF BIRTH

155-103-00 K-168

County of Bear Lake

City of Montpelier

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 52 File No. 34182

Primary Registration District No. 2136 Registered No. .....

FULL NAME OF CHILD LeGrand Jensen
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				Yes	Sept. 3, 1915

What bacteriocidal solution was used in eyes? .....

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER

FULL NAME: Asa Jensen

RESIDENCE: Ovid

COLOR: W

AGE AT LAST BIRTHDAY: 23 (Years)

BIRTHPLACE: Ovid

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Venice R. Johnson

RESIDENCE: Ovid

COLOR: W

AGE AT LAST BIRTHDAY: 23 (Years)

BIRTHPLACE: Ovid

OCCUPATION: Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 4 A. M. on the date above stated.

(Signature) Dr. Ashley

(Physician or midwife)

Address Montpelier

Filed 11/11/1915 H.H. King, M.D.
Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Another Child's Birth Cert. on file gives the Mother's Name as Venice R. Johnson - viewed by V.S. and App. to American National Insurance Company, June 18, 1953 gives name as LeGrand - viewed by V.S.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Bear Lake }

Certificate No. 34182

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Jensen (Name on Original Certificate) who born (Was Born or Died) on Sept. 3, 1915 (Date of Event)
in Montpelier, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by L.D.S. Certificate of Baptism and Confirmation, Aug. 24, 1924 gives correct (Bible Record, Insurance Policy, Etc.) prepared on information on both - (Give Date) viewed by V.S. are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	LeGrand Jensen
Full Name of Mother (Maiden)	Venis Johnson	Venice R. Johnson

Subscribed and sworn to before me this 25th day of May, 1959

Notary Public, residing at Montpelier, Idaho.
My commission expires May 17, 1960
(Seal)

Signed Alfred O. Jensen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

R.F.D. Ovid Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bear Lake }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25th day of May, 1959

Notary Public, residing at Montpelier, Idaho.
My commission expires May 17, 1960
(Seal)

Signed Dell F. Matthews
(Signature of Any Credible Person)

Ovid Idaho
(Street Address, City, State)

FORM DPH 55.155 CL 12-2-58. nm

884-225-004-764

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

name added 5/6/82

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Liberty

No. ..... St.

Hospital .....

Registration District No. 52

File No. 34183

Primary Registration District No. 2136

Registered No. .....

FULL NAME OF CHILD LaRee Hymas

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		Yes	Sept 25 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Lyman Hymas	FULL MAIDEN NAME	Nora Paulsen
RESIDENCE	Liberty	RESIDENCE	Liberty
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Liberty	BIRTHPLACE	Liberty
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother [illegible] present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo F Liberty

Mary Liberty (Physician or midwife)

Idaho

Address .....

Filed 11/11/ 1915

H H Kerr MD Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

4-26-82

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____ }

Certificate No. 34183
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Hymas (Name on Original Certificate) who was born (Was Born, Died, etc.) on 9-25-15 (Date of Event)

in Liberty (Bear Lake) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	LaRee Hymas

Subscribed and sworn to before me this 29 day of April, 19 82

Notary Public, Geo. C. Hall

Residing at Soda Springs Idaho

My commission expires Dec 14, 1984

(Seal)

LaRee Hymas Harrington
Signature of Applicant

2740 E 3335 S
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

(Must be completed __)
(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29th day of April, 19 82

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

Jennie Dart (aunt age 97)
Supporting Signature

2740 E 3335 S
Street Address, City, State

1 cc pd

Church certificate of Birth dated April 25, 1980 enterd on record Nov 7, 1915 . name given as LaRee Hymas born Sept.25,1915 in Liberty, Idac father's name as Lyman A. Hymas and mother;s name as Elnora Poulsen. viewed V.S.

MAY 6 1982

Statement by Aunt age 97yrs. Jennic Hymas Dore. gives name as LaRee Hymas born Sept. 25, 1915 at Liberty, Idaho. to Lyman and Elnora Hymas. viewed by V. S. (per fc)

719-010-030-453

PLACE OF BIRTH

Form V. S. No. 11

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lemhi

City of

No. St.

Hospital Home

Registration District No. 41

File No. 34184

Primary Registration District No. 2116

Registered No. 167

FULL NAME OF CHILD Ivy Pearl Gardner

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	May (Month) 10 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Joseph Gardner	FULL MAIDEN NAME	Jessie Blanch Delong
RESIDENCE	On Patterson Creek	RESIDENCE	Patterson Creek Canyon
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)		AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE		BIRTHPLACE	Nebraska
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Joseph Gardner father

Filed 19

Saloma J. Cleveland
Registrar

Mary A Greene Deputy

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

71X-219-030-318

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

County of Lewis

City of 4th Jug Creek

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 41 File No. 34185

Primary Registration District No. 2116 Registered No. 165

FULL NAME OF CHILD Nellie May Gantier

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	Oct 19th 1915

FATHER		MOTHER	
FULL NAME	Theo Gantier Jr	FULL MAIDEN NAME	Nellie Taylor
RESIDENCE	4th Jug Creek	RESIDENCE	4th Jug Creek
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	H wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6-30 P. M. on the date above stated.

(Signature) F. L. Wright M.D.

(Physician or midwife)

Address Almon Idaho

Filed Oct 26 1915 Mary A. Evans Deputy Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

OCT 7 1969

299-112-030-242

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34186

County of Lemhi

City of 4th July Creek

No. ..... St.

Hospital .....

Registration District No. 41 File No. .....

Primary Registration District No. 2116 Registered No. 166

FULL NAME OF CHILD Stewart Mathias Kriley

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male		yes	Oct 12 8am 1915

FATHER		MOTHER	
FULL NAME	Carl Kriley	FULL MAIDEN NAME	Arnold Buster
RESIDENCE	4th July Creek	RESIDENCE	4th July Creek
COLOR	white AGE AT LAST BIRTHDAY 28 (Years)	COLOR	white AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE	Colo	BIRTHPLACE	Kansas
OCCUPATION	Forrester	OCCUPATION	H wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F S Wright MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Salmon Ida

Filed Oct-18 1915 Mary A Greene Deputy Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

546206.030-754

PLACE OF BIRTH

County of Lemhi

City of Salmon

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

CERTIFICATE OF BIRTH

34187

Registration District No. 41 File No. .....

Primary Registration District No. 2116 Registered No. 161

FULL NAME OF CHILD Carrol Pemble Edwards

Sex of Child	Twin, Triplet or other? (To be answered only in case of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Oct 6 1914

FATHER

FULL NAME Ralph Edwards

RESIDENCE Salmon

COLOR White AGE AT LAST BIRTHDAY 24 (Years)

BIRTHPLACE Salmon Idaho

OCCUPATION Clerk

MOTHER

FULL MAIDEN NAME Clover Pemble

RESIDENCE Salmon

COLOR White AGE AT LAST BIRTHDAY 24 (Years)

BIRTHPLACE Iowa

OCCUPATION Home wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9 A M on the date above stated.

(Born alive or stillborn)

(Signature) DS Wright MD

(Physician or midwife)

Address Salmon Idaho

Filed Oct 12 1914 Mary A Glenn Deputy Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report,

..... 19.....

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

7-17-41

859-211-030.913

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Lemhi

City of Baker

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 41 File No. 34188

Primary Registration District No. 2116 Registered No. 162

FULL NAME OF CHILD Ruth Retta Herendon

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		Yes	Oct 11th 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Orbi Herendon	FULL MAIDEN NAME	Lula Rathbun
RESIDENCE		RESIDENCE	Baker
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE		BIRTHPLACE	Colo
OCCUPATION	Laborer	OCCUPATION	Hwife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5-30 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F S Wright M D

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Salmon Ida

Filed Oct 1915

Registrar

Registrar

9-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

394-218-030-813

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34189

County of Lemhi

City of Salmon

No. ..... *St.*

Hospital .....

Registration District No. 41 **File No.** .....

Primary Registration District No. 2116 **Registered No.** 164

FULL NAME OF CHILD Beulah Fern Trueax

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Oct 18th 1915

FATHER		MOTHER	
FULL NAME	Albert Trueax	FULL MAIDEN NAME	Bertha Hale
RESIDENCE	Salmon	RESIDENCE	Salmon
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Nebraska	BIRTHPLACE	Iowa
OCCUPATION	Laborer	OCCUPATION	H wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5 P. M. on the date above stated.

(Signature) F S Wright M D

M. D. (Physician or midwife)

Address Salmon Ida

Filed 1-28 1915 - Mary A. Green Deputy Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

· Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 30 1971

418-115-030-259

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Lemhi

City of Salmon

No. ..... St.

Hospital .....

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

34190

Registration District No. 41 File No. .....

Primary Registration District No. 2116 Registered No. 163

FULL NAME OF CHILD Edgar Allen Mahoney

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.			Yes	10 15 1915

FATHER		MOTHER	
FULL NAME	Vauta J. Mahaney	FULL MAIDEN NAME	Phebe Bergeron
RESIDENCE	Hayden Basin	RESIDENCE	Hayden Basin
COLOR	White	AGE AT LAST BIRTHDAY (Years)	27
COLOR	White	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Idaho	BIRTHPLACE	Montana
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was female (Born alive or stillborn), at 7 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. F. Hammer M.D.

(Physician or Midwife)

Address Salmon Idaho

Given names added from a supplemental report

....., 19.....

Filed Oct 22 1915 — Mary A. Green Deputy Registrar

.....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

10-1-41

MAY 21 1961

693-127-040-855

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace

Registration District No. 70 File No. 34191

No. ..... St.

Primary Registration District No. 1011 Registered No. 67

Hospital Wallace

FULL NAME OF CHILD Glenn ~~[illegible]~~ James Wilson.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes.	Oct. 27 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wm Wilson.	FULL MAIDEN NAME	Myrtle Hensley.
RESIDENCE	Wallace	RESIDENCE	Wallace
COLOR	White	COLOR	White.
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Elkhart. Ind.	BIRTHPLACE	Dayton, Wash.
OCCUPATION	Car Inspector.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 3. Number of children of this mother now living, including present birth 3.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. St. Jean M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed Oct 30 1916 F. Leo Tinsley

Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 2 6 1968

211-128-040-434

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

34192

County of Shoshone

City of Wallace

No. ....., ... St.

Hospital Hope

Registration District No. 70

File No. .....

Primary Registration District No. 1011

Registered No. 66

FULL NAME OF CHILD Joseph Walter Kaar

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
Male		yes	OCT 28 1915 (Month) (Day) 191 (Year)

FATHER		MOTHER	
FULL NAME	George Cleveland Kaar	FULL MAIDEN NAME	Kate Muriel McManis
RESIDENCE	Wallace	RESIDENCE	Wallace
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	30. (Years)
BIRTHPLACE	Nebraska.	BIRTHPLACE	Utah
OCCUPATION	Draftsman	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10.21 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Howard E. Hanson M.D.

(Physician or Midwife)

Given names added from a supplemental report

....., 19....

Address .....

Registrar

Filed OCT 30 1915

F. Leo Tingley

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Amended July 17,1969

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 34193
Local Reg. No. 65
Reg. Dist. No. 70

1. PLACE OF BIRTH
a. COUNTY: Shoshone
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Wallace
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: Hope

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Wallace
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Mary
b. (Middle): Anjeanette
c. (Last): McKinley

4. SEX: Female
5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____
5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____
6. DATE OF BIRTH (Month) (Day) (Year): October 24, 1915

FATHER OF CHILD

7. FULL NAME
a. (First): Roy
b. (Middle):
c. (Last): McKinley

8. AGE (At time of this birth): 34 YEARS
9. BIRTHPLACE (State or foreign country) (City or Town): Washington
10. USUAL OCCUPATION: Millman
11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Addie
b. (Middle):
c. (Last): Voorhies

13. AGE (At time of this birth): 29 YEARS
14. BIRTHPLACE (State or foreign country) (City or Town): Nebraska
15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 4
b. How many OTHER children were born alive but are now dead?
c. How many children were stillborn (born dead after 20 wks. pregnancy)?
16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Leonard E. Hanson , M.D.
18. ATTENDANT AT BIRTH: M.D. ____ MIDWIFE ____ OTHER (Specify)
19. ADDRESS:
20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: Oct 27, 1915
22. REGISTRAR'S SIGNATURE: F. Leo Quigley
23. DATE ON WHICH GIVEN NAME ADDED BY Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS
WEIGHT AT BIRTH ____ LBS. ____ OZS.
RACE OR COLOR OF FATHER: White
RACE OR COLOR OF MOTHER: White
Was 1% Silver Nitrate Used to prevent blindness?

ACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the
ISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address
ce to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

RECEIVED
JUL 10 1969
Bureau of Vital Statistics

State of California
County of Inyo } ss.

Certificate No. 34193

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Addie McKinley (Name on Original Certificate) who was born (Was Born or Died) on Oct 24, 1915 (Date of Event)
in Wallace, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name of Child	Addie McKinley	Mary Anjeanette McKinley
Mother's Name	- Vorhies	Addie Voorhies

Subscribed and sworn to before me this 7th day of July, 19 69.

Lilian Edell

Notary Public, residing at Bishop, California

My commission expires May 3, 1971

(Seal)

LILIAN EDELL
Notary Public - California
PRINCIPAL OFFICE IN
INYO COUNTY

Signed Margaret Bromley
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

310 West Cameron
Kellogg, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California
County of Inyo } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7th day of July, 19 69.

Lilian Edell

Notary Public, residing at Bishop, California

My commission expires May 3, 1971

(Seal)

LILIAN EDELL
Notary Public - California
PRINCIPAL OFFICE IN
INYO COUNTY

Signed Margaret Bromley
(Signature of Any Credible Person)

Margaret A. Bromley
(Street Address, City, State)

FORM DH 60-155

Notarized copy of Holy Baptism record states Mary Anjeanette McKinley baptized Dec 5, 1915 at Holy Trinity Church, Wallace, Idaho. Date of birth Oct 24, 1915. parents Roy McKinley and Addie McKinley. viewed by V.S.

Notarized copy of Diploma, University of Idaho dated June 13, 1938 gives name as Mary Anjeanette McKinley. viewed by V.S.

Notarized copy of Confirmation dated June 24, 1928, Holy Trinity Church, Wallace, Idaho gives name as Mary Anne Jeanette McKinley. viewed by V.S.

A Sister's birth cert. on file #101690 gives mother's name as Addie Voorhies.

619-117-040-168

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace

No. ....., ... St.

Hospital Hope

Registration District No. 10

File No. 34195

Primary Registration District No. 1011

Registered No. 63

FULL NAME OF CHILD Harry Theodore Farance

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
Male		yes	10 (Month) 17 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Benjamin Harry Farance	FULL MAIDEN NAME	Ella Johnson
RESIDENCE	Gem, Ida	RESIDENCE	Gem, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	West Virginia	BIRTHPLACE	Sweden
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 2:10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank E. Hanson

M.D.

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address

OCT 25 1915 19.....

F. Leo Tuesday

Registrar

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

314-101-040-319

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace

Registration District No. 70

File No. 34196

No. ____ St.

Hospital Providence

Primary Registration District No. 1011

Registered No. 62

FULL NAME OF CHILD CHARLES HERBERT EDWARD Carlson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	one	one	Yes	Oct 1 1915

FATHER		MOTHER	
FULL NAME	Edward Carlson	FULL MAIDEN NAME	Julia Carlson
RESIDENCE	Burke Ida	RESIDENCE	Burke Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Sweden
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 4:30 P M
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. H. Mowery

(Physician or midwife)

Address Wallace Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Oct 7 1915 F. Leo Lumbey Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of Grays Harbor }

Certificate No. 34196

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (BIRTH OR DEATH)

for unnamed (or Baby) Carlson (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Oct. 1, 1915 (DATE OF EVENT)

in Wallace Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by personal knowledge (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on I am his mother (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Charles Herbert Edward Carlson
Charles Herbert Edward Carlson	(unnamed)	
	(or called Baby)	

Subscribed and sworn to before me this 7th day of December, 19 42

John C Graham

Notary Public, residing at Aberdeen, Wash.

My commission expires July, 28, 1945

(SEAL)

Signed Julia Carlson formerly Julia Carlson

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

1613 No. "B" Aberdeen, Washington

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Grays Harbor }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8th day of December, 19 42

John C Graham

Notary Public, residing at Aberdeen, Washington

My commission expires July, 28, 1945.

(SEAL)

Signed Josephine L Graham

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

2225 Cherry Street, Aberdeen, Washington.

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....

(REGISTRAR'S SIGNATURE)

DEC 15 1942

MAY 8 1943

843.101-040-154

PLACE OF BIRTH

Form V. S. No. 11-C-1b.

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Shoshone

City of

No. , St.

Hospital

Registration District No.

File No. 34197

Primary Registration District No.

Registered No. 61

FULL NAME OF CHILD Ludwig Lennart Hultner

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
Male			July 1, 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Chas Ludwig Hultner	FULL MAIDEN NAME	Christina Anderson
RESIDENCE	Mullan Road	RESIDENCE	Mullan Road
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	43 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Sweden
OCCUPATION	Dairyman	OCCUPATION	House wife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) July 1st, at 10:00 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

(Physician or Midwife)

Given names added from a supplemental report

, 19

Registrar

Address

Filed July 10 1915 F. Leo Tuohy Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

264-126-040-666

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Shoshone

City of Wallace

No. ____, ____ St.

Hospital Hope

Form V. S. No. 11-C—10m-8-1-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 70 File No. 34198

Primary Registration District No. 1911 Registered No. 59

FULL NAME OF CHILD Richard Herman Brand

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	September 16 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Herman Brand	Ida Ford
RESIDENCE	Wallace	Wallace
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	32	29
BIRTHPLACE	Wisconsin	Wisconsin
OCCUPATION	Electrician	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Born alive or stillborn) at 8:10 A. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Arnold E. Shaw, M.D.

(Physician or Midwife)

Address

Given names added from a supplemental report

....., 19.....

Registrar

Filed Oct 12 1915 St. Leo Dunphy

Registrar

BYMS - YORK CO., PTRS. & BORS. 17326

MAY 1 6 1967

294-229-040-156

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace

Registration District No. 70 File No. 34199

No. ..... St.

Hospital Providence Primary Registration District No. 1011 Registered No. 60

FULL NAME OF CHILD Daughter J. M. Simpson (dead)

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F		Yes	Oct 29, 1915

FATHER		MOTHER	
FULL NAME	John M. Simpson	FULL MAIDEN NAME	Minnie Jeffries
RESIDENCE	Sunset Idaho	RESIDENCE	Sunset Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	assayer	OCCUPATION	

Number of child of this mother, including present birth 3 Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5-15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. Leo Tuesday

(Physician or Midwife)

Given names added from a supplemental report

....., 19....

Address .....

Filed Nov 6 1915 F. Leo Tuesday

Registrar Registrar

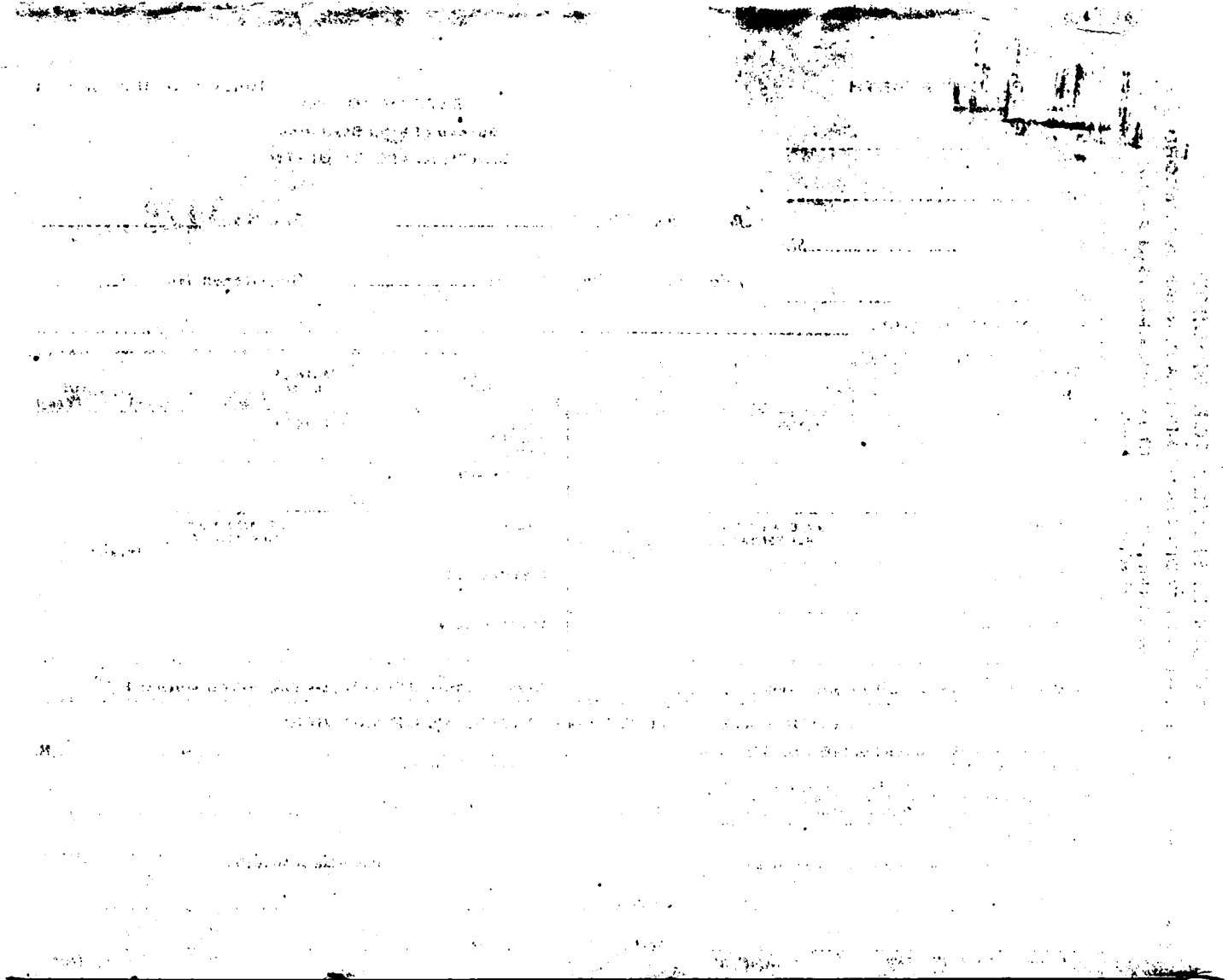
SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

D



MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECO[illegible]

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[illegible] No. 11-0-[illegible]

STATE OF IDAHO
BUREAU OF [illegible] STATISTICS
CERTIFICATE OF BIRTH

34201

Ilo
265-212-031-714
No. _____ St.

Registration District No. 60

File No. _____

Primary Registration District No. 2129

Registered No. 128

Hospital _____

FULL NAME OF CHILD ~~XXXXXXXXXXXXXXXX~~ MILDRED MAY BOVEY

Sex of Child: Female	Twin / Triplet / or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	Date of Birth: Oct (Month) 12 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Wm E. Bovey	FULL MAIDEN NAME	Ota May Paulson
RESIDENCE	Ilo Ida	RESIDENCE	Ilo Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Iowa	BIRTHPLACE	Indiana
OCCUPATION	Farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 11

Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4 a. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. C. Parrish M. D.

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Ilo Ida

Filed 10-15 1915 H. C. Parrish
Registrar

Registrar

S-CO. 24655

K

DECEASED

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Lewis

OCT 27 1941

Certificate No. 34201

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for Mildred May Bovey (Name on original certificate) who born (Was born or died) on Oct. 12, 1915 (Date of event)
in Craigmont Nonbury Ida (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by mothers affidavit (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Bovey	Mildred May Bovey

Subscribed and sworn to before me this 24 day of Oct, 1941

Notary Public, residing at Lewiston

My commission expires May 25-42

[SEAL]

Signed Ota May Bovey - Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Craigmont, Idaho R 2
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Lewis

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24 day of Oct, 1941

Notary Public, residing at Lewiston

My commission expires May 25-42

[SEAL]

Signed Mrs Melvia Turner
(Signature of any credible person other than the previous affiant.)

Craigmont Idaho
(Street Address, City, State)

Received for filing on By
(Registrar's signature)

384-106-031-418

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of Vollmer

No. ..... St.

Hospital .....

Registration District No. 60 File No. 34202

Primary Registration District No. 2129 Registered No. 127

FULL NAME OF CHILD John Patrick Lydon

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Oct. 6 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Fred Lydon	FULL MAIDEN NAME	Beathel May
RESIDENCE	Vollmer Ida.	RESIDENCE	Vollmer, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Lincoln Co. Neb.	BIRTHPLACE	Tennessee
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 6 a. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. L. Burtz

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Vollmer, Ida.

Filed 10-12 1915 H. C. Parrish
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 1915 - 64788

617-204-034-851

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of Vollmer

No. ..... *St.*

Hospital .....

Registration District No. 50 **File No.** 34203

Primary Registration District No. 2129 **Registered No.** 126

FULL NAME OF CHILD not named

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Oct (Month) 4 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Jasper Fagg	FULL MAIDEN NAME	Nettie Heaton
RESIDENCE	Vollmer, Ida.	RESIDENCE	Vollmer, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Jasper Co., Nav.	BIRTHPLACE	Center Co., Penn.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 13 Number of children of this mother now living, including present birth 13

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 12:30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. L. Burke
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Vollmer, Ida.

Filed 10-12 1915 H. C. Parrish
Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

412-226-031-153

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of Ilo

No. ..... St.

Hospital .....

Registration District No. 50 File No. 34204

Primary Registration District No. 2129 Registered No. 125

FULL NAME OF CHILD Verla Marie Mabbott

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Sept. (Month) 26 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Guy Edward Mabbott	FULL MAIDEN NAME	Thea Jelleberg
RESIDENCE	Ilo, Ida	RESIDENCE	Ilo, Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Spring Green, Wis.	BIRTHPLACE	Norway
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7 9 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. L. Burke

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Vallmer Ida

Filed 10-12 1915 H. C. Parrish

Registrar Registrar

CO. 24655

MARGIN RESERVED FOR BINDING

LAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho } ss.
County of Lewis }

Certificate No. 34[illegible]
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
AUG 13 1941
for Mabbott (Name on original certificate) who was born (Was born or died) on Sept. 26 1915 (Date of event)
in Ilo (now Craigmont) Ida. (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Bible record (Bible record, insurance policy, etc.) prepared on Sept. 30 1915 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.	FROM (As on original)	TO (The correct facts)
Name	Name omitted	Verla Marie Mabbott

Subscribed and sworn to before me this ~~24th~~ 8 day of ~~July~~ Aug, 1941.
Eugene Haufer
Notary Public, residing at Craigmont
My commission expires May 25-41
[SEAL]

Signed Thea O. Mabbott.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)
Craigmont, Idaho.
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of Idaho } ss.
County of Lewis }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9 day of Aug., 1941.
Eugene Haufer
Notary Public, residing at Craigmont
My commission expires May 25-1942
[SEAL]

Signed Guy E. Mabbott.
(Signature of any credible person other than the previous affiant)
Craigmont Idaho.
(Street Address, City, State)

Received for filing on ..... by .....
(Registrar's signature)

482-221-031-219

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of Vollmer

No. ..... St.

Hospital .....

Registration District No. 50 File No. 34205

Primary Registration District No. 2129 Registered No. 124

FULL NAME OF CHILD Wilma Sunshine Dybvig

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Sept 21 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Gustav Dybvig	FULL MAIDEN NAME	May Francis Bartlett
RESIDENCE	Vollmer, Ida.	RESIDENCE	Vollmer, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Cottonwood Co., Minn.	BIRTHPLACE	Poplar, Mont.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 7 P.M. on the date above stated. (Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. L. Burke

Physician (Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19....

Address Vollmer Ida.

Filed 10-12 1915 H. C. Parrish Registrar

Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF VITAL STATISTICS
19 2 03 PM '76

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Washington } ss.
County of Lewis

Certificate No. 34205

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Dybvig (female child) (Name on Original Certificate) who was born (Was Born or Died) on Sept. 21, 1915 (Date of Event) in Vollmer, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Family Bible (Bible Record, Insurance Policy, Etc.) prepared on September 21, 1915, (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Wilma Sunshine Dybvig

Subscribed and sworn to before me this 28th day of October 19 75

[signature]

Notary Public, residing at Chehalis

My commission expires October 15, 1978

(Seal)

Signed [signature] X

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

872 - Evergreen Chehalis Wash

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at

My commission expires

(Seal)

Signed

(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155 CL 6-22-62. nm

Diploma from Lewiston State Normal School, Lewiston, Idaho gives name as Wilma Sunshine Dybvig. Five year Certificate. dated May 28, 1934. viewed by VS

APR 15 1976

Insurance poliy from The M Mutual Life Insurance Co of New York gives name as Wilma S. Dybvig. dated Sept 10,1934. viewed by B. S.

395-125-031-795

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of Vollmer

No. ..... St.

Hospital .....

Registration District No. 32 File No. 34206

Primary Registration District No. 2129 Registered No. 123

FULL NAME OF CHILD Lyle Glenn Treadwell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Aug. 25 1915

	FATHER	MOTHER
FULL NAME	George Treadwell	Florence Cusnell
RESIDENCE	Vollmer, Ida.	Vollmer Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	37	31
BIRTHPLACE	Cincy Co. Neb.	Watoga Co. W. Va.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1 a. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) E. L. Burke

Physician

(Physician or midwife)

Address Vollmer Ida.

Filed 10-12 1915 H. C. Cartwright

Registrar

S-Y CO. 84652

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho } ss.
County of Lewis }

Certificate No. 34206
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Lyle Glenn Treadwell (Birth or death) for Wallmer Idaho (Name on original certificate) who was (Was born or died) on Aug 25 - 1915 (Date of event) in (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Insurance Policy (Bible record, insurance policy, etc.) prepared on Dec 13 - 1940 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.	FROM (As on original)	TO (The correct facts)
Date of birth	Aug. 6, 1915	Aug. 25, 1915

Subscribed and sworn to before me this 17 day of Sept, 1941

Eugene Lanfer
Notary Public, residing at Craigmont
My commission expires May 25 - 1942
[SEAL]

Signed L. R. Treadwell
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person) Brother age 41
Craigmont Ida.
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of ..... } ss.
County of ..... }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
[SEAL]

Signed .....
(Signature of any credible person other than the previous affiant)

.....
(Street Address, City, State)

Received for filing on ..... by .....
(Registrar's signature)

MAR 27 1962

652-230-031-315

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STAT[redacted]
BUREAU OF [redacted]STICS
CERTI[redacted]

County of Lewis

City of Reubens

Registration District No. 4 S

File No. 34207

No. ..... St.

Primary Registration District No. 2127

Registered No. 32

Hospital .....

FULL NAME OF CHILD Edith Correna Webb

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Sept. 30 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ernest Webb	FULL MAIDEN NAME	Lula Landes
RESIDENCE	Reubens	RESIDENCE	Reubens
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Missouri	BIRTHPLACE	West Virginia
OCCUPATION	Proprietor Saw Mill	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 7 15 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Laughlin
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Reubens, Ida.

Filed 11-4-1915 [illegible]
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

AUG 3 1970

RESEARCH
INDIANA STATE

415 212 071-955

PLACE OF BIRTH

County of Lewis

City of Winchester

No. _____ St.

Hospital _____

STATE O[redacted] Form V. S. No. 11-C—25m-1-1-18

BUREAU OF V[redacted]TICS

CERTIFICA[redacted]

34208

Registration District No. 48 File No. _____

Primary Registration District No. 2127 Registered No. 33

FULL NAME OF CHILD Mary Carmen Davis

Sex of Child Female | Twin, Triplet or other? | and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth 10-12-1913 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME Chas Davis	FULL MAIDEN NAME Alma Rees
RESIDENCE Winchester	RESIDENCE Winchester
COLOR White	AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE Mo	COLOR White
OCCUPATION Rancher	AGE AT LAST BIRTHDAY 26 (Years)
	BIRTHPLACE Kansas
	OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elmer B. Rogers

Physician
(Physician or midwife)

Address Winchester

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed 10-20-1913 Elmer B. Rogers Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

30

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 34208

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Davis (Name on Original Certificate) who was born (Was Born or Died) on October 12, 1915 (Date of Event) in Winchester, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Unnamed	Mary Carmen Davis

Subscribed and sworn to before me this 8 day of April, 1968

Louis E. Stanton

Notary Public, residing at 2503 Magnolia Ave Riverside Calif

My commission expires LOUIS E. STANTON

(Seal)

My Commission Expires May 31, 1968

Signed Alma R. Davis

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

3950 McKenzie Arlington Calif

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Kitsap }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11th day of April, 1968

Eleanor Clavering

Notary Public, residing at Bremerton

My commission expires 9-10-68

(Seal)

Signed Lowell Estimbert

(Signature of Any Credible Person)

RR 4 Box 2470 Bremerton Wash

(Street Address, City, State)

FORM DH 60-155

CL. 3-28=68. 2 copies pd. Rec. #30708.

Family Record, appears old and unaltered, gives full name as Mary Carmen Davis, born Oct. 12, 1915 at Winchester, Idaho - viewed by VS

APR 30 1968

619-119-031-599

PLACE OF BIRTH

STATE OF [redacted] Form V. S. No. 11-C—25m-1-1-18

BUREAU OF VITA[redacted]S

CERTIFICATE

34209

County of Lewis

City of Winchester

Registration District No. 48

No. ..... St.

Primary Registration District No. 2127 Registered No. 94

Hospital .....

FULL NAME OF CHILD Raymond Claude Warren

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	10-19-19

FATHER		MOTHER	
FULL NAME	Claude D Warren	FULL MAIDEN NAME	Sarah Caroline Crockson
RESIDENCE	Winchester	RESIDENCE	Winchester
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Ill	BIRTHPLACE	Wash
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8 15 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elmer B. Rogers

Physician (Physician or midwife)

Address Winchester

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 10-26-19 15 Elmer B. Rogers Registrar

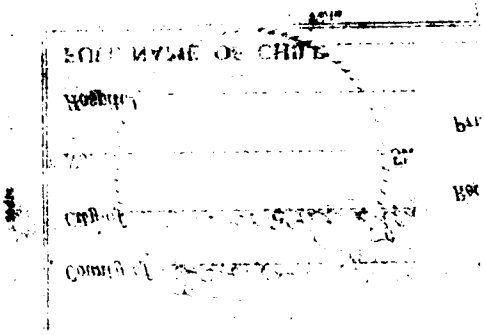
8-Y CO. 24695

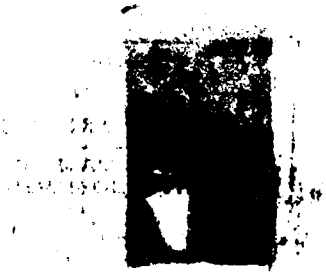
MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued Jan. 21, 1941. E.W.





862-205-031-352

PLACE OF BIRTH

STATE O[redacted]
BUREAU OF VIT[redacted]CS
CERTIFICATE[redacted]

Form V. S. No. 11-C—25m-1-1-18

34210

County of Lewis

City of ~~Winchester~~ Forest

No. _____ St.

Hospital _____

Registration District No. 48 [redacted]

Primary Registration District No. 2127 Registered No. 35

FULL NAME OF CHILD Pearl Etta Lea Hasley

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	10-5-1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Robert Hasley	FULL MAIDEN NAME	Mae Lesco
RESIDENCE	Forest, Idaho	RESIDENCE	Forest
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	42 (Years)
BIRTHPLACE	Ill	BIRTHPLACE	Kansas
OCCUPATION	Stage Driver	OCCUPATION	Housewife

Number of child of this mother, including present birth 13 Number of children of this mother now living, including present birth 12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 7P M on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elton B. Rogers

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Winchester

Filed 10-20-1915 Elton B. Rogers Registrar

_____ Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

849-119-041-415

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Teton

City of Victor

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 20 File No. 34211

Primary Registration District No. 2012 Registered No. .....

FULL NAME OF CHILD Marvis John Murdock

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Oct 19 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Geo. C. Murdock	FULL MAIDEN NAME	Lena Danielson
RESIDENCE	Victor	RESIDENCE	Victor
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Charleston Utah	BIRTHPLACE	Heber City Utah
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 840 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Benj. F. Roseman M.D.

(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19....

Address Driggs Idaho

Filed 11-12-15 19.... Geo D Chaelen
Registrar

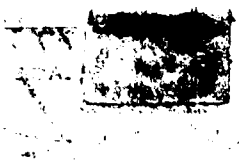
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



619-229-041-281

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34212

County of Teton

City of Victor

No. _____ St.

Hospital _____

Registration District No. 20 File No. _____

Primary Registration District No. 20/2 Registered No. _____

FULL NAME OF CHILD Audrey Milissa Wardle

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	10 (Month) 29 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Wilfred Wardle	FULL MAIDEN NAME	Milissa Shaw
RESIDENCE	Victor Idaho	RESIDENCE	Victor Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	South Jordan Utah	BIRTHPLACE	Clawson Idaho
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10-20 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Benj. F. Roseman MD

(Physician ~~or midwife~~)

Given names added from a supplemental report.

Address Driggs Idaho

19

Filed 11-12-15 19 Geo D Marbel

Registrar Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 19 1956
AUG 5 1969

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

603-759

OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Lund

Registration District No. 82 File No. 34213

No. ..... St.

Primary Registration District No. 3161 Registered No. 214

Hospital .....

FULL NAME OF CHILD Herman Gost

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	Oct 9 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Gost	FULL MAIDEN NAME	Lucetta Gerber
RESIDENCE	Lund, Ida	RESIDENCE	Lund
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Switzerland	BIRTHPLACE	Switzerland
OCCUPATION	Farming	OCCUPATION	— Wife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8 45 p M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. J. Smith
(Physician or midwife)

Given names added from a supplemental report.

Address Bancroft

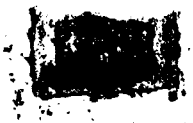
..... 19.....

Ede Kaely
Registrar

Filed Nov 10 1915 Ede Kaely
Registrar

8-Y CO. 24655

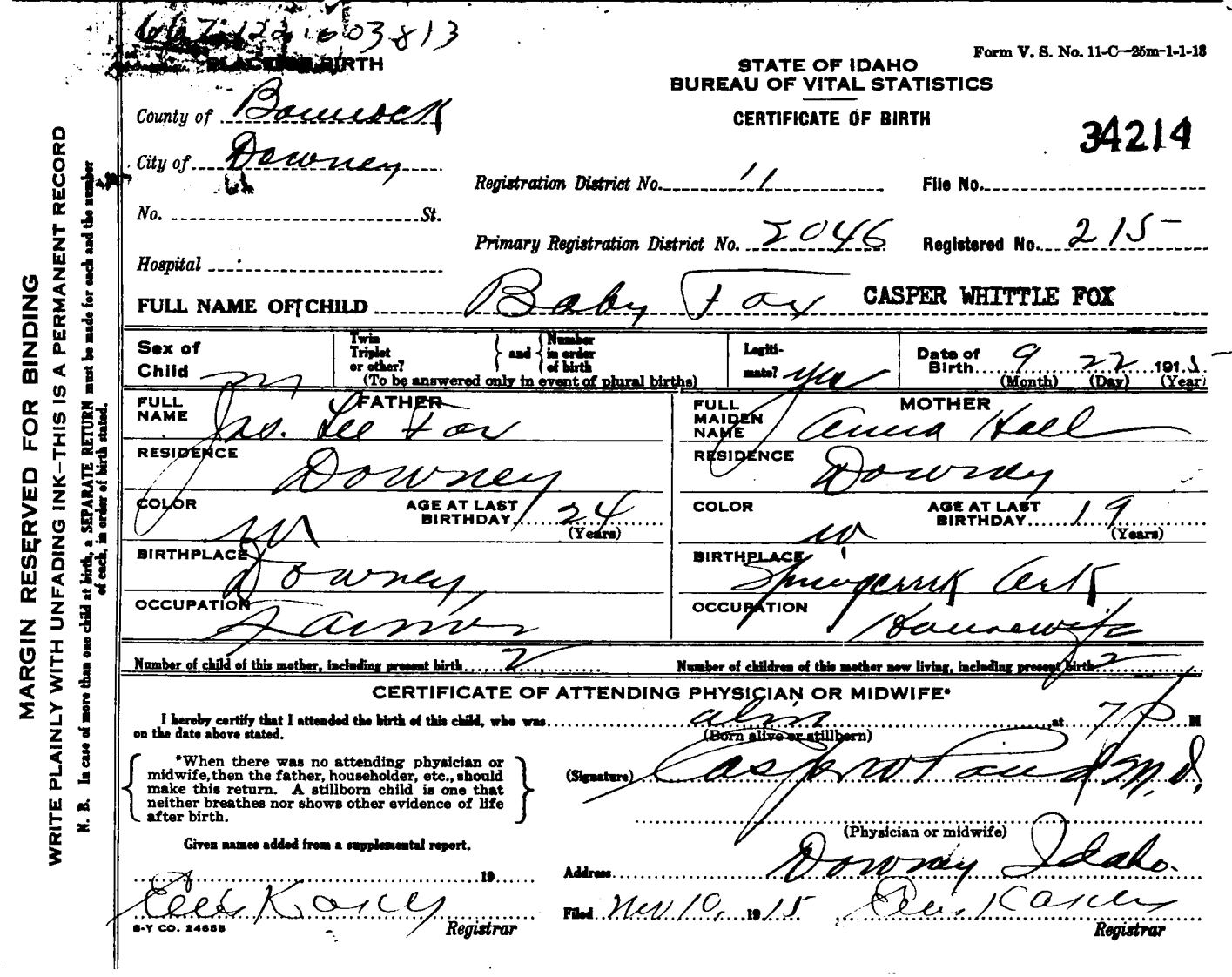
K



DECEASED

667-122-603813

PLACE OF BIRTH



Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34214

County of Bannock

City of Downey

No. ..... St.

Hospital .....

Registration District No. 11 File No. .....

Primary Registration District No. 2046 Registered No. 215

FULL NAME OF CHILD Baby Fox CASPER WHITTLE FOX

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
m		yes	9 22 1915

FATHER		MOTHER	
FULL NAME	Jas. Lee Fox	FULL MAIDEN NAME	Anna Hall
RESIDENCE	Downey	RESIDENCE	Downey
COLOR	w	COLOR	w
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Downey	BIRTHPLACE	Springerrk Ark
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 7 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Casper W Pond M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Downey Idaho

Eli Kaney Registrar

Filed Nov 10, 1915 Eli Kaney Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 6 1934

294121-003672

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34215

County of Bannock

City of McCammon

Registration District No. 11 File No.

No. St.

Primary Registration District No. 2047 Registered No. 216

Hospital

FULL NAME OF CHILD Ellis Jerome Kidd

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Oct 21 1915

FATHER		MOTHER	
FULL NAME	Jerome Kidd	FULL MAIDEN NAME	Gladys Ogburn
RESIDENCE	McCammon	RESIDENCE	McCammon
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Oakley Idaho	BIRTHPLACE	Des Moines Iowa
OCCUPATION	Farmer	OCCUPATION	Farmers Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) Mrs W W Lewis

(Physician or midwife)

Address McCammon Idaho

Filed Nov 10 1915 Ellis Kidd Registrar

Ellis Kidd Registrar

8-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

236-228-0035/5

PLACE OF BIRTH amended 5/22/79

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Downey

No. _____ St.

Hospital _____

Registration District No. 11 File No. 34216

Primary Registration District No. 2046 Registered No. 217

FULL NAME OF CHILD Flora Stoddard

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth 10 (Month) 28 (Day) 1915 (Year)
X		yes	

FATHER		MOTHER	
FULL NAME	Geo B Stoddard	FULL MAIDEN NAME	Grace Van Leuven
RESIDENCE	Downey	RESIDENCE	Downey
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Richmond Ut	BIRTHPLACE	Mapleton Ut
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4 p M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Casper W Van Leuven M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address Downey

19

Elis Kanly Registrar

Filed Nov 14 1915 Elis Kanly Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECEASED

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho
County of Twin Falls } ss.

Certificate No. 34216
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for unnamed Stoddard (Female) (Name on Original Certificate) who was born (Was Born, Died, etc.) on Oct. 28, 1915 (Date of Event)

in Downey (Bannock) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	unnamed Stoddard	Flora Stoddard

Subscribed and sworn to before me this _____ day of
May, 1979
Notary Public, [signature]
Residing at Twin Falls
My commission expires 11-11-79
(Seal)

[signature]
Signature of Applicant
114 Popular, Twin Falls, Id.
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of
_____, 19___.
Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

2-7-79

Certificate of baptism and confirmation, LDS Church, lists name as Flora Stoddard, born October 28, 1915. Baptized Dec. 1, 1923.
viewed by vs May 21, 1979

Certificate of blessing, LDS Church, lists name as Flora Stoddard, born October 28, 1915, and blessed Jan. 2, 1916.
viewed by vs May 21, 1979

Amended 6-16-60

PLACE OF BIRTH

813-104-003-639

County of Bannock

City of Hatch

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 82 File No. 34217

Primary Registration District No. 3161 Registered No. 213

FULL NAME OF CHILD Osborne Wayne Hatch

(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.				Yes	Oct. 4, 1915

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Ransom O. Hatch	FULL MAIDEN NAME	Mary L. Flinders
RESIDENCE	Hatch	RESIDENCE	Hatch
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 4:15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

..... Registrar.

(Signature) Dr. R.J. Smith

(Physician or midwife)

Address Bancroft

Filed Nov. 10, 1915 Ellis Rackley

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Documents listed on back –

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 34217

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Wayne Hatch (Name on Original Certificate) who born (Was Born or Died) on 10-4-1915 (Date of Event)
in Hatch (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Insurance Policy #325494 (Bible Record, Insurance Policy, Etc.) prepared on February 24, 1949 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Wayne Hatch	Osborne Wayne Hatch

Subscribed and sworn to before me this 23 day of September, 19[illegible]
Charles W. Franklin
Notary Public, residing at Bancroft Ida
My commission expires Nov 1951
(Seal)

Signed O. Osborne Hatch
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Bancroft Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Caribou } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23 day of September, A. D. 1949
Charles W. Franklin
Notary Public, residing at Bancroft Ida
My commission expires Nov. 1951
(Seal)

Signed Elizabeth K. Stevens
(Signature of Any Credible Person)
Bancroft Idaho
(Street Address, City, State)

FORM DPH 55. 155

NNCL. 3-13-58 nm

Social Security Card, Sept. 25, 1940, #519-18-6837 gives full name as Osborne Wayne Hatch - viewed by V.S.

Own Child's Birth Cert. on file, #53-15566 gives full name of father as Osborne Wayne Hatch - viewed by V.S.

655-226-003386

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Downey

No. _____ St.

Hospital _____

Registration District No. 11

File No. 34218

Primary Registration District No. 2046

Registered No. 212

FULL NAME OF CHILD Faye Overton

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes	9 26 1915

FATHER		MOTHER	
FULL NAME	Chas. H. Overton	FULL MAIDEN NAME	Vivian Thomas
RESIDENCE	Downey	RESIDENCE	Downey
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Ohio	BIRTHPLACE	Malad
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 9 p M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jasper W Pond M.D.

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Downey, Idaho

Elis Kaney
Registrar

Filed Nov 10 1915 Elis Kaney
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

FEB 9 1973

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss. RECEIVED BUREAU OF VITAL STATISTICS

County of ..... }

Certificate No. 34218

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Baby Overton (Female) (Name on Original Certificate) who was born (Was Born or Died) on 9-26-15 (Date of Event)

in Downey, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Baby Overton	Faye Overton

Subscribed and sworn to before me this [illegible] day of November, 19[illegible]

[illegible]

Notary Public, residing at [illegible]

My commission expires Indefinite

(Seal)

Signed x [illegible]

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

[illegible] Rd

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.

County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8 day of [illegible], 19[illegible]

[illegible]

Notary Public, residing at [illegible]

My commission expires [illegible]

(Seal)

Signed x [illegible]

(Signature of Any Credible Person)

[illegible]

(Street Address, City, State)

FORM DH 60-155 CL 2/9/73 Rush!!

Baptismal record from the LDS Church gives name as Faye Overton Mitton born Sept. 26, 1915 at Downey, Idaho. Baptized may 4, 1924. father's name as Charles H. Overton and Vivian Thomas. viewed by V. S.

Insurance policy with Brotherhood of Locomotive Fireman and Enginermen gives name as Faye Mitton. May 5, 1954. viewedby V. S.

NOV 24 1976

613121-003.155

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Bonneck

City of Downey

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 34219

Primary Registration District No. 2046 Registered No. 211

FULL NAME OF CHILD Mylin, Clifford Walter

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M.		yes	9 (Month) 21 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Valdemer Mylin	FULL MAIDEN NAME	Gilde Jensen
RESIDENCE	Downey	RESIDENCE	Downey
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Copenhagen, Denmark	BIRTHPLACE	Hymen, Nk
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 11 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Asperwland M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address Downey, Idaho

19

Elis Kaney
Registrar

Filed Nov 10, 1915 Elis Kaney
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

4/23/41

366.118.003-386

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Downey

No. _____ St.

Hospital _____

Registration District No. 11

File No. 34220

Primary Registration District No. 2046

Registered No. 210

FULL NAME OF CHILD Baby Coffin

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		yes	9 (Month) 18 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Clarence J Coffin	FULL MAIDEN NAME	Sadonia Thompson
RESIDENCE	Downey	RESIDENCE	Downey
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Oxford, Ida	BIRTHPLACE	Richmond Ut
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Casper W Pond MD.

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Downey Ida

Eric Kaley
Registrar

Filed Nov 10 19 15 Eric Kaley
Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

D

236-14-003-62

Form V. S. No. 11-C—[illegible]-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Downey

Registration District No. 11 File No. 34221

No. ..... St.

Primary Registration District No. 7046 Registered No. 209

Hospital .....

FULL NAME OF CHILD Glenn Wakley Blaxham

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		yes	9 (Month) 14 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	J. Wm Blaxham	FULL MAIDEN NAME	Anna Wakley
RESIDENCE	Downey	RESIDENCE	Downey
COLOR	W AGE AT LAST BIRTHDAY 48 (Years)	COLOR	W AGE AT LAST BIRTHDAY 43 (Years)
BIRTHPLACE	Kaysville Ut	BIRTHPLACE	Downey
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 12 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 5 p.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Casper Woodland M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Downey Ida

Elis Kakley
Registrar

Filed Nov 10 1915 Elis Kakley
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho } ss.
County of Bannock }

JUL 2 1941

Certificate No. 34221
Date Filed July 1, 1941

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Glenn Wakley Bloxham (Name on original certificate) who Was born on Sept 14, 1915 (Was born or died) (Date of event)
in Downey, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true
facts as shown by Bible record (Bible record, insurance policy, etc.) prepared on Sept 4 1890 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.	FROM (As on original)	TO (The correct facts)
name to be added	no name given	Glenn Wakley
birthdate	Sept. 15, 1915	Sept. 14, 1915

Subscribed and sworn to before me this 1st day of July, 1941

[illegible] Lundgren
Notary Public, residing at Downey Idaho
My commission expires April 1st 1942
[SEAL]

Signed Ann Bloxham
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)
Downey Idaho
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of Idaho } ss.
County of Bannock }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st day of July, 1941

[illegible] Lundgren
Notary Public, residing at [illegible]
My commission expires April 1st, 1942
[SEAL]

Signed Wm S. Hyde
(Signature of any credible person other than the previous affiant)
Downey Idaho
(Street Address, City, State)

Received for filing on ..... by .....
(Registrar's signature)

7-11-41

843.106.003343

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Bannock

City of Downey

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 34222

Primary Registration District No. 2046 Registered No. 208

FULL NAME OF CHILD Baby Hillman

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		yes	9 (Month) 6 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Ira K Hillman	FULL MAIDEN NAME	Ruby Cutler
RESIDENCE	Downey	RESIDENCE	Downey
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Richmond Ut	BIRTHPLACE	Preston, Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth VIII Number of children of this mother now living, including present birth VI

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 39 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Casper Vaud MD

(Physician or midwife)

Given names added from a supplemental report.

Address Downey, Idaho

_____ 19__

Elis Kacey
Registrar

Filed Nov 10, 1915 Elis Kacey
Registrar

8-Y CO. 24685

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

849-101-003-855

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Downey

No. _____ St.

Hospital _____

Registration District No. 11 File No. 34223

Primary Registration District No. 5046 Registered No. 207

FULL NAME OF CHILD Baby Quigley ACEL LOREN

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		yes	9 1 1915

FATHER		MOTHER	
FULL NAME	Richard O. Quigly	FULL MAIDEN NAME	Lyda May Hendrson
RESIDENCE	Swan Lake, Ida	RESIDENCE	Swan Lake Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Swan Lake, Ida	BIRTHPLACE	Weston, Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 7 P M on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature] M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address Downey, Ida

19

Elis Karey Registrar

Filed Nov 18 1915 Elis Karey Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 31 1952

243-211-003-314

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bank

City of Sidd Springs

No. ..... St.

Hospital .....

Registration District No. 11 File No. 34224

Primary Registration District No. 2048 Registered No. 206

FULL NAME OF CHILD Alice Bruce

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F	—		—	Yes	Oct 11 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Edwin Bruce	FULL MAIDEN NAME	Grace Campbell
RESIDENCE	Sida Springs	RESIDENCE	Sida Springs
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	Wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 4 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elis Kaseley

..... (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Sida Springs

Elis Kaseley Registrar

Filed Nov 10 1915 Elis Kaseley Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

813.117.003.619

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock.

City of McCammon

Registration District No. 11 File No. 34225

No. ..... St.

Primary Registration District No. 2047 Registered No. 204

Hospital .....

FULL NAME OF CHILD William Halford

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M.		Yes	9 – 17 – 1915

FATHER		MOTHER	
FULL NAME	Wm O. Halford	FULL MAIDEN NAME	Elya A. Ward
RESIDENCE	McCammon Ida	RESIDENCE	McCammon Ida
COLOR	W. AGE AT LAST BIRTHDAY 41 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 38 (Years)
BIRTHPLACE	West Portage, Utah	BIRTHPLACE	McCammon Ida
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 5 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G H Cope

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address McCammon Ida

Filed Nov 10 1915

Eric Kasely
Registrar

Eric Kasely
Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

449-103-003-815

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34226

County of Bannock

City of Mc Cammon

Registration District No. 11 File No.

No. St.

Primary Registration District No. 2047 Registered No. 205

Hospital Mary Richards

FULL NAME OF CHILD Edward - McNay - Murphy —

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	Yes	9 — 3 — 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

	FATHER		MOTHER
FULL NAME	Edward Murphy	FULL MAIDEN NAME	Miss. Margaret Hand
RESIDENCE	Mc Cammon. Ida	RESIDENCE	Mc Common - Ida
COLOR	W - AGE AT LAST BIRTHDAY 45 (Years)	COLOR	W - AGE AT LAST BIRTHDAY 30 — (Years)
BIRTHPLACE	Bath. New. York -	BIRTHPLACE	Parker. S. D -
OCCUPATION	Merchant -	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 7 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G H Cooper
= Physician =
(Physician or midwife)

Given names added from a supplemental report.

19

Address Mc Cammon Ida

Eric Kakley Registrar

Filed Nov 10, 1915 Eric Kakley Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

399.202.003.318

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Downey

No. _____ St.

Hospital _____

Registration District No. 11

File No. 34227

Primary Registration District No. 2046

Registered No. 203

FULL NAME OF CHILD Malita Tripp

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
X		yes	10 (Month) 2 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Herold E. Tripp	FULL MAIDEN NAME	Phoebe G. Layton
RESIDENCE	Downey	RESIDENCE	Downey
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Maine	BIRTHPLACE	Downey
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 11 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Casper W. Paul

(Physician or midwife)

Given names added from a supplemental report.

Address Downey, Ida

Filed Nov 10, 1915

Elis Kaely
Registrar

Elis Kaely
Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

252-103-003.743

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

Name added 8-4-80

County of Bannock

City of Downey

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34228

Registration District No. 11 File No. _____

Primary Registration District No. 5046 Registered No. 202

FULL NAME OF CHILD DONALD DEAN Sessions

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
M	twin	1st	Yes	10 (Month) 3 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Sylvanus Sessions	FULL MAIDEN NAME	Melvina E. Guthrie
RESIDENCE	Downey	RESIDENCE	Downey
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	52 (Years)	AGE AT LAST BIRTHDAY	45 (Years)
BIRTHPLACE	Bountiful Ut	BIRTHPLACE	Guntown, Miss.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 10 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Carpenter Paul M.D.

(Physician or midwife)

Given names added from a supplemental report.

Sylvanus Sessions 19 Downey

Address Downey Idaho

Eris Kasley Registrar

Filed Nov 10 1915 Eris Kasley Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____ }

Certificate No. 34228
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Sessions (Name on Original Certificate) who ~~was born~~ (Was Born, Died, etc.) on Ocotber 3, 1915 (Date of Event)

in Downey (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	omitted	Donald Dean Sessions

Subscribed and sworn to before me this _____ day of
_____, 19__.
Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

X Donald Dean Sessions
Signature of Applicant

Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

(Must be completed __)
(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of
_____, 19__.
Notary Public, _____
Residing at

Supporting Signature

Social Security Card issued to registrant gives name as Donald Dean Sessions # 519 07 5105. Card issued 1943.
Viewed by V.S.

Identification card issued to Donald Dean Sessions, # 519 07 8109 gives birth-Date as October 3, 1915. Card issued by the Newspaper Agency Corporation Salt Lake City Utah. (October 3, 1915.
Viewed by V.S.

252-203-003-743

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Bancock

City of Downey

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 34229

Primary Registration District No. 7046 Registered No. 201

FULL NAME OF CHILD Baby Sessions

Sex of Child	Twin Triplet or other? twins and Number in order of birth 2 (To be answered only in event of plural births)	Legitimate? yes	Date of Birth 10 (Month) 3 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Sylvanus Sessions	FULL MAIDEN NAME	Melvina E. Guthrie
RESIDENCE	Downey	RESIDENCE	Downey
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	57 (Years)	AGE AT LAST BIRTHDAY	42 (Years)
BIRTHPLACE	Bountiful Nh	BIRTHPLACE	Guntown, Miss.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 12 Number of children of this mother now living, including present birth 12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 01 15 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature] M.D.

(Physician or midwife)

Given names added from a supplemental report Dunn

Sylvanus Sessions 19

Address Downey Ida.

Elis Kaelly Registrar

Filed Nov 10 1915 Elis Kaelly Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 17 1972

955-108-003-667

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Downey

No. ..... St.

Hospital .....

Registration District No. 11

File No. 34230

Primary Registration District No. 2046

Registered No. 200

FULL NAME OF CHILD ~~Baby~~ DALE FOX Reno

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		yes	10 (Month) 8 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Geo. C Reno	FULL MAIDEN NAME	Lula Fox
RESIDENCE	Downey	RESIDENCE	Downey
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Louisville Ky.	BIRTHPLACE	Haines Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 5 p M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Casper W Paul M.D.

(Physician or midwife)

Given names added from a supplemental report,

G. C. Reno - Dunley 19

Address Downey - Ida

Elis Kaply Registrar

Filed Nov 10, 1915 Elis Kaply Registrar

8-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Sacramento

Certificate No. 34230

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Dale Fox Reno (Name on Original Certificate) who born (Was Born or Died) on Oct 8, 1915 (Date of Event) in Downey, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Church Record (Bible Record, Insurance Policy, Etc.) prepared on Nov 8 / 1915 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Dale Fox

Subscribed and sworn to before me this 9th day of October, 1941

Notary Public, residing at Sacramento Calif

My commission expires April 14, 1945
(Seal)

Signed Lula Fox Reno
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

5337 Kay Street
(Street Address, City, State)
Sacto. Calif.

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Sacramento

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th day of October, 1941

Notary Public, residing at Sacramento Calif

My commission expires April 14, 1945
(Seal)

Signed [illegible]
(Signature of Any Credible Person Other Than Previous Year)

[illegible] Sto
(Street Address, City, State)

3 19-212-003-236

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Downey

No. _____ St.

Hospital _____

Registration District No. 11 File No. 34231

Primary Registration District No. 2046 Registered No. 19

FULL NAME OF CHILD Judeth Larson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	Date of Birth 10 (Month) 12 (Day)
1			

FATHER		MOTHER	
FULL NAME	David L. Larson	FULL MAIDEN NAME	Bessie C Blaxham
RESIDENCE	Downey	RESIDENCE	Downey
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Downey	BIRTHPLACE	Downey
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 7 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Casper W Pond

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Downey

Ellis Kaerly
Registrar

Filed Nov 19 1915 Ellis Kaerly
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 20 1968

245-222-003-854

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34233

County of Bannock

City of Downey

Registration District No. 11 File No.

No. St.

Primary Registration District No. 2046 Registered No. 197

Hospital

FULL NAME OF CHILD Delsa Lorraine Smedley

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	Date of Birth 9 (Month) 22 (Day) 1915 (Year)
X			

FATHER		MOTHER	
FULL NAME	Raleigh E. Smedley	FULL MAIDEN NAME	Laurie Hedrick
RESIDENCE	Downey	RESIDENCE	Downey
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	~~Knobnos~~ Bonifer. Wh.	BIRTHPLACE	~~Kob~~ Knobnoster. Mo
OCCUPATION	Dentist	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) 39 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Carpenter Paul M.D.

(Physician or midwife)

Address Downey Ida

Given names added from a supplemental report.

19

Eric Kanley
Registrar

Filed Nov 10, 1915 Eric Kanley
Registrar

8-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 22 1943

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 34234
Local Reg. No.
Reg. Dist. No. 11

Amended 2/7/74

1. PLACE OF BIRTH

a. COUNTY: Bannock

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Downey

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Bannock

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Downey

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Ruth b. (Middle): Ann c. (Last): Bloxham

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF BIRTH	(Month)	(Day)	(Year)
Fem	SINGLE ___ TWIN ___ TRIPLET ___	1st ___ 2nd ___ 3rd ___		10	13	1915

FATHER OF CHILD

7. FULL NAME a. (First): Fred b. (Middle): c. (Last): Bloxham

8. AGE (At time of this birth)	9. BIRTHPLACE (State or foreign country) (City or Town)	10. USUAL OCCUPATION	11. KIND OF BUSINESS OR INDUSTRY
41 YEARS	Downey	Farmer	

MOTHER OF CHILD

12. FULL MAIDEN NAME a. (First): Ester b. (Middle): Jane c. (Last): Davis

13. AGE (At time of this birth)	14. BIRTHPLACE (State or foreign country) (City or Town)	15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?	c. How many children were stillborn (born dead after 20 wks. pregnancy?)
32 YEARS	Acron, Neb.	3		

16. INFORMANT'S SIGNATURE OR NAME (Relationship)

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Casper W. Pond, MD.

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ___ OTHER (Specify) ___

19. ADDRESS: Downey, Ida.

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: Nov. 10, 1915

22. REGISTRAR'S SIGNATURE: Ellis Kackley

23. DATE ON WHICH GIVEN NAME ADDED BY ___ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ___ NO ___ DATE ___

Was a standard serological test for syphilis performed? YES ___ NO ___ APPROXIMATE DATE ___

LENGTH OF PREGNANCY ___ WEEKS

WEIGHT AT BIRTH ___ LBS. ___ OZS.

TIME: 3PM

RACE OR COLOR OF FATHER: W

RACE OR COLOR OF MOTHER: W

METHOD OF DELIVERY:

Was 1% Silver Nitrate Used to prevent blindness? YES ___ NO ___

BIRTH INJURY TO INFANT ___ YES IF YES, DESCRIBE ___ NO

CONGENITAL MALFORMATIONS OF INFANT ___ YES IF YES, DESCRIBE ___ NO

correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss. Certificate No. 34234

County of ..... Date Filed .....

JAN 2 ... 1974

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Baby Bloxham (Female) (Name on Original Certificate) who was born (Was Born or Died) on Oct. 13, 1915 (Date of Event)

in Downey, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by L. D. S. Church records (Bible Record, Insurance Policy, Etc.) prepared on Oct. 13. 1915 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Baby Bloxham	Ruth Ann Bloxham

Subscribed and sworn to before me this 17 day of Jan, 1974

Notary Public, residing at .....

My commission expires .....

(Seal)

R. J. FOGLIA
Notary Public-State of Nevada
COUNTY OF CLARK
My Comm. Expires July 5, 1977

Signed Vern E. Bloxham
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

2725 W. Charleston Las Vegas, Nevada
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Nevada } ss.

County of Clark

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17 day of Jan, 1974

Notary Public, residing at .....

My commission expires .....

(Seal)

R. J. FOGLIA
Notary Public-State of Nevada
COUNTY OF CLARK
My Comm. Expires July 5, 1977

Signed Jacqueline A. Mumpanick
(Signature of Any Credible Person)

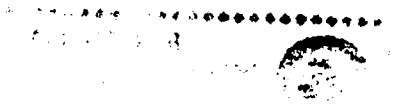
4640 Monterrey Ave. Las Vegas, Nev.
(Street Address, City, State)

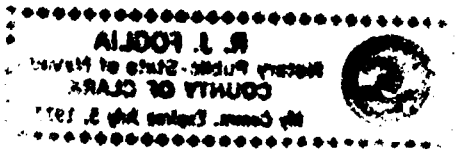
FORM DH

CL 1/4/74 nm

Certif. of Baptism and Confirmation form LDS Church gives name as Ruth Ann Bloxham daughter of Fredrick F. Bloxham and Ester Jane Davis. XXX Born Oct. 13, 1916 at Downey, Idaho. Was Baptized Sept. 6, 1924. Viewed by V. S.

Certificate of Blessing from LDS Church gives name as Ruth Ann Bloxham daughter of Fred Bloxham and Essie Davis. Born Oct. 13, 1913. Was Blessed Feb. 13, 1916. Viewed by V. S.





612-216-003-219

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Downey

No. ..... St.

Hospital .....

Registration District No. 11

Primary Registration District No. 2046

File No. 3[illegible]235

Registered No. 195

FULL NAME OF CHILD Melva Wakley

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
f		yes	10 16 1915

FATHER		MOTHER	
FULL NAME	Willard Wakley	FULL MAIDEN NAME	Cora Barnes
RESIDENCE	Downey	RESIDENCE	Downey
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Downey	BIRTHPLACE	Kaysville Ut
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 4 p M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Casper W Fowler M.D.

(Physician or midwife)

Address Downey, Idaho

Given names added from a supplemental report.

..... 19....

Ellis Kasley
Registrar

Filed Nov 10, 1915 Ellis Kasley
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 17 1972

319.201.003-154

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Bank

City of Soda Springs

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 34236

Primary Registration District No. 2048 Registered No. 194

FULL NAME OF CHILD Linda Larsen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month)
F	—	yes	Feb 1

FATHER		MOTHER	
FULL NAME	Fred Larsen	FULL MAIDEN NAME	Linda Anderson
RESIDENCE	Soda Springs	RESIDENCE	Soda Springs
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Teacher	OCCUPATION	Occ.

Number of children of this mother, including present birth 8 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 12 noon M on the date above stated.

(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Nelse Anderson

(~~Physician or~~ midwife)

Given names added from a supplemental report.

..... 19..

Address Soda Springs Idaho

Filed Nov 10, 1915 Elis Kaas Lee Registrar

Elis Kaas Lee Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

File No.

Registered No.

292-130-003-813

PLACE OF BIRTH

County of Bannock

City of Wagon

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 34237

Primary Registration District No. 2048 Registered No. 193

FULL NAME OF CHILD Russel Oscar Sibbett

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		yes	Sep 30, 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Jane L. Sibbett	FULL MAIDEN NAME	Genevie Hacking
RESIDENCE	Gray	RESIDENCE	Gray
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	England
OCCUPATION	Ruch	OCCUPATION	Wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 11 a M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs James Sibbett

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Gray, Idaho

Eric Kasely Registrar

Filed Nov 16 1915 Eric Kasely Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

493-20-003-415

PLACE OF BIRTH

County of Bannock

City of Soda Springs

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

CERTIFICATE OF BIRTH

34238

Registration District No. 61 File No. .....

Primary Registration District No. 2048 Registered No. 192-

FULL NAME OF CHILD ~~Leroy~~ Leroy Charles Miller Miller

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
M	— (To be answered only in event of plural births)	—	yes	Oct 20, 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Charles Miller	FULL MAIDEN NAME	Emma Dennels
RESIDENCE	Gray	RESIDENCE	Gray
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 3 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ellis K Carley

(Physician or midwife)

Address Soda Springs Idaho

Given names added from a supplemental report.

..... 19....

Ellis K Carley Registrar

Filed Nov 10, 1915 Ellis K Carley Registrar

S-Y CO. 24659

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 2 2 1989

391.125.003.313

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Bannock

City of Soda Springs

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34239

Registration District No. 11 File No. .....

Primary Registration District No. 2048 Registered No. 191

FULL NAME OF CHILD Gene ~~HENRY~~ Crane CRANE

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	—		—	yes	Sep 25 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Ashley Crane CRANE	FULL MAIDEN NAME	Millie Call
RESIDENCE	Gray	RESIDENCE	Gray
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Ut	BIRTHPLACE	Ut
OCCUPATION	Rancher	OCCUPATION	Wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 11.9 M on the date above stated.

(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs James Sibbett

(~~Physician or~~ midwife)

Given names added from a supplemental report.

..... 19....

Address Gray, Idaho

Ellis Kanley Registrar

Filed Nov 10, 1915 Ellis Kanley Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECEASED

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Twin Falls

Certificate No. 34 239
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Gene Charles Crane (Name on original certificate) who born (Was born or died) on 9-25, 1915 (Date of event)
in Soda Sprgs, Ida. (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Parents (Bible record, Insurance policy, etc.) prepared on ..... (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Gene Chas. Crane	Gene Henry Crane

Subscribed and sworn to before me this 27th
day of Dec, 1941
W. O. Smith
Notary Public, residing at Twin Falls, Idaho
My commission expires Jan. 31-1943
[SEAL]

Signed A. C. Crane
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
~~Actor~~ 445-2 Ave South
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of .....

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
[SEAL]

Signed Ufehina Call
(Signature of any credible person other than the previous affiant.)
445-2 Ave, South Twin Falls
(Street Address, City, State)

Received for filing on ..... By .....
(Registrar's signature)

495-208'003-268

[redacted]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

34240

County of Bannock

City of Soda Springs

Registration District No. 11 File No.

No. , St.

Primary Registration District No. 2048 Registered No. 190

Hospital

FULL NAME OF CHILD Margaret Virginia Minty

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F		Yes	Oct. 8 1915

FATHER		MOTHER	
FULL NAME	John A. Minty	FULL MAIDEN NAME	Gertrude Bohlscheid
RESIDENCE	Soda Springs	RESIDENCE	Soda Springs
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Michigan	BIRTHPLACE	Colorado
OCCUPATION	Pharmacist	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Russell Tigret

Physician (Physician or Midwife)

Given names added from a supplemental report

Address Soda Springs

Filed Nov 10, 1915 Ellis Kakley Registrar

Ellis Kakley Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

K

[redacted]

APR 27 1948

DECEASED

516-225-003-212

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Downey

No. _____ St.

Hospital _____

Registration District No. 11 File No. 34241

Primary Registration District No. 3046 Registered No. 189

FULL NAME OF CHILD THELMA LEORA NAEF ~~Baby Neff~~

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		Yes	10 (Month) 25 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Hyrum ~~Neff~~ NAEF	FULL MAIDEN NAME	Elizabeth Baker
RESIDENCE	Downey	RESIDENCE	Downey
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Providence Ut	BIRTHPLACE	Franklin Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth IX Number of children of this mother now living, including present birth VII

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Casper W Paul M.D.

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Downey

Elis Kaely Registrar

Filed Nov 10 1915 Elis Kaely Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of IDAHO } ss.
County of BANNOCK }

Certificate No. 34241

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH) for NONE (Thelma Leora Naef) (NAME ON ORIGINAL CERTIFICATE) who Was born (WAS BORN OR DIED) on Oct. 25, 1915 (DATE OF EVENT) in Downey, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Dr. Pond's records (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on October, 1915. (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Thelma Leora ~~Neff~~ NAEF

Subscribed and sworn to before me this 20th day of February, 1943.

Notary Public, residing at Downey, Ida.

My commission expires Oct. 1, 1945
(SEAL)

Signed Hezrums Naef
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Downey, Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bannock }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20th day of February, 1943.

Notary Public, residing at Downey, Ida.

My commission expires Oct. 1, 1945
(SEAL)

Signed W. L. Olson
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Downey, Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

FEB 23 1943

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—Mar-1-1-13

PLACE OF BIRTH

295-124.003456

County of Bannock

City of Downey

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 34242

Primary Registration District No. 2046 Registered No. 188

FULL NAME OF CHILD Jesse Mondel Kingsford

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	10 24 1915

FATHER		MOTHER	
FULL NAME	Willard Kingsford	FULL MAIDEN NAME	Verna Dewey
RESIDENCE	Downey	RESIDENCE	Downey
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Franklin, Ida	BIRTHPLACE	Downey
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 6 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Casper W Ford M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Downey

Ellis Kanley
Registrar

Filed Nov 10 1915 Ellis Kanley
Registrar

S-Y CO. 24655

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of California } ss.
County of San Bernardino }

Certificate No. 34242
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Mondel Kingsford (Name on original certificate) who was born (Was born or died) on Oct. 24, 1915 (Date of event)
in Downey (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true
facts as shown by Family Record (Bible record, insurance policy, etc.) prepared on Oct. 24. 1915 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.	FROM (As on original)	TO (The correct facts)
Name	Mondel Kingsford	Jesse Mondel Kingsford

Subscribed and sworn to before me this 23
day of June, 1941
Ed Durant
Notary Public, residing at Trona Calif.
My commission expires My Commission Expires August 8, 1942
[SEAL]

Signed Willard Kingsford
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)
Trona, California
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of S }
County of } ss.

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of, 19

Notary Public, residing at
My commission expires
[SEAL]

Signed
(Signature of any credible person other than the previous affiant)
(Street Address, City, State)

Received for filing on by
(Registrar's signature)

7-1-41

412-218-003-155

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Bannock

City of Lava Hot Spgs

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34243

Registration District No. 82 File No. _____

Primary Registration District No. 3161 Registered No. 187

FULL NAME OF CHILD Lois Mason

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
f		Yes	Oct 18 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Charles Mason	FULL MAIDEN NAME	Etta Avery
RESIDENCE	Lava Hot Spgs	RESIDENCE	Lava Hot Spgs
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Iowa	BIRTHPLACE	Idaho
OCCUPATION	Confectioning & Pool Hall	OCCUPATION	Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2:30 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. R. J. Smith

(Physician or midwife)

Given names added from a supplemental report.

Address Bancroft Ida

19

Ellis Kaerly Registrar

Filed Nov 10, 1915 Ellis Kaerly Registrar

S-Y CO. 24655

613-720-203-745

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Bannock

City of Downey

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34244

Registration District No. 11 File No. .....

Primary Registration District No. 2046 Registered No. 186

FULL NAME OF CHILD Baby Fenk

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		yes	10 (Month) 20 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Chas. Fenk	FULL MAIDEN NAME	Polly Ann Gunter
RESIDENCE	Virginia Ida	RESIDENCE	Virginia Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Providence Ut.	BIRTHPLACE	Willow Creek N.C.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 8 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Casper W Pond Md.

(Physician or midwife)

Given names added from a supplemental report.

Chas Fenk 19.....

Eric Karly Registrar

Address Downey

Filed Nov 10, 1915 Eric Karly Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

255·124·003·666

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Bannock

City of Lago

No. Idaho St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34245

Registration District No. 11 File No.

Primary Registration District No. 2048 Registered No. 185

FULL NAME OF CHILD Denis Iriah Benitt

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of Birth
Boy	6	yes	Sep 24 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Thomas Benitt	FULL MAIDEN NAME	Effie Fowler
RESIDENCE	Lago Idaho	RESIDENCE	Lago Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	32 (Years) 1915	AGE AT LAST BIRTHDAY	30 (Years) 1915
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	farmer	OCCUPATION	[illegible]

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 3 P. M on the date above stated.

(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary A Turner

(~~Physician~~ or midwife)

Given names added from a supplemental report.

Oct 15 1915

Address Lago Idaho

Filed Nov 10 1915

Elias Kasley Registrar

Elias Kasley Registrar

5-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

396-2071003-591

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Lago Idaho

No. _____ St.

Hospital _____

Registration District No. 11 File No. 34246

Primary Registration District No. 2048 Registered No. 184

FULL NAME OF CHILD Anne Omago Troardahl

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
girl		3	yes	Oct 1 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Ole Troardahl	FULL MAIDEN NAME	Anna Erakson
RESIDENCE	Lago Idaho	RESIDENCE	Lago Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	26 (Years) 1915	AGE AT LAST BIRTHDAY	26 (Years) 1915
BIRTHPLACE	Norway ~~Lago Idaho~~	BIRTHPLACE	Norway
OCCUPATION	farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at 7 P M on the date above stated.
(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary A Turner

(~~Physician~~ or midwife)

Given names added from a supplemental report.

Oct 15 1915

Address Lago Idaho

Eric Karly
Registrar

Filed Nov 10, 1917 Eric Karly
Registrar

S-Y CO. 24685

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

893-203-003-255

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Virginia Ida

Registration District No. 11 **File No.** 34247

No. ..... *St.*

Primary Registration District No. 2047 **Registered No.** 221

Hospital .....

FULL NAME OF CHILD ——

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—		—	yes	7 - 3 - 1915

(To be answered only in event of plural births)

	FATHER		MOTHER
FULL NAME	B. W. Hill	FULL MAIDEN NAME	Eva Bennett
RESIDENCE	Virginia Ida	RESIDENCE	Virginia Ida
COLOR	White	COLOR	W
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Germany	BIRTHPLACE	Utah
OCCUPATION	Harness maker	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born at — at 4 30 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G H Cooper
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address McCammon Ida

Ellis Kackley
Registrar

Filed 11-10 - 1915 Ellis Kackley
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

866-206-003-815

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34248

County of Bannock

City of Robin

No. ..... *St.*

Hospital .....

Registration District No. 11 **File No.** .....

Primary Registration District No. 2047 **Registered No.** 220

FULL NAME OF CHILD ——

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	Twin	1	Yes	7 - 6 - 1915

(To be answered only in event of plural births)

	FATHER		MOTHER
FULL NAME	John E. Howel	FULL MAIDEN NAME	Maude Henderson
RESIDENCE	Robin, Ida.	RESIDENCE	Robin, Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Clifton, Ida.	BIRTHPLACE	Clifton Ida.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ~~8~~ 7 Number of children of this mother now living, including present birth ~~8~~ 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. H. Cooper
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address McCammon Ida.

Ellis Kackley Registrar

Filed 11-10-1918 Ellis Kackley Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

856.206.403 854

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Robin

No. ..... *St.*

Hospital .....

Registration District No. 11 **File No.** 34249

Primary Registration District No. 2047 **Registered No.** 219

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	Twin	2	Yes	7 - 6 - 1915

(To be answered only in event of plural births)

	FATHER		MOTHER
FULL NAME	John E. Howal	FULL MAIDEN NAME	Maude Henderson
RESIDENCE	Robin	RESIDENCE	Robin, Ida.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Clifton, Ida.	BIRTHPLACE	Clifton, Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 — Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G H Cooper

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address McCammon, Ida.

Ellis Kackley Registrar

Filed 11 10 - 1915 Ellis Kackley Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WS 104-003-893

PLACE OF BIRTH

Form V. S. No. 11-C—25m-141-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bannock

City of McCammon

Registration District No. 11 File No. 34250

No. ..... St.

Primary Registration District No. 2047 Registered No. 218

Hospital .....

FULL NAME OF CHILD Samuel W. Wanner

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
M	—	—	Yes	7 (Month) 4 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Gathol Wanner	FULL MAIDEN NAME	Rebecca Hicks
RESIDENCE	(near) McCammon Ida	RESIDENCE	McCammon Ida
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Mississippi
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 49 M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G H Cooper
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19..

Address McCammon Ida

Ellis Kackley Registrar

Filed 11-10 1915 Ellis Kackley Registrar

S-Y CO. 24658

APR 21 1958

365-1 [redacted] 296

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

City of [redacted] Registration District No. 58 File No. 34251

No. ..... St.

Primary Registration District No. 264 Registered No. .....

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male.			Yes.	Oct 29 1915

	FATHER	MOTHER
FULL NAME	R. L. Loveland.	Katie Brown
RESIDENCE	Cambridge Ida.	Cambridge Ida.
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	44	29
BIRTHPLACE	Canada	Arkansas
OCCUPATION	Rancher	Housework

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. E. Schmutz M.D.

(Physician or midwife)

Address Cambridge Ida.

Given names added from a supplemental report

..... 19.....

Filed Nov 1 1915 C. E. Schmutz Registrar

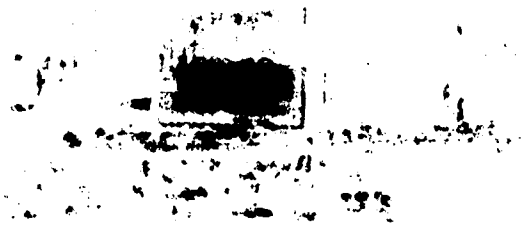
..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

766-214-[illegible]

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of [illegible]

City of Cambridge

No. ..... St.

Hospital .....

Registration District No. 88

File No. 34252

Primary Registration District No. 2164

Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Nov (Month) 14 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	John Pfost	FULL MAIDEN NAME	Rebecca Leonard
RESIDENCE	Cambridge Idaho	RESIDENCE	Cambridge Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	42 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Mo
OCCUPATION	Rancher	OCCUPATION	House Wife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 20 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C E Schmutz M D (Physician or midwife)

Address Cambridge Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Nov 15 1915 C E Schmutz Registrar

8-Y CO. 20174

395-213-044-299

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Washington

City of Cambridge

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 85 File No. 34253

Primary Registration District No. 2164 Registered No. .....

FULL NAME OF CHILD Wythel Fay Cress

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Nov 13 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	J C Cress	FULL MAIDEN NAME	Roxie Maud Bird
RESIDENCE	Cambridge Ida	RESIDENCE	Cambridge Ida.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Virginia	BIRTHPLACE	Iowa, Rocky
OCCUPATION	Baker	OCCUPATION	House Wife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12 15 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C E Schmitz

W D

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Cambridge

Filed Nov 14 19 C E Schmitz

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 7 1966

248-214-044-133

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Washington

City of Cambridge

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 88 File No. 34254

Primary Registration District No. 216 Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Oct 1 1915

FATHER		MOTHER	
FULL NAME	Leslie Beebe	FULL MAIDEN NAME	Lish Allison
RESIDENCE	Cambridge Ida.	RESIDENCE	Cambridge Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)		AGE AT LAST BIRTHDAY (Years)	
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	Home maker

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 2 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C E Eckmann M D

(Physician or midwife)

Address Cambridge Idaho

Given names added from a supplemental report

..... 19.....

Filed Nov 1 1915 C E Eckmann

..... Registrar

Registrar

S-Y CO. 20174

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

651-128-044-269

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Washington

City of Salubria

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 88

Primary Registration District No. 2164

File No. 34255

Registered No. .....

FULL NAME OF CHILD HAROLD FRANKLIN WEAMS

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Oct 28 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Charles Weams	FULL MAIDEN NAME	Daisy DuBois
RESIDENCE	Salubria	RESIDENCE	Salubria Ida
COLOR	W. AGE AT LAST BIRTHDAY 27 (Years)	COLOR	W AGE AT LAST BIRTHDAY 82 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Arkansas
OCCUPATION	Veterinary Surgeon	OCCUPATION	House wife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C E Schmitz

MD (Physician or midwife)

Address Cambridge Idaho

Filed Nov 1 1912 C E Schmitz Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 3 1941

Certificate named from card.
Name changed from #58705 11/3/41 Z.J.

213-106-044-296

PLACE OF BIRTH

County of Washington

City of Goodrich

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 55 File No. 34256

Primary Registration District No. 216 Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Nov 6 1915

FATHER	MOTHER
FULL NAME: James G Buttars	FULL MAIDEN NAME: Mary E Brown
RESIDENCE: Goodrich Idaho	RESIDENCE: Goodrich Idaho
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 47 (Years)	AGE AT LAST BIRTHDAY: 27 (Years)
BIRTHPLACE: N Y.	BIRTHPLACE: Arkansas
OCCUPATION: Saw Mill owner	OCCUPATION: House wife

Number of child of this mother, including present birth: 9

Number of children of this mother now living, including present birth: 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Stell Brown (Born alive or stillborn), at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C E Schmuck M D

(Physician or midwife)

Address Cambridge Idaho

Given names added from a supplemental report

..... 19.....

Filed Nov 7 1916 C E Schmuck

Registrar

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

D

395-127-0449

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C

CERTIFICATE OF BIRTH

County of Washington

City of Cambridge

Registration District No. [illegible]

File No. 34257

No. ..... St.

Primary Registration District No. 2164

Registered No. .....

Hospital .....

FULL NAME OF CHILD Kenneth Burt Tinsley

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Oct 27 1935

FATHER	MOTHER
FULL NAME Gelbert Tinsley	FULL MAIDEN NAME Hilda Burt
RESIDENCE Cambridge	RESIDENCE Cambridge Ida
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 20 (Years)	AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Idaho	BIRTHPLACE Nebraska
OCCUPATION Mercantile Clerk	OCCUPATION Home wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 2:00 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O E Lehmann

M D

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Cambridge Ida

Filed Nov 1 1935 O E Lehmann

..... Registrar

Registrar

6-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

437-207-018962

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH.

County of Clearwater

City of Orofino

No ....., ... St.

Hospital .....

Registration District No 90 File No. 34259

Primary Registration District No. 2168 Registered No. 61

FULL NAME OF CHILD Ilah Margarette McGivin

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth
girl	X		X	Yes	10/7/15 (Month) (Day) 191 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Tracy V. McGivin	FULL MAIDEN NAME	Helen Rose
RESIDENCE	Near Orofino	RESIDENCE	near Orofino
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 40 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Eile N Horswell

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Orofino Ida

Filed Oct 10 1915 J M Finley Registrar

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

845·129·018·238

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Clearwater

City of Orofino

Registration District No. 90

File No. 34260

No. _____ St.

Primary Registration District No. 2168

Registered No. 62

Hospital _____

FULL NAME OF CHILD Leslie Edward Hunsperger

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Oct 29 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Isaac B. Hunsperger	FULL MAIDEN NAME	Rachael Schmutz
RESIDENCE	Orofino, Ida	RESIDENCE	Orofino, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Mich	BIRTHPLACE	Canada
OCCUPATION	Brickmason	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5:30 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Fairly

Physician (Physician or midwife)

Address Orofino Ida

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed Oct 30 1915 J. M. Fairly Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued Dec. 13, 1940.

649-214-018-569

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Clearwater

City of Orofino

Registration District No. 90

File No. 34261

No. ..... St.

Primary Registration District No. 2168

Registered No. 63

Hospital .....

FULL NAME OF CHILD Jacob Burdette Warman

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Oct 14 1915

FATHER		MOTHER	
FULL NAME	Elmer I. Warman	FULL MAIDEN NAME	Maria Norsch
RESIDENCE	Orofino, Ida	RESIDENCE	Orofino, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Minn	BIRTHPLACE	Minn
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Fairly

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Orofino, Ida

Filed Oct 15 1915 J. M. Fairly

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dep of 1915. 245072

I WAR MAN US WUERMAN

695-222-018651

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34262

County of Clearwater

City of Orofino

Registration District No. 90 File No.

No. St.

Primary Registration District No. 2168 Registered No. 64

Hospital

FULL NAME OF CHILD Edna Iova Frear

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Oct 22 1915

FATHER		MOTHER	
FULL NAME	Charles Frear	FULL MAIDEN NAME	Elizabeth Frear
RESIDENCE	Orofino, Ida	RESIDENCE	Orofino, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Me.	BIRTHPLACE	Mo
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 45a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Fairly

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Orofino Idaho

19

Filed Oct 22 1915 J. M. Fairly

Registrar Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

819-228-018-253

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

County of Clearwater

City of Orofino

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34263

Registration District No. 90 File No. _____

Primary Registration District No. 2168 Registered No. 65

FULL NAME OF CHILD MILDRED GRACE HARKNESS

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Oct 28 1915

FATHER		MOTHER	
FULL NAME	Walter Harkness	FULL MAIDEN NAME	Grace Bell
RESIDENCE	Orofino, Ida	RESIDENCE	Orofino, Ida
COLOR	White AGE AT LAST BIRTHDAY 41 (Years)	COLOR	White AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE	Ills	BIRTHPLACE	Mich
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) J. McFairly

Physician (Physician or midwife)

Address Orofino, Ida

Filed Oct 29 1915 J. McFairly Registrar

_____ 19__

_____ Registrar

S-Y-CO 38071

JUN 3 1942

SEP 22 1975

265-114-008-457

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34264

County of Clearwater

City of Gilbert

No. ..... St.

Hospital .....

Registration District No. 90

File No. .....

Primary Registration District No. 2168

Registered No. 66

FULL NAME OF CHILD William Leroy Boehm

Sex of Child Male

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth Oct. 14 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	William Boehm	FULL MAIDEN NAME	Stella DePartee
RESIDENCE	Gilbert	RESIDENCE	Gilbert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Missouri ~~Idaho~~	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth One

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 11-15 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W B Reese M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Gilbert, Idaho

Filed Nov. 10 1915

..... Registrar

..... Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 30 1942

715 [illegible]

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of [illegible]

City of Boise

Registration District No. ✓

File No. 34266

No. ..... St.

Primary Registration District No. 1004

Registered No. 109

Hospital St. Alphonsus'

FULL NAME OF CHILD Ellen Marie Gangnes Gangnes

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Oct. 10 1915

FATHER		MOTHER	
FULL NAME	Harold Gangnes Gangnes	FULL MAIDEN NAME	Mary ~~Peterson~~ [illegible]
RESIDENCE	Boise	RESIDENCE	Boise
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Norway	BIRTHPLACE	Denmark
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2:30 A.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed 10/20 1915 M. S. Parker
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada
City of Boise
No. ____ St. ____
(If born in hospital or institution give name.)

Registered No. [redacted] 2 State File No. 34367
Prim. Registration District No. 1004 Local Registrar's No. 110

2. FULL NAME OF CHILD Robert Edwin Stevens

3. Sex	If plural births	6. Premature	7. Legitimate?	8. Date of birth
Male	4. Twin, triplet, or other ____ 5. Number, in order of birth ____	Full term ____	Yes	October 13, 1915 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Henry F. Stevens	18. Full maiden name: Helen D. Gray
10. Residence (usual place of abode) (If non-resident, give place and State): Boise	19. Residence (usual place of abode) (If non-resident, give place and State): Boise
11. Color or race: Wh | 12. Age at last birthday: 30 (years)	20. Color or race: Wh | 21. Age at last birthday: 17 (years)
13. Birthplace (city or place): Richmond (State or Country): Virginia	22. Birthplace (city or place): Elyria (State or Country): Ohio
OCCUPATION	OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Student
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ____, 19____	25. Date (month and year) last engaged in this work ____, 19____
17. Total time (years) spent in this work	26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother 1 (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead ____ (c) Stillborn ____

29. If stillborn, period of gestation ____ months or weeks

30. Cause of Stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Living A.M. at 1:13 m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____
(Date of)

(Signed) J. E. Froom, M. D.
or ____, Midwife
Address Boise, Idaho

Filed Oct. 20, 1915 M. S. Parker
Registrar.

Registrar.

WRITE PLAINLY WITH PEN AND INDELIBLE INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth, must be stated.

155-201-001-533

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1422 N 10 St.

Hospital

Registration District No. 2

File No. 34268

Primary Registration District No. 1004

Registered No. 111

FULL NAME OF CHILD ~~XXXXXXXXXXXX~~ GWENDOLYN ~~XXXXX~~ LUCILE Jensen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		Yes.	Oct (Month) 1 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Ephriam Jensen	FULL MAIDEN NAME	Lucy Elliott
RESIDENCE	1422 N 10	RESIDENCE	1422 N 10
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	England
OCCUPATION	machinest	OCCUPATION	House wife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN ~~OR MIDWIFE~~*

I hereby certify that I attended the birth of this child, who was ..... at 10 P M on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Bock

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19..

Address Boise Ida

Filed 10/15 1915 M. S. Parker

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 34268

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Gwendolin Lucy Jensen	Gwendolyn Lucile Jensen

Subscribed and sworn to before me this 20
day of March, 19 42

Margaret Clark
Notary Public, residing at Boise, Idaho

My commission expires 7/19/42
(Seal)

Signed Mrs. Lucy Elliott Jensen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Ada } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20th
day of March, 1942

Margaret Clark
Notary Public, residing at Boise, Idaho

My commission expires 7/19/42
(Seal)

Signed Ephraim L. Jensen
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

MAR 21 1919

146-206 00-257

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 107 1/2 S 15th St.

Registration District No. 2

File No. 34269

Primary Registration District No. 1004

Registered No. 112

Hospital

FULL NAME OF CHILD Audry [illegible] Amos

Sex of Child F

~~Twin~~ ~~Triplet~~ or other? and Number in order of birth (To be answered only in event [illegible])

Legitimate? Yes

Date of Birth Oct 6 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Isaac E. Amos	FULL MAIDEN NAME	Estella Seger
RESIDENCE	Boise Ida	RESIDENCE	Boise Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	2[illegible] (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Wyoming	BIRTHPLACE	Pa.
OCCUPATION	Miner	OCCUPATION	

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 12 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signed) S. Springer

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Attested

Filed 1915

M. S. Parker

Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 12 1964

195·209·001-343

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 34270

County of Ada

City of Boise

No. 1411 E Jefferson St.

Hospital

Registration District No. 2

Primary Registration District No. 1004

File No. 34270

Registered No. 113

FULL NAME OF CHILD Grace Elizabeth Arnold

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes	10 9 1915

FATHER		MOTHER	
FULL NAME	Deane A Arnold	FULL MAIDEN NAME	Alice H Tucker
RESIDENCE	1411 E Jefferson St	RESIDENCE	1411 E Jefferson
COLOR	White	COLOR	W
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Kansas	BIRTHPLACE	Missouri
OCCUPATION	Machinist	OCCUPATION	H Wife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 9 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W L Allen

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Address 201-4 McCarty Bld

Filed 10/19 1915

M. S Parker
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 1 1966

JAN 1 1 1973

JUN 1 9 1974

OCT 1 1975

492-112001-867

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 429 S 10 *St.*

Hospital

Registration District No. 2

Primary Registration District No. 1004

File No. 34271

Registered No. 114

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M.		Yes.	Oct. (Month) 12 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	John Misner	FULL MAIDEN NAME	Katherine Hopewell
RESIDENCE	429 S 10.	RESIDENCE	429 S 10.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Ind.	BIRTHPLACE	Ill.
OCCUPATION	Mechanic	OCCUPATION	House Wife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN ~~OR MIDWIFE~~

I hereby certify that I attended the birth of this child, who was Born Alive at 11.55 P.M. on the date above stated.

(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Back

(Physician ~~or midwife~~)

Given names added from a supplemental report.

19

Address Boise Ida

Filed 10/22 1915 M. S. Parker

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

863-216-00-244

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 419 S. 11th St.

Hospital

Registration District No. 2

File No. 34272

Primary Registration District No. 1004

Registered No. 115

FULL NAME OF CHILD Frances Lillian Holden

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female	2	Yes	Oct 16 1915

FATHER		MOTHER	
FULL NAME	Chas H Holden	FULL MAIDEN NAME	Bessie Burchfield
RESIDENCE	Arrow Rock Dam	RESIDENCE	419 S-11th Boise
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Emporia Kansas	BIRTHPLACE	Rockfield Iowa
OCCUPATION	Foreman U.S. Rec. Service	OCCUPATION	

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 4 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas V Gennoway

(Physician or Midwife)

Given names added from a supplemental report

..... 19....

Address Moore Bldg

Filed 10/26 1915 M. S. Parker

Registrar

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17926

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

FEB 9 1973

APR 9 1975

814-117-00-445

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ..... *St.*

Hospital St Alphonsus

Registration District No. 2

Primary Registration District No. 1004

File No. 34273

Registered No. 116

FULL NAME OF CHILD John William Hauser

Sex of Child	~~Twin Triplet~~ or other?	and Number in order of birth	Legitimate?	Date of Birth
M		2	yes	Oct 17 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Christian M Hauser	FULL MAIDEN NAME	Winifred Dunleavy
RESIDENCE	Huntington Ore	RESIDENCE	Huntington Ore.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	California	BIRTHPLACE	Nebraska
OCCUPATION	Switchman	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 10 p M. on the date above stated.

(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J S Springer

(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19.....

Address Boise Ida.

Filed 10/27 1915 M. S. Parker

Registrar

Registrar

8-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

751-231-001-751

PLACE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Hospital St Alphonsus

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2 File No. 34274

Primary Registration District No. 1004 Registered No. 82

FULL NAME OF CHILD Edythe Bernice Pearce

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	1		1	Yes	Aug 31 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	D. O. Pearce	FULL MAIDEN NAME	Edna Davis Pearce
RESIDENCE	Boise Idaho	RESIDENCE	Boise Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	(Years)	AGE AT LAST BIRTHDAY	(Years)
BIRTHPLACE	Nebr.	BIRTHPLACE	Minn.
OCCUPATION	Clerk	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive Aug 31/15 at 9 P. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L P McCalla

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Boise Idaho

Filed 9.21 1915 M. S. Parker

Registrar Registrar

S-Y CO. 24655

Refuse to give ages & where they were born.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

FEB 1942

DEC 20 1965

69 [redacted] 01-866

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[redacted]

City of Boise

No. 1016 N. 20th St.

Hospital

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34275

Registration District No. 2

File No.

Primary Registration District No. 1004

Registered No. 108

FULL NAME OF CHILD Virginia Reed Wilson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Oct 7 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Thomas R. Wilson	FULL MAIDEN NAME	Jessie W Hoffman
RESIDENCE	Boise	RESIDENCE	Boise
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Iowa
OCCUPATION	Sheepman	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Maurice H. Tallman M.D.
(Physician or midwife)

Given names added from a supplemental report.

19

Address Boise, Idaho

Filed 10/20 1915 M. S. Parker
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 2 2 1975

249-118001-613

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Hospital St. Alphonsus

Registration District No. 2

File No. 34276

Primary Registration District No. 1004

Registered No. 117

FULL NAME OF CHILD Stanley Gordon Smith, Jr.

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Male	Premature at 7½ months		Yes	Oct. 18 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Stanley Gordon Smith	FULL MAIDEN NAME	Bella Falk
RESIDENCE	Boise	RESIDENCE	Boise
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	S. Dakota	BIRTHPLACE	Boise
OCCUPATION	Electrical Engineer	OCCUPATION	Hwk.

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1:30 PM on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physicians.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 10/28 1915 M. S. Parker
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

613-204-001-318

PLACE OF BIRTH

County of Ada

City of Boise

No. 516 Washington St.

Hospital

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ✓

File No. 34277

Primary Registration District No. 1004

Registered No. 118

FULL NAME OF CHILD Mildred Walters

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
female		yes	Oct. 4 1915

FATHER		MOTHER	
FULL NAME	George W. Walters	FULL MAIDEN NAME	Dora Layne
RESIDENCE	Three Mile · Idaho.	RESIDENCE	Three Mile Idaho.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Nevada	BIRTHPLACE	Idaho
OCCUPATION	Stockman	OCCUPATION	H. W.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Carl Hill

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed 10/14 1915 M. S. Van Ren

Registrar

S-Y CO. 24695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 34277

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Walter (female) (Name on Original Certificate) who was born (Was Born or Died) on Oct. 4, 1915 (Date of Event)

in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Mildred Walters

Subscribed and sworn to before me this 18th day of July, 19 74

Florence Cartright

Notary Public, residing at Boise, Idaho

My commission expires 4-20-78

(Seal)

Signed Norman Vick

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Pacific Beach Wash Box 706

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

.....

(Street Address, City, State)

FORM DH 60-155 7/18/74

Membership card from Automobile Club of Washington (64-166687-0-04) gives name as Mildred Vick. Member since 1964. viewed by V. S.

JUL 18 1974

Social security card gives name as Mildred Walters Vick. (#542-14-8594). viewed by V. S.

465-207-001-296

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Ada

City of Boise

No. 2135 N. 15th St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ✓

File No. 34278

Primary Registration District No. 1004

Registered No. 119

FULL NAME OF CHILD Helen Louise Montrose

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
female		yes.	Oct. 8 1915

FATHER		MOTHER	
FULL NAME	Given E. Montrose	FULL MAIDEN NAME	Alice Brown
RESIDENCE	Elmore Co. Ida.	RESIDENCE	Elmore Co. Ida.
COLOR	N.	COLOR	N.
AGE AT LAST BIRTHDAY (Years)	20	AGE AT LAST BIRTHDAY (Years)	17
BIRTHPLACE	Idaho.	BIRTHPLACE	Ill.
OCCUPATION	Stockman	OCCUPATION	HN.

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9 a. m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J Carl Hill
(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed 10/18 1915 M. S. Parker
Registrar

Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

...E PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 34278

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Montrose (Name on Original Certificate) who was born (Was Born or Died) on Oct. 8, 1915 (Date of Event) in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Helen Louise Montrose

Subscribed and sworn to before me this 13th day of Feb., 1973

Notary Public, residing at 2369 Foss Ave., Arcadia

My commission expires June 26, 1976

(Seal)

Signed Helen M. Waylett

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

2531 So 10th Ave Arcadia Ca.

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of San Bernardino }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th day of October, 1972

Notary Public, residing at Ontario, Calif.

My commission expires

(Seal)

OFFICIAL SEAL
EVELYN E. LOWE
NOTARY PUBLIC - CALIFORNIA
PRINCIPAL OFFICE IN
SAN BERNARDINO COUNTY
My Commission Expires June 3, 1973

Signed Dorothy M. Kirby

(Signature of Any Credible Person)

652 Aurora Dr. Claremont, Calif

(Street Address, City, State)

FORM DH 60-155

CL 7/8/71 nm

Own child's birth certificate from California gives name as Barry Keith Waylett and father's name given as Harry Keith Waylett and the mother's name as Helen Louise Montrose. Child born Aug. 3, 1939. File no. 12484. Viewed by V. S.

MAR 21 1973

Certificate of Baptisma nd Confirmation from LDS Church gives name as Helen Louise Montrose born Oct. 8, 1915. Was Baptized June 10, 1928. Viewed by V. S.

819-112-001-168

~~PLACE OF~~ BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1416 Jeff. St.

Hospital

Registration District No. 2

File No. 34279

Primary Registration District No. 1004

Registered No. 120

FULL NAME OF CHILD LOREN ALFRED HARRIS

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes.	Oct. 12 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Loren R. Harris	FULL MAIDEN NAME	Izetta Johnson
RESIDENCE	~~Utah~~ Boise Ida.	RESIDENCE	Boise Ida.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah.
OCCUPATION	Mechanic.	OCCUPATION	H.W.

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1:30 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Carl Hill.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address

Filed 10/22 1915 M. S. Parker

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon } ss.
County of Klamath }

Certificate No. 34279

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or ~~Death~~)
for Loren Alfred Harris (Name on Original Certificate) who Born (Was Born or Died) on Oct. 12, 1915 (Date of Event)
in Baird Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on March 21 1942 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	no name	Loren Alfred Harris

Subscribed and sworn to before me this 21st
day of March, 1942
Helen Gates
Notary Public, residing at Klamath Falls, Ore.
My commission expires April 9 1945
(Seal)

Signed Loren A Harris
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Rt 3, Box 444 Klamath Falls Oregon
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

APR 8 1946

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

413-2161 001 195

PLACE OF BIRTH

County of Ada

City of Boise

No. 1216 E. State St.

Hospital

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2

File No. 34280

Primary Registration District No. 1004

Registered No. 121

FULL NAME OF CHILD Margaret Shirley Mack

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	Oct. 16 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Charles H. Mack	FULL MAIDEN NAME	Leam Arnold
RESIDENCE	Boise, Ida.	RESIDENCE	Boise Ida.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	California	BIRTHPLACE	Kans.
OCCUPATION	Stenographer	OCCUPATION	H. W.

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2309 M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Carl Hill.

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed 10/24 1915 M. S. Parker
Registrar

S-Y CO. 24655

855·106·001-643

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Hospital St Alphonsus

Registration District No. 2

File No. 34281

Primary Registration District No. 1004

Registered No. 122

FULL NAME OF CHILD Joseph Henry Hendricks

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	1		1	yes	Oct (Month) 6 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John Hendricks	FULL MAIDEN NAME	Georgia G. Wilson
RESIDENCE	R.D. Nampa Idaho	RESIDENCE	R.D. Nampa Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Scotland
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive Oct 6th 1915 at 2 P. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. P. McCalla

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Boise Idaho

Filed 10/16 1915 M. S. Parker

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 2 4 1973

816-217-00-249

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34282

County of Ada

City of Boise

No. ..... St.

Hospital St Alphonsus

Registration District No. ..... File No. .....

Primary Registration District No. 1004 Registered No. 173

FULL NAME OF CHILD Mary Hawley

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female				yes	Oct. (Month) 17 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Jess B. Hawley	FULL MAIDEN NAME	Jennie Smith
RESIDENCE	Boise Idaho	RESIDENCE	Boise Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Quartzburg Idaho	BIRTHPLACE	~~Housewife~~ Denver Col
OCCUPATION	Lawyer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, Oct 17th 1915 at 7 9 M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. P. McCalla

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Boise Idaho

Filed 10/23 1915 M. S. Parker

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 10 1972

344-215-001-819

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Ada

City of Boise

No. ..... St.

Hospital St. Alphonsus

AMENDED CERTIFICATE OF BIRTH

September 30, 1946

Registration District No. 2

File No. 34283

Primary Registration District No. 1004

Registered No. 124

FULL NAME OF CHILD Bess Teresa Cuddy
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
Female	1		1	Yes	Oct.	15,	1915

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Wm. L. Cuddy	FULL MAIDEN NAME	Susannah W. Hartung
RESIDENCE	Boise, Idaho	RESIDENCE	Boise, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	54 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Cleveland, Ohio	BIRTHPLACE	Pas.
OCCUPATION	~~Real Estate~~	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 A ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

L. P. McCalla
(Signature)

.....
(Physician or midwife)

Address Boise, Idaho

Filed 10/24 1915 M. S. Parker
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of .....) ss.
County of .....)

Certificate No. 34283
Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Bess Cuddy	Bess Teresa Cuddy

Subscribed and ~~sworn~~ to before me this 30
day of September, 1946.
Notary Public, residing at Boise, Ida.
My commission expires .....
(Seal)

Signed Mrs. Susanna M. Cuddy
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
1207 N. 15th St., Boise, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of .....) ss.
County of .....)

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)
.....
(Street Address, City, State)

OCT 1 1965

415-116-004-759

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. _____ St.

Hospital St. Alphonsus

Registration District No. 2

File No. 34284

Primary Registration District No. 1004

Registered No. 125

FULL NAME OF CHILD John Donaldson Davis

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	Yes	Oct. (Month) 16th (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	C. O. Davis	FULL MAIDEN NAME	Harriet Lilian Gerhart
RESIDENCE	1505 No. 12th St.	RESIDENCE	1505 North 12th St.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Illinois
OCCUPATION	Steam Fitter	OCCUPATION	Housewife

Number of child of this mother, including present birth 3rd

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 35 A. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Taylor

M.D.
(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Address Boise, Idaho

Filed 10/27 1915 M. S. Park

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

381-220-001-619

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Ada

City of Boise

No. 2321 No 16th St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. X

File No. 34[illegible]5

Primary Registration District No. 1004

Registered No. [illegible]

FULL NAME OF CHILD Grace Pauline Thacker

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	\		\	yes	Oct. (Month) 20 (Day) 1915 (Year)

(To be answered only in event of plural births)

	FATHER		MOTHER
FULL NAME	Charles F. Thacker	FULL MAIDEN NAME	Ruth R. Waite
RESIDENCE	Boise Idaho	RESIDENCE	Boise Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Arkansas	BIRTHPLACE	Wyoming
OCCUPATION	Lather	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive ~~or stillborn~~), at 12 45 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edward T Biwer

Physician (Physician ~~or midwife~~)

Given names added from a supplemental report

..... 19.....

Address Tob Yates Bldg Boise

Filed 10/30 1915 M S Parker

Registrar

Registrar

S-Y CO. 20174

JUN 27 1942

Amended 1-26-68

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 34286
Local Reg. No. 127
Reg. Dist. No. 2

1. PLACE OF BIRTH
a. COUNTY: Ada
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Boise
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Ada
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Boise
d. STREET ADDRESS (If rural, give location): 504 Ash St.

3. CHILD'S NAME (Type or print)
a. (First): Juanita
b. (Middle):
c. (Last): Aberasturi

4. SEX: Female

5a. THIS BIRTH — SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): October 23, 1915

FATHER OF CHILD

7. FULL NAME
a. (First): Manuel
b. (Middle):
c. (Last): Aberasturi

8. AGE (At time of this birth): 37 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Spain

10. USUAL OCCUPATION: Sheepman

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Maria
b. (Middle):
c. (Last): Basabe

13. AGE (At time of this birth): 39 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Spain

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living?
b. How many OTHER children were born alive but are now dead?
c. How many children were stillborn (born dead) after 20 weeks pregnancy?

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Fred A. Pittenger

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE OTHER (Specify)

19. ADDRESS:

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: 10/30/15

22. REGISTRAR'S SIGNATURE: M. S. Parker

23. DATE ON WHICH GIVEN NAME ADDED BY Registrar:

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

r BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the
n the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address
ION OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Boise, Idaho 83701

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 34286

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Abarasturi (female child) (Name on Original Certificate) who was born (Was Born or Died) on Oct. 23, 1915 (Date of Event) in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Juanita Aberasturi
Full Name of Father	Manual Abarasturi	Manuel Aberasturi

Subscribed and sworn to before me this 24th day of January, 1968

Delaria W. Mansur

Notary Public, residing at Boise, Idaho

My commission expires April 24, 1970

(Seal)

x Signed Peter Aberasturi [illegible]

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1919 Howell St., Boise, Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

.....

(Street Address, City, State)

in office 1-22-68.

FORM DH 60-155

mother's maiden name Maria Basabe -

Child's Birth Cert. on file: (Idaho Birth) #63017gives full name of father as Manuel Aberasturi - viewed by V.S.

Certificate of Baptism, St. John's Cathedral, Boise, Idaho, baptized Dec. 31, 1915 gives full name of child as Juanita Aberasturi Basabe, born Oct. 23, 1915 at Boise, Idaho to Manuele Aberasturi and Maria Assuncion Basabe - viewed by V.S.

Western Life Insurance Co. Policy, No. 88296, dated April 20, 1938, gives full name of insured as Juanita Aberasturi, beneficiary is given as Petra Aberasturi, sister - beneficiary changed to Stackeal Yribar, husband, May 19, 1938 - viewed by V.S.

153-226-001-834

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1116 Idaho *St.*

Hospital

Registration District No. 2

Primary Registration District No. 1004

File No. 34287

Registered No. 128

FULL NAME OF CHILD Marie ~~Anchystegui~~ Anchustegui

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Le		Yes	10 (Month) 26 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Gregorio ~~Anchystegui~~ Anchustegui	FULL MAIDEN NAME	Jerinna Ytusi
RESIDENCE	1116 Idaho St	RESIDENCE	1116 Idaho St
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Basco Spain	BIRTHPLACE	Basco Spain
OCCUPATION	Sheepman	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred. A. Pettingle

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Falk Bldg

Filed 10/28 1915

M B Parker

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 1 8 1967

MAR 7 1974

165127-001-529

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of [illegible]

City of [illegible]

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2 File No. 34288

Primary Registration District No. 1004 Registered No. 129

FULL NAME OF CHILD Harold Elkington Donaldson

Sex of Child	~~Twin~~ ~~Triplet~~ or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	1	Yes	Oct 27 1915

FATHER		MOTHER	
FULL NAME	Lloyd Donaldson	FULL MAIDEN NAME	Grace Elkington
RESIDENCE	904 E Wash St	RESIDENCE	Boise Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	
BIRTHPLACE	New Jersey	BIRTHPLACE	Mich
OCCUPATION	Electrician	OCCUPATION	Stenographer

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born living (Born alive or stillborn) at 10 45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Froom

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed 10/29 1915 [illegible] Parker

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

cc 3/19/41 RMF

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

296-229-001-666

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1017 No. 12th St.

Hospital

Registration District No. 2

File No. 34289

Primary Registration District No. 1004

Registered No. 120

FULL NAME OF CHILD Grace Harriet Brown

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	yes	Oct 29th 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	J. McQ. Brown	FULL MAIDEN NAME	Grace L. Wood
RESIDENCE	Malta, Cassia Co. Ida.	RESIDENCE	Malta, Cassia Co.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	~~29~~ 31 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	New York	BIRTHPLACE	New York
OCCUPATION	Civil Engineer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4th

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2.48 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Taylor

M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Boise, Idaho

Filed 10/29 1915 M. S. Parker
Registrar

S-Y CO. 24655

135-110-001-791

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-8-15-12

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. Cr 22 & Irene Sts St.

Hospital

Registration District No. 2 File No. 34290

Primary Registration District No. I004 Registered No. I31

FULL NAME OF CHILD Graham Bayless Alexander

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	One	5	yes	Oct 10 1915

FATHER	MOTHER
FULL NAME: Raymond R. Alexander	FULL MAIDEN NAME: Lulu Graves.
RESIDENCE: Cr 22 and Irene Sts.	RESIDENCE: Cr 22 and Irene Sts.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 33 (Years)	AGE AT LAST BIRTHDAY: 27 (Years)
BIRTHPLACE: Indiana	BIRTHPLACE: Indiana.
OCCUPATION: Lawyer.	OCCUPATION: Housewife.

Number of child of this mother, including present birth: 5

Number of children of this mother now living, including present birth: 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1.15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Thomas N. Brayton (Physician or midwife)

Address 509 Empire Bldg. Boise.

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed 10/31 19 5 M. S. Parker
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 6 1969

739-109-00-315

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34291

County of Ada

City of Boise

No. Bench St.

Hospital

Registration District No. 8

File No.

Primary Registration District No. 2004

Registered No. 75

FULL NAME OF CHILD Ralph Lawrence Glimp

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Oct. 8, 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	William T. Glimp	FULL MAIDEN NAME	Louise Veronia Lane
RESIDENCE	Boise	RESIDENCE	Boise
COLOR	W. AGE AT LAST BIRTHDAY 44 (Years)	COLOR	W AGE AT LAST BIRTHDAY 37 (Years)
BIRTHPLACE	Texas	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 5:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Maurice H. Tallman
Mid.
(Physician or midwife)

Given names added from a supplemental report.

19

Address Boise, Idaho

Registrar

Filed Oct 14th, 1915 M.S. Parker
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 18 1957

689-101-001-792

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Independent School Dist of Boise

Registration District No. 8

File No. 34282

No. _____ St.

Primary Registration District No. 2004

Registered No. 76

Hospital _____

FULL NAME OF CHILD _____

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		yes	Oct (Month) 1 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	W A White	FULL MAIDEN NAME	Mable Gibson
RESIDENCE	Rose Station	RESIDENCE	Rose Station
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	48 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Real Estate Dealer	OCCUPATION	House wife

Number of child of this mother, including present birth 8

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN ~~OR MIDWIFE~~

I hereby certify that I attended the birth of this child, who was Born alive at 10:30 P.M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Boeck

(Physician ~~or midwife~~)

Given names added from a supplemental report.

_____ 19__

Address Boise Ida

Filed Oct 8th, 1915 M.S. Parker

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

551-206-001-217

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Franklin School District

Registration District No. 8 File No. 34293

No. ..... St.

Primary Registration District No. 2004 Registered No. 77

Hospital .....

FULL NAME OF CHILD Alberta June Neal

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
f		Yes.	Oct (Month) 6 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	J. A. Neal	FULL MAIDEN NAME	June A. Sage
RESIDENCE	Arrow Rock	RESIDENCE	Arrow Rock
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Neb.	BIRTHPLACE	Neb.
OCCUPATION	Clerk	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN ~~OR MIDWIFE~~*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 11.35P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Boick

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19.....

Address Boise Ida

Filed Oct 15 19 15 M.S. Parker Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

OCT 16 1941

367-203-001-753

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. _____ St.

Hospital _____

Registration District No. 8 File No. 34294

Primary Registration District No. 2004 Registered No. 78

FULL NAME OF CHILD Gladis Verda Cox

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	1		Yes	Oct 3 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Charles C. Cox	FULL MAIDEN NAME	Josephine Peterson
RESIDENCE	RFD #11	RESIDENCE	Buck RFD #11
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Bowling Gun Ra	BIRTHPLACE	Utah
OCCUPATION	Machinist	OCCUPATION	Housewife

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H Goodfriend

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Empire Bldg

Filed Oct 10 1915 M.S. Parker

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

312-016-001-415

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

[redacted] IDAHO
[redacted] STATISTICS
[redacted] BIRTH

34295

County of Ada

City of Belfry School Dis.

Registration District No. 8

File No.

No. St.

Primary Registration District No. 2004

Registered No. 79

Hospital

FULL NAME OF CHILD Hazel Maude Casey

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
f		yes	Oct. 16 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wm Casey	FULL MAIDEN NAME	Maude Davidson
RESIDENCE	Belfry School Dist.	RESIDENCE	Belfry School Dis.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Ill	BIRTHPLACE	Mo.
OCCUPATION	farmer	OCCUPATION	H.W

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN [redacted]

I hereby certify that I attended the birth of this child, who was born alive at 3 P M on the date above stated.

(Born alive [redacted])

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Bock

(Physician [redacted])

Given names added from a supplemental report.

19

Address Boise Ida

Filed Oct 20 1915

M.S. Parker
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

3 20 72

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Ada }

Certificate No. 34295

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Casey (Name on Original Certificate) who was born (Was Born or Died) on Oct. 16, 1915 (Date of Event)
in Belfry School Dist. (Place of Event) Idaho. are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed Casey	Hazel Maude Casey

Subscribed and sworn to before me this 24th day of April 1972

Notary Public, residing at Meridian, Idaho
My commission expires August 27, 1972
(Seal)

Signed Hazel M Ceal
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1103 Joplin Rd. Boise, Id.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th day of April 1972

Notary Public, residing at Meridian, Idaho
My commission expires August 27, 1972
(Seal)

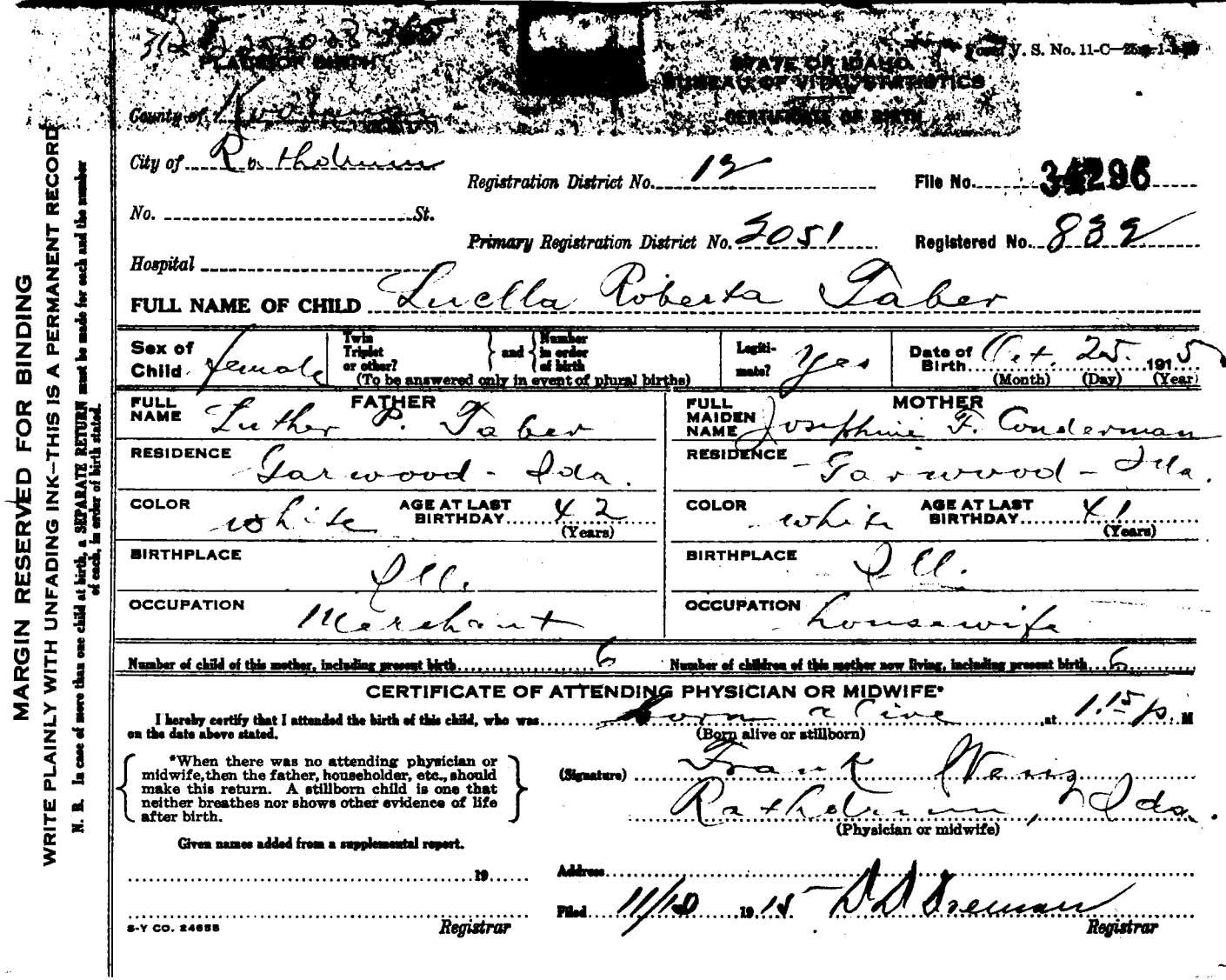
Signed Evelyn Steele
(Signature of Any Credible Person)

1220 N. Mitchell
(Street Address, City, State)

Form DM 40 155

Page from family Bible gives name as Hazel Maude Casey born Oct. 16. 1915 at Boise, Idaho. Belfry School District. Father - William Casey and Mother - Clara Maude Casey. Original record obivously old. APR 25 1972
Viewed by V.S.

Page from Family Biography book issued in 1920 gives name of child as Hazel Maude Casey born Oct. 16, 1915. born to William and Maude D. Casey.
Viewed by V.S.



MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-1-1-[illegible]

County of Kootenai

City of Rathdrum

Registration District No. 12

File No. 34296

No. _____ St.

Primary Registration District No. 2051

Registered No. 832

Hospital _____

FULL NAME OF CHILD Luella Roberta Taber

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
female		Yes	Oct. 25. 1915

FATHER		MOTHER	
FULL NAME	Luther P. Taber	FULL MAIDEN NAME	Josephine F. Conderman
RESIDENCE	Garwood - Ida.	RESIDENCE	Garwood - Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	41
BIRTHPLACE	Ill.	BIRTHPLACE	Ill.
OCCUPATION	Merchant	OCCUPATION	housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1.15 p. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Wenz
Rathdrum, Ida.
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address _____

Filed 11/10 1915 D D Freeman
Registrar

S-Y CO. 24655

464-119-028-316

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Rathdrum

No. — St.

Hospital

Registration District No. 12

File No. 34287

Primary Registration District No. 2051

Registered No. 831

FULL NAME OF CHILD Miles Robert Douglas.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		Yes	Oct. 19 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Oliver F. Douglas	FULL MAIDEN NAME	Myrtle F. Lawrence
RESIDENCE	Rathdrum, Ida R.F.D. #2	RESIDENCE	Rathdrum, Ida RR #2
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Ill.	BIRTHPLACE	Wash.
OCCUPATION	farmer.	OCCUPATION	housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9.00 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Wenz

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Rathdrum Ida.

Filed 11/10 1915 D. D. Dinman
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 7 [illegible]

297-1271028-912

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Spirit Lake

No. ..... St.

Hospital .....

Registration District No. .....

File No. 34298

Primary Registration District No. 2051

Registered No. 830

FULL NAME OF CHILD ~~Baby~~ Norman Sigvarlson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	1			Yes	Oct (Month) 27 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Hans Sigvarlson	FULL MAIDEN NAME	Johanna Rasmussen
RESIDENCE	Spirit Lake Id	RESIDENCE	~~Norway~~ Spirit Lake Id
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Norway	BIRTHPLACE	Norway
OCCUPATION	Cam Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7th

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5:30 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. O. Brinde M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed 11/10 1915

D. D. Dorrance
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 9 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

556-229-028-963

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Boot

City of Salt Lake

No. ..... St.

Hospital [redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 42 File No. 34299

Primary Registration District No. 2051 Registered No. 829

FULL NAME OF CHILD Beatrice Newman

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
fem	1	and		Oct 29 (Month) (Day) 191 5 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Russell Newman	FULL MAIDEN NAME	Alice Rockwell
RESIDENCE	Don't Know	RESIDENCE	Slp Lake Ida
COLOR	wh	COLOR	wh
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	16 (Years)
BIRTHPLACE	Don't Know	BIRTHPLACE	Wis
OCCUPATION	Corn Lab	OCCUPATION	none

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 12 15 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

..... Registrar

(Signature) E A Smith M.D

(Physician or midwife)

Address Salt Lake

Filed 11/10 19 15 L L Drennan Registrar

8-Y CO. 24688

MAR 27 1972

251-225-028-619

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Athol

No. ..... St.

Hospital .....

Registration District No. 12

File No. 34300

Primary Registration District No. 2051

Registered No. 828

FULL NAME OF CHILD Majorie Geo Beach

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		Yes.	Oct 25 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Lorenzo R Beach	FULL MAIDEN NAME	Edna Farr
RESIDENCE	Athol	RESIDENCE	"
COLOR	Gr	COLOR	Gr
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Mark	BIRTHPLACE	Mark
OCCUPATION	Sec. Labour	OCCUPATION	H W

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 69 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. D. Drennan

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Rathdrum

Filed 4/10 1915 D D Drennan Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

401

PLACE OF BIRTH

STATE OF

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Hauser Jc

No. ..... St.

Hospital .....

Registration District No. 14

File No. 34301

Primary Registration District No. 2057

Registered No. 827

FULL NAME OF CHILD Marguerite Idella Mojze

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes	10-24-1915

FATHER		MOTHER	
FULL NAME	Wm F. Mojze	FULL MAIDEN NAME	Agnes Ollins
RESIDENCE	Hauser Jc	RESIDENCE	"
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Germany	BIRTHPLACE	Wash
OCCUPATION	Farmer	OCCUPATION	on

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at ..... M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. D. Drennan

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Rathdrum

Filed 1/10 1915 D. D. Drennan

Registrar

Registrar

S-Y CO. 24655

SEP 2 : 1941

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho
County of Kootenai } ss.

Certificate No. 34301
Date Filed

OCT 14 1941

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death) for Marguerite Idella Modje (Name on original certificate) who born (Was born or died) on Oct 24 1915 (Date of event) in Spokane Bridge (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ..... (Bible record, insurance policy, etc.) prepared on ..... (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Date of birth	Nov. 25, 1915	Oct. 24, 1915
Surname	Modje	Moje

Subscribed and sworn to before me this 3rd day of October, 1941

Notary Public, residing at [illegible]

My commission expires June 3rd 1944

[SEAL]

Signed Agnes Moje
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

610 N Florence Sandpoint Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bonner } ss.

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd day of October, 1941

Notary Public, residing at SANDPOINT IDAHO

My commission expires June 3rd 1944

[SEAL]

Signed Wm. F. Moje. Sr.
(Signature of any credible person other than the previous affiant.)

(Street Address, City, State)

Received for filing on ..... By .....
(Registrar's signature)

MAY 13 1969

153-106-028-266

PLACE OF BIRTH

BUREAU OF VITAL STATISTICS

County of Knox

CERTIFICATE OF BIRTH

City of Rathdrum

Registration District No. 14 File No. 34302

No. ____ St.

Primary Registration District No. 2054 Registered No. 826

Hospital ____

FULL NAME OF CHILD Newton Ralph Felhaber

Sex of Child M | Twin, Triplet or other? ____ and Number in order of birth ____ (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Oct 6 (Month) (Day) 1915 (Year)

FATHER	MOTHER
FULL NAME W F Felhaber	FULL MAIDEN NAME Mrs Grace
RESIDENCE Rathdrum	RESIDENCE
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 51 (Years)	AGE AT LAST BIRTHDAY 49 (Years)
BIRTHPLACE Mo	BIRTHPLACE Mo
OCCUPATION Farmer	OCCUPATION Hsw

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born (Born alive or stillborn) at ____M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D D Drennan

MD (Physician or midwife)

Address Rathdrum

Given names added from a supplemental report.

____ 19____

____ Registrar

Filed Oct 10 1915 D D Drennan Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[illegible]

[illegible]
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted] OF IDAHO
[redacted]TAL STATISTICS
[redacted]TE OF BIRTH

Bear Lake

City of Geo Town

Registration District No. _____ File No. 34303

No. _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Gladys Smart

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		Yes	Aug 19 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Parley Smart	FULL MAIDEN NAME	Emma H. C. Monroe
RESIDENCE	Geo Town	RESIDENCE	Geo Town
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Geo Town	BIRTHPLACE	Geo Town
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo T Ashley

(Physician or midwife)

Given names added from a supplemental report

Nov. 18 1915

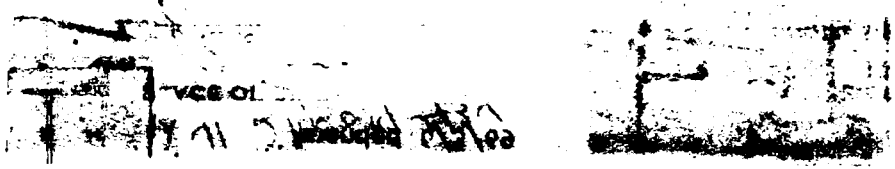
Marion C. Clark
Registrar

Address _____

Filed Aug 1915

Registrar

S-Y CO. 20174



IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED MAY 1 1969 Bureau of Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 34303

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Smart (Name on Original Certificate) who was born (Was Born or Died) on Aug. 19, 1915 (Date of Event)

in George Town, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Add Child's name	Unnamed	Gladys Smart

Subscribed and sworn to before me this 30 day of April, 1969

Elaine W. Webb

Notary Public, residing at Paris, Idaho

My commission expires May 13, 1973

(Seal)

X Signed Mrs Parley G. Smart

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

.....

(Street Address, City, State)

FORM DH 60-155 CL 4/11/69 rec pd rec # 10731

Certificate of Baptism and Confirmation from the LDS Church gives namea as Gladys Smart. Daughter of Parley Smart and Emily Mcammon. Born Aug. 19, 1915 at Georgetown, Idaho. Dated June 8, 1924. Signed by. Marion C. Clark. Viewed by V. S.

JUN 3 1969

Certificate of Blessing gives name as Gladys Smart. From the LDS Church. Daughter of Parley Smart and Emily McCammon. Born Aug. 19, 1915 in Georgetwon, Idaho. Signed by Edwin E. Pinckney. Viewed by V. S.

651-102-004-285

PLACE OF BIRTH

[redacted] IDA[redacted] AL S[redacted] OF B[redacted]

[redacted]S. No. 11-C-20m-2-15-12

County of Bear Lake

City of Geo Town

Registration District No. _____ File No. 34304

No. _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD DURAN ELMER WEAVER

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy		Yes	Aug 2 1915

FATHER		MOTHER	
FULL NAME	Alma Weaver	FULL MAIDEN NAME	Pearl Snyder
RESIDENCE	Geo Town	RESIDENCE	Geo Town
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Bennington	BIRTHPLACE	Afton Wyo
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 109 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo F Cutler

[illegible] (Physician or midwife)

Given names added from a supplemental report

Nov. 18 1915

Marion C Clark Registrar

Address _____

Filed AUG 1915 _____ Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 19 1943

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

Certificate No. 34604

State of Idaho }
County of Bingham } ss.

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth or Death)
for Duran Elmer Weaver (Name on Original Certificate) who Born (Was Born or Died) on Aug. 2. 1915 (Date of Event)
in Georgetown Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible record. (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Duran Elmer Weaver

Subscribed and sworn to before me this 16th day of July, 1943

J. H. Andersen
Notary Public, residing at Blackfoot Idaho
My commission expires Feb. 1 1946
(Seal)

Signed Pearl L. Weaver
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

Blackfoot Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Bingham } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th day of July, 1943

J. H. Andersen
Notary Public, residing at Blackfoot Idaho
My commission expires Feb. 1-1946.
(Seal)

Signed Pearl L. Weaver
(Signature of Any Credible Person Other Than Previous Year)

640 N Phillips
Blackfoot, Idaho
(Street Address, City, State)

DEC 6 1962

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order [illegible] stated.

897[redacted]14-528

[redacted]RTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of New Plymouth

Registration District No. 5

File No. 34305

No. _____ St.

Primary Registration District No. 2009

Registered No. 39

Hospital _____

FULL NAME OF CHILD Evelyn Rowena High

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F.		Yes	Oct 31 1915

FATHER		MOTHER	
FULL NAME	Samuel High	FULL MAIDEN NAME	Ethel Eby
RESIDENCE	New Plymouth	RESIDENCE	New Plymouth
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Penn.	BIRTHPLACE	Kans.
OCCUPATION	Mail carrier.	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm J. Drysdale M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address New Plymouth Ida

_____ 19____

Filed Oct 1915 Wm J. Drysdale

Registrar

Registrar

S-Y-CO 38071

AUG 5 1949

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

15[illegible]26-[illegible]-662

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Falk

No. _____ St.

Hospital _____

Registration District No. 5 File No. 34306

Primary Registration District No. 2009 Registered No. 38

FULL NAME OF CHILD Norman Wilson Andrews

Sex of Child M	Twin / Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth Oct 26 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Alvin N. Andrews	FULL MAIDEN NAME	Leada W. Foote
RESIDENCE	Falk - Ida	RESIDENCE	Falk Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Minn	BIRTHPLACE	Kans
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12.25 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm T. Drysdale M D.

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address New Plymouth

Filed Nov. 1 1915 Wm T. Drysdale

Registrar

Registrar

S-Y-CO 38071

MAR 19 1942

413-215-014-356

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of New Plymouth

No. RFD 1 St.

Registration District No. 5

File No. 34307

Primary Registration District No. 2009

Registered No. 37

Hospital

FULL NAME OF CHILD FERNE ELOISE MATHEWS

Sex of Child: F	Twin / Triplet / or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth: Oct (Month) 15 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Ira F. Mathews	FULL MAIDEN NAME	Hattie Lewis
RESIDENCE	New Plymouth	RESIDENCE	New Plymouth
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Kans.	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm T. Drysdale MD

(Physician or midwife)

Given names added from a supplemental report.

19

Address New Plymouth Ida

Filed Nov. 20 1915 Wm T Drysdale

Registrar

Registrar

S-Y CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Ada } ss.

Certificate No. $ 34307

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of _____ (Birth or Death)
for _____ (Name on Original Certificate) who _____ (Was Born or Died) on _____ (Date of Event)
in _____ (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by _____ (Bible Record, Insurance Policy, Etc.) prepared on _____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Fern Matthews	Ferne Eloise Mathews
father's surname	Matthews	Mathews

Subscribed and sworn to before me this 28
day of Aug., 1942

Notary Public, residing at Boise, Ida

My commission expires 7/14/45
(Seal)

Signed Mrs Harriet L. Mathews
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rt. #1 New Plymouth, Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ }
County of _____ } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____
day of _____, 19____

Notary Public, residing at _____

My commission expires _____
(Seal)

Signed _____
(Signature of Any Credible Person Other Than Previous Year)

_____
(Street Address, City, State)

FEB 9 1960

315-10[redacted]-168

PLACE [redacted]

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

34308

County of [redacted]

City of Jerome

No. ....., ... St.

Hospital .....

Registration District No. 23 File No. .....

Primary Registration District No. 1017-2017 Registered No. .....

FULL NAME OF CHILD VIRGIL LEONARD Lane

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth
Male	—		—	Yes	Nov 2, 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Clarence W Lane	FULL MAIDEN NAME	Gillette Johnson
RESIDENCE	Jerome	RESIDENCE	Jerome
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Iowa	BIRTHPLACE	Illinois
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. D. Pfeil M.D.

(Physician or Midwife)

Given name added from a supplemental report

....., 19.....

Address Jerome

Filed Nov 1 1915 E. D. Pfeil

Registrar Registrar

S-Y CO., 76668

Barnout side village Limits

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Los Angeles }

Certificate No. 34308

FEB 2 1942

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (BIRTH OR DEATH)
for Lane (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on November 2nd 1915 (DATE OF EVENT)
in Jerome, Lincoln County (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed Lane	Virgil Leonard Lane

Subscribed and sworn to before me this 22nd day of January, 19 42

Signed Janet Jemmie Lane
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Notary Public, residing at Redondo Beach, Calif.

My commission expires My Commission Expires February 5, 1944 (SEAL)
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Los Angeles }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 130, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29 day of January, 19 42

Signed Hattie Lee Johnson
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at Redondo Beach

1029 La Vette Street Benton Harbor Mich.
(STREET ADDRESS, CITY, STATE)

My commission expires May 13 1944 (SEAL)

Received for filing on FEB 2 1942 By .....
(REGISTRAR'S SIGNATURE)

168-228-032-23

PLACE OF BIRTH

[redacted]

V. S. No. 11-C—20m-2-15-12

34809

County of Lincoln

City of Jerome

No. ..... St.

Hospital .....

Registration District No. 23 File No. .....

Primary Registration District No. 1017-2017 Registered No. .....

FULL NAME OF CHILD Virginia Leona Johnson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
girl	no		5th	yes	Oct 28 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Jay H. Johnson	FULL MAIDEN NAME	Leona M. Scheer
RESIDENCE	Jerome Ida	RESIDENCE	Jerome
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	King Neb.	BIRTHPLACE	Mason City Iowa
OCCUPATION	farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5th Number of children of this mother now living, including present birth 5th

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Henning M.D.

Jerome Ida (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed Nov 10 1915 E. E. Pipe Registrar

S-Y CO. 20174

Registrar

outside village limits - in Co.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 19 1971

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

756-117-032-962

PLACE OF BIRTH

County of Lincoln

City of Jerome

No. ....., ... St.

Hospital .....

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 23 File No. 34310

Primary Registration District No. 1017-2017 Registered No. .....

FULL NAME OF CHILD Raymond George Jr.

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth
Male	—		—	yes	Oct 17, 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Raymond George	FULL MAIDEN NAME	Elva Robinett
RESIDENCE	Jerome	RESIDENCE	Jerome
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Nebraska	BIRTHPLACE	Colorado
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. D. Pifer M. D.

(Physician or Midwife)

Given name added from a supplemental report

....., 19.....

Address Jerome

Filed Nov 1 1915 E. D. Pifer

Registrar Registrar

S-Y CO., 16669

Born within village limits

MAR 2 8 1973

296-220-032-296

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

34311

County of Lincoln

City of Jerome

Registration District No. 20 File No.

No. ..... St.

Primary Registration District No. 1017-2017 Registered No.

Hospital

FULL NAME OF CHILD Helen Brooks

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	Twin	1	yes	Oct 20, 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Oscar G. Brooks	Emmie G. Brooks
RESIDENCE	Jerome	Jerome
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	24	24
BIRTHPLACE	Arkansas	Arkansas
OCCUPATION	Farmer	House wife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. D. Pyle

(Physician or Midwife)

Address Jerome

Given name added from a supplemental report

....., 19.....

Registrar

Filed Nov 1 1915 E. D. Pyle

Registrar

8-Y CO., 16669

outside limits of Jerome

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

[redacted] 26 1951

DECEASED 9-21-03
ID
03-7484

296-120-032-469

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lincoln

City of Jerome

No. ..... St.

Registration District No. 23 File No. 34312

Primary Registration District No. 107-2017 Registered No. .....

Hospital .....

FULL NAME OF CHILD Herbert Brooks

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	Twin	2	Yes	Oct 20 191[illegible]

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME: Edgar G. Brooks	FULL MAIDEN NAME: Eunice G. Dorman
RESIDENCE: Jerome	RESIDENCE: Jerome
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 24 (Years)	AGE AT LAST BIRTHDAY: 24 (Years)
BIRTHPLACE: Arkansas	BIRTHPLACE: Arkansas
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11:30P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. D. Pfau M.D.

(Physician or Midwife)

Address Jerome

Given name added from a supplemental report

....., 19.....

Registrar

Filed Nov 1 19 17 E. D. Pfau

Registrar

outside Limits of Jerome.

8-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

AUG 7 1972

342-21-032-294

Form V. S. No. 11—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lincoln

City of Jerome

No. ..... St.

Registration District No. 23 File No. 34313

Primary Registration District No. 1017-2017 Registered No. .....

Hospital .....

FULL NAME OF CHILD Unnamed Tubbs ; Ruth Tubbs

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	— (To be answered only in event of plural births)	—	Yes	Nov 17 1915

FATHER		MOTHER	
FULL NAME	John D Tubbs	FULL MAIDEN NAME	Mary Maud Brundage
RESIDENCE	Jerome	RESIDENCE	Jerome
COLOR	White	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Iowa	COLOR	White
OCCUPATION	Laborer	AGE AT LAST BIRTHDAY (Years)	23
		BIRTHPLACE	Minnesota
		OCCUPATION	Housewife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 a. M. on the date above stated.

(Signature) E. D. Pike M.D.

(Physician or midwife)

Address Jerome

Filed Nov 17 1915 E. D. Pike Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y CO. 24656

Born in Co. adjoining village of Jerome.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 1915-34588

392 -1

PLA

BURE HO TATISTICS IRTH

Form V. S. No. 11-C—25m-1-13

County of .....

City of Burley

Registration District No. 117

File No. 34314

No. ..... St.

Primary Registration District No. 2196

Registered No. 409

Hospital .....

FULL NAME OF CHILD Marell Richard Trichner

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			Yes.	Oct. 8th 1915

FATHER		MOTHER	
FULL NAME	M. J. Trichner	FULL MAIDEN NAME	Lillie Okander
RESIDENCE	Burley, Ida.	RESIDENCE	Burley Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 4.45 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M. D.

(Physician or midwife)

Address Burley, Ida

Filed Oct. 9 1915 Dr. J. C. Patterson

Registrar

Given names added from a supplemental report.

..... 19.....

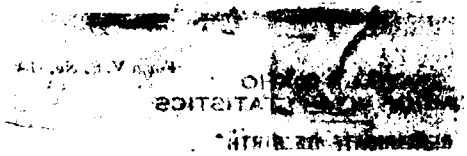
..... Registrar

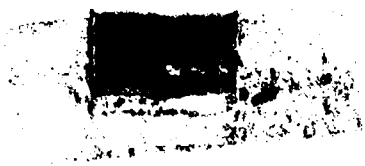
S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.





IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
JUN 8 3 08 PM '77

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Utah
County of Utah } ss.

Certificate No. 34314

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Tischner (Male) (Name on Original Certificate) who was born (Was Born or Died) on Oct 8, 1915 (Date of Event)
in Burley, Idaho (Cassia) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Marell Richard Tischner

Subscribed and sworn to before me this 31st day of May, 19 77

Notary Public, residing at RESIDING AT PROVO, UTAH
My commission expires Commission Expires Oct. 23, 1978
(Seal)

Signed Marell Richard Tischner
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah
County of Utah } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 31st day of May, 19 77

Notary Public, residing at RESIDING AT PROVO, UTAH
My commission expires Commission Expires Oct 23 1978
(Seal)

Signed Thomas M. Tischner
(Signature of Any Credible Person)

2636 So 1935 E
(Street Address, City, State)
Salt Lake City, Ut. 84106

FORM DH 60-155

CL 5-9-77 nm

Certificate of Ordination to the High Priest in the LDS Church gives name as Marell Richard Tischner. dated Nov. 20, 1956. viewed by V. S.

JUN 24 1977

Certif of Blessing from the ~~LS~~ LDS Church gives name as Marell ~~Rixax~~ Richard Tischner son of Michael J. Tischner and Lillie Ackander. born Oct 8, 1915 at Burley, Idaho. Blessed Dec 5, 1915. viewed by V. S.

819-207-010-797

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Form V. S.-No. 11-C—25m-1-1-48

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 117 File No. 34315

Primary Registration District No. 2196. Registered No. 408

FULL NAME OF CHILD VENNA HARPER

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	Single	4	Yes	Oct 7 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Albert Harper	Ada Pratt
RESIDENCE	Burley Idaho	Burley Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	32	26
BIRTHPLACE	Utah USA.	Idaho USA.
OCCUPATION	Farmer.	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 6.9 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. E. E. Graves

Physician

(Physician or midwife)

Address Burley Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Oct 8 1915 Dr. J. C. Patterson Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of CALIFORNIA } ss. SEP 8 1942 Certificate No. 34315

County of Los Angeles } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Venna Harper (Name on Original Certificate) who was born (Was Born or Died) on Oct. 7, 1916 (Date of Event)

in New, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts are shown by Baptism record (Bible Record, Insurance Policy, Etc.) prepared on October 1924 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Venna Harper

Subscribed and sworn to before me this 3rd,

day of September, 1942

James W. Prough

Notary Public, residing at

My commission expires NOTARY PUBLIC

(Seal) [illegible] Los Angeles [illegible] California

Signed Ralph M Pratt

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1039 So. Orchard Drive Inglewood Calif.

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.

County of

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this

day of , 19

Notary Public, residing at

My commission expires

(Seal)

Signed

(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

SEP 2 0 [illegible]

815-107-016-915

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Cassia

City of Burley

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 117 File No. 34316

Primary Registration District No. 2196 Registered No. 407

FULL NAME OF CHILD Milton Hansen Lloyd Milton Hansen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M.		Yes	Oct. 7 1915

FATHER		MOTHER	
FULL NAME	M. L. Hansen	FULL MAIDEN NAME	Cora Randall
RESIDENCE	Burley, Ida.	RESIDENCE	Burley, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7.20 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson

M. D.
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Burley, Ida.

Filed Oct. 9 1915 Dr. J. C. Patterson
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

APR 6 1971

MAR 8 - 1954

DECEASED

366-20A-2016-793

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Form V. S. No. 11-C—Mar 14-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 117 File No. 24317

Primary Registration District No. 2196 Registered No. 406

FULL NAME OF CHILD AGNES VIRGINIA LOWE

Sex of Child Female | Twin Triplet or other? Single and Number in order of birth 3 (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Oct (Month) 1 (Day) 1915 (Year)

FATHER	MOTHER
FULL NAME John T. Lowe	FULL MAIDEN NAME Lillian Gilbert
RESIDENCE Burley Idaho	RESIDENCE Burley Idaho
COLOR White AGE AT LAST BIRTHDAY 27 (Years)	COLOR White AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Idaho USA	BIRTHPLACE Richmond Utah
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 3rd

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 4-45 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. E. E. Evans

Physician (Physician or midwife)

Address Burley Idaho

Given names added from a supplemental report.

..... 19.....

Filed Oct. 2 1915 Dr. J. C. Patterson

Registrar

S-Y CO. 24695

Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of California } ss.
County of Los Angeles }

Certificate No. 34317

JUN 16 1941

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Agnes Virginia Lowe (Name on original certificate) who Born (Was born or died) on 1st October 1915 (Date of event)
in Burley Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Church record (Bible record, insurance policy, etc.) prepared on Baptized 8 year age (Give date) are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
	no name given	Agnes Virginia Lowe

Subscribed and sworn to before me this 27th day of May, 1941.

Irene F. McGuarrie
Notary Public, residing at 141 Compton Blvd.
My commission expires MY COMMISSION EXPIRES APR. 22, 1944
[SEAL]

Signed: Mrs Lillian J Lowe
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

2210 Pine St
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of California } ss.
County of Los Angeles }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th day of May, 1941.

Irene F. McGuarrie
Notary Public, residing at 141 W Compton Blvd.
My commission expires MY COMMISSION EXPIRES APR. 22, 1944
[SEAL]

Signed Mrs H V Bridges
(Signature of any credible person other than the previous affiant)

(Street Address, City, State)

Received for filing on ..... by .....
(Registrar's signature)

P.C. 6-20-41

544-209-016-444

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Cassia

City of Burley

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 117 File No. 34318

Primary Registration District No. 2196 Registered No. 405

FULL NAME OF CHILD Emile Emmett

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Oct 9th 1915

FATHER

FULL NAME: H. R. Emmett

RESIDENCE: Burley, Ida.

COLOR: White AGE AT LAST BIRTHDAY: 25 (Years)

BIRTHPLACE: Utah

OCCUPATION: Bookkeeper

MOTHER

FULL MAIDEN NAME: Harriet Dudley

RESIDENCE: Burley, Ida.

COLOR: White AGE AT LAST BIRTHDAY: 25 (Years)

BIRTHPLACE: Utah

OCCUPATION:

Number of child of this mother, including present birth: 1

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 9-50 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

..... Registrar

(Signature) Dr. J. C. Patterson M. D.

(Physician or midwife)

Address Burley, Ida.

Filed Oct. 11 1915 Dr. J. C. Patterson Registrar

8-Y CO. 24655

APR 2 1948

632-126-016-791

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 117 File No. 34319

Primary Registration District No. 2196 Registered No. 404

FULL NAME OF CHILD Leland Ray Olson

Sex of Child: Male | Twin, Triplet or other? ... and Number in order of birth ... (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth: Oct (Month) 26 (Day) 1905 (Year)

FATHER	MOTHER
FULL NAME: Charles M Olson	FULL MAIDEN NAME: Alice A Grawsbary
RESIDENCE: Burley Idaho	RESIDENCE: Burley Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 47 (Years)	AGE AT LAST BIRTHDAY: 28 (Years)
BIRTHPLACE: Denmark	BIRTHPLACE: Sterling Kansas
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 5th

Number of children of this mother now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 4 P M on the date above stated.

(Signature) Dr F C Crowe MD

Physician (Physician or midwife)

Address Burley Idaho

Filed Oct. 30 1905 Dr F C Patterson Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y CO. 24655

K

APR 30 1962

143-803-016-299

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

CERTIFICATE OF BIRTH

34320

Registration District No. 117 File No. 403

Primary Registration District No. 2196 Registered No. 403

FULL NAME OF CHILD MOSCOE EMANUEL Pickett

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
M.	Twin	2nd	yes.	Oct. 3rd 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	M-Pickett	FULL MAIDEN NAME	Dora Briggs
RESIDENCE	Burley, Ida	RESIDENCE	Burley, Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Penn.
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4:30a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M.D. (Physician or midwife)

Address Burley, Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Oct. 6-15 19..... Dr. J. C. Patterson Registrar

8-Y CO. 24685

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bannock }

Certificate No. 3432

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Moscoe (BIRTH OR DEATH) for Emanuel Pickett (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Oct. 3, 1915 (DATE OF EVENT) in Burley Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by bible record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on date of birth (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Moscoe Emanuel Pickett
(Which twin is this - 1st or 2nd)		(born second)

Subscribed and sworn to before me this 20 day of January, 19 43

Notary Public, residing at Pocatello, Idaho

My commission expires Sept 14, 1944

(SEAL)

Signed Orilla Pickett Blankenship (Mother)

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD: OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

527 West Benton, Pocatello, Idaho

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bannock }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20th day of January, 19 43

Notary Public, residing at Pocatello Ida

My commission expires Sept 14, 1944

(SEAL)

Signed Louisa Pickett Porter

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

257 So 7th

(STREET ADDRESS, CITY, STATE)

Pocatello Ida

Received for filing on By

(REGISTRAR'S SIGNATURE)

JAN 25 1943

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

793103-016-299

Form V. S. No. 11-C—~~25m 1-1~~-18

PLACE OF BIRTH

County of Cassia

City of Burley

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 117 File No. 34321

Primary Registration District No. 2196 Registered No. 402

FULL NAME OF CHILD Pickett, Rosco Briggs

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
M.	Twin	1st	Yes	10-3-15 191 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	M. Pickett	FULL MAIDEN NAME	Dora Briggs
RESIDENCE	Burley, Ida.	RESIDENCE	Burley, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Utah	BIRTHPLACE	Tenn.
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 4.15a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M.D.
(Physician or midwife)

Given names added from a supplemental report.

Address Burley, Ida.

_____ 19____

Filed 10-6-15 19____ Dr. J. C. Patterson
Registrar

_____ Registrar

S-Y CO. 24658

Statement from Mack W. Crouch Notary Public, at Burley, Idaho states he saw the Family Bible of Bulo L. Briggs and Anna Garland Briggs showing that Dora L. Briggs and Mannie Pickett married Dec. 24, 1896 and gave a List of Children for this couple in that list appears the name of Rosco Briggs Pickett born Oct. 3, 1915 at Burley, Idaho. viewedby V.S. and L.D.S. Certificate of Ordination April 12, 1931 gives name as

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Cassia } ss.

Rosco Briggs Pickett - viewed by V.S.

Certificate No. 34321

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Pickett (Name on Original Certificate) who born (Was Born or Died) on 10-3-15 (Date of Event)
in Burley (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Unnamed	~~Unnamed Pickett~~ Rosco Briggs Pickett

Subscribed and sworn to before me this 15th day of October, 1958

Mack W. Crouch

Notary Public, residing at Burley, Idaho

My commission expires May 25, 1961

(Seal)

Signed J. Mannie Pickett
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Declo, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Cassia } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14th day of October, 1958

Mack W. Crouch

Notary Public, residing at Burley, Idaho

My commission expires May 25, 1961

(Seal)

Signed Zella Shaw
(Signature of Any Credible Person)

Declo, Idaho
(Street Address, City, State)

FORM DPH 55. 155

NNCL 5-13-58 1 copy paid

OCT 2 9 1956

363.122.016.845

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34322

Registration District No. 117 File No. .....

Primary Registration District No. 2196 Registered No. 401

FULL NAME OF CHILD Harold Joseph Tolman

Sex of Child Male | Twin Triplet or other? Single | and Number in order of birth 7 (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Oct 22 1915 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME Cyrus A Tolman	FULL MAIDEN NAME Sarah Anne Hunt
RESIDENCE Burley Idaho	RESIDENCE Burley Idaho
COLOR White AGE AT LAST BIRTHDAY 33 (Years)	COLOR White AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Idaho USA	BIRTHPLACE Boise Idaho
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 7th Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 2 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. G. E. Cramer

Physician
(Physician or midwife)

Address Burley Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 10-24 1915 Dr. J. C. Patterson
Registrar

S-Y CO. 24655

c.c. 5/29/41. w.h.

363-109-016-363

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Form V. S. No. 11-C—Rev-1-1-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 117 File No. 34323

Primary Registration District No. 2196 Registered No. 402

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	Twin	1st	No	Oct 9 1915

FATHER		MOTHER	
FULL NAME	—	FULL MAIDEN NAME	Ellis Johnson
RESIDENCE	—	RESIDENCE	Burley Idaho
COLOR	—	COLOR	White
AGE AT LAST BIRTHDAY (Years)	—	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	—	BIRTHPLACE	Oakley Idaho
OCCUPATION	—	OCCUPATION	Housemaid

Number of child of this mother, including present birth One

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 3-0 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. E. Evans M.D.

Physician (Physician or midwife)

Address Burley Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y CO. 24695

Filed 10-11 1915 Mr. J. C. Patterson Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

DUP OF 15-218168

819-219-016-391

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34324

County of Cassia

City of Burley

No. _____ St.

Hospital _____

Registration District No. 117 File No. 399

Primary Registration District No. 2196 Registered No. _____

FULL NAME OF CHILD _____

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	Other		4th	Yes	Oct-19-15 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	David A Harding	FULL MAIDEN NAME	Mary Craver
RESIDENCE	Burley Idaho	RESIDENCE	Burley Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Willard Utah	BIRTHPLACE	Toole Utah
OCCUPATION	Rural Mail Carrier	OCCUPATION	Housewife

Number of child of this mother, including present birth 4th Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 7 9 M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. E. Craver

Physician
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Burley Idaho

Filed Oct-22 1915 Dr. J. C. Patterson
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

BIRTH

BU

J31-210-016-219

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34325

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 117 File No. .....

Primary Registration District No. 2196 Registered No. 348

FULL NAME OF CHILD Enid LuDean Stallings

Sex of Child Fem

Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth

Legitimate? Yes

Date of Birth 9 (Month) 10 (Day) 1915 (Year)

FATHER

FULL NAME W. C. Stallings

RESIDENCE Burley Ida R 2

COLOR W AGE AT LAST BIRTHDAY 27 (Years)

BIRTHPLACE Utah

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Hazel Bailey

RESIDENCE Burley Ida R 2

COLOR W AGE AT LAST BIRTHDAY 27 (Years)

BIRTHPLACE Utah

OCCUPATION Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 a. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson

(Physician or midwife)

Address Burley Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Oct. 25 1915 Dr. J. C. Patterson Registrar

S-Y CO. 24655

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
JUL 18 12 07 PM '75

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Utah } ss.
County of Salt Lake }

Certificate No. 34325
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Stallings (female) (Name on Original Certificate) who was born (Was Born or Died) on Sept. 10, 1915 (Date of Event) in Burley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Enid ~~LueDean~~ Stallings LuDean (C.C.S.)

Subscribed and sworn to before me this 9th day of June, 1975
Linda H. Kesler
Notary Public, residing at Salt Lake City, Utah
My commission expires 6-15-78
(Seal)

Signed Charles C Stallings (Father)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
1140 Emerson Ave Salt Lake City, Utah
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Salt Lake }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th day of June, 1975
Linda H. Kesler
Notary Public, residing at Salt Lake City, Ut
My commission expires 6-15-78
(Seal)

Signed Blanche Sherwin (sister)
(Signature of Any Credible Person)
423 W. Wash. Nampa Idaho
(Street Address, City, State)

FORM DH 60-155 CL 6/3/75 nm

Certif of Blessing from the LDS Church gives name as Enid LuDean Stallings - daughter of Charles Stallings and Hazel Bailey. born Spec. Sept. 10, 1915 at Burley, Idaho. Blessed Oct. 3, 1915 - viewed by V. S.

JUL 17 1975

Insurance policy from Combined Ins. Co. of America gives name as Enid L. Moore. Policy No. 2737244. effective 5-30-66 ; viewed by V. S.

559-114-06-369

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34326

County of Cassia

City of Albion

No. ..... St.

Hospital .....

Registration District No. 117 File No. 1

Primary Registration District No. 2196 Registered No. 397

FULL NAME OF CHILD Jean Hamlin Neimoyer

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	9-14-1915

FATHER		MOTHER	
FULL NAME	Jean H. Neimoyer	FULL MAIDEN NAME	Millie Switchell
RESIDENCE	Albion Ida	RESIDENCE	Albion Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. T. Story M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Burley Ida

Filed 10-25-15 19.... Dr. J. C. Patterson
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss. AUG 4 9 11 AM '77

County of ..... }

Certificate No. 34326

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Neimoyer (male) (Name on Original Certificate) who was born (Was Born or Died) on Sept 14, 1915 (Date of Event)

in Albion, Idaho (Cassia) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Jean Hamlin Neimoyer, Jr.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed ..... (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

..... (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.

County of Jackson }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st day of August, 1977

Notary Public, residing at Medford, Oregon

My commission expires (Seal) My Commission Expires August 3, 1980

Signed Gilbert J Neimoyer (Signature of Any Credible Person)

671 Valley View Rd Talent Ore (Street Address, City, State)

FORM DH 60-155

CL 7/20/77

AUG 30 1977

Certif of Blessing from the LDS Church gives name as Jean Hamblin Neimoyer son of J. H. Neimoyer and Millie Twitchell. born Sept 14, 1915 at Albion, Idaho Blessed Oct 17, 1920. viewed by V. S.

Honorable discharge from the U.S. Amry gives name as Jean H.Neimoyer. born Sept 14, 1915 in Albion, Idaho. date of Sepration June 28.1945. viewed by V. S.

249-24:616-553

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

CERTIFICATE OF BIRTH

34327

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 117 File No. .....

Primary Registration District No. 2196 Registered No. 396

FULL NAME OF CHILD Baby Burgess

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.			yes	Oct. 14th 1915

FATHER		MOTHER	
FULL NAME	Joseph Burgess	FULL MAIDEN NAME	Mary Nelson
RESIDENCE	Burley Ida.	RESIDENCE	Burley Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M. D.

(Physician or midwife)

Address Burley Ida.

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 11-1-15 19.....

Dr. J. C. Patterson
Registrar

8-Y CO. 24698

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STA
BUREAU O

813-106-014-693

PLACE OF BIRTH

[redacted]

Form V. S. No. 11-C—25m-1-1-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Midvale

No. ..... St.

Hospital .....

Registration District No. 87

File No. 34328

Primary Registration District No. 2154

Registered No. .....

FULL NAME OF CHILD ROBERT WILLIAM Hales

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	10 (Month) 6 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	William W Hales	FULL MAIDEN NAME	Laura Hanna Filbert
RESIDENCE	Midvale Idaho	RESIDENCE	Midvale Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	S. D.
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10 M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. A. Schmitz
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Midvale Idaho

Filed Nov 7 19 D. W. H. Marshall
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 21 1942

445.119.044-253

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Crane

No. ..... St.

Hospital .....

Registration District No. 87

File No. 34329

Primary Registration District No. 2104

Registered No. .....

FULL NAME OF CHILD ~~FARRELL DEE~~ Dunham

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Sept. 19 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Eugene Dunham	FULL MAIDEN NAME	Emma Otilda Buchman
RESIDENCE	Crane Idaho	RESIDENCE	Crane Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Mich.
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. Schmitz

Midwife Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Midvale Idaho

Filed Nov 7 19 Dr. W. H. Marshall Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 15 1986

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon }
County of Union } ss.

Certificate No. 34329

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unknown (Name on Original Certificate) who born (Was Born or Died) on ~~Sept.~~ Oct. 14, 1915, (Date of Event)
in Midvale, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by written record (Bible Record, Insurance Policy, Etc.) prepared on soon after birth-1915 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Farrell Dee Dunham
Date	Oct. 14th	Sept. 19, 1915

Subscribed and sworn to before me this 2nd. day of April 1943

Jesse Crum

Notary Public, residing at Elgin, Oregon

My commission expires Feb. 19- 1945.
(Seal)

Signed Mrs Emma Dunham
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Elgin, Oregon
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon }
County of Union } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd day of April 1943

Notary Public, residing at Elgin, Oregon

My commission expires Feb. 19- 1945.
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

Elgin, Oregon,
(Street Address, City, State)

APR 9 1943

APR 1 2 1948

395-221-044-145

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34330

County of Washington

City of Midvale

No. ..... St.

Hospital .....

Registration District No. 87

File No. .....

Primary Registration District No. 2154

Registered No. .....

FULL NAME OF CHILD — Linder

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	10 (Month) 21 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Thos M. Linder	FULL MAIDEN NAME	Martha Ella Cedar
RESIDENCE	Midvale I	RESIDENCE	Midvale
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Mo
OCCUPATION	Labour	OCCUPATION	House Wife

Number of child of this mother, including present birth 8

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12 P.M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. A. Schmitz

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

..... Registrar

Address Midvale I

Filed Nov 7 1915 Dr W. H. Marshall Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

225-107-044-335

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34331

County of Washington

City of Crane

No. ..... St.

Hospital .....

Registration District No. 87

File No. .....

Primary Registration District No. 2154

Registered No. .....

FULL NAME OF CHILD — Skeene

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Oct. 7 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Lewis R Skeene	FULL MAIDEN NAME	Lucinda Emeline Clelland
RESIDENCE	Crane Idaho	RESIDENCE	Crane Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Washington	BIRTHPLACE	Okla.
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. A. Schmitz
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Midvale Idaho

Filed Nov 7 1915 Dr W. H. Marshall
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STAT
BUREAU OF
CERTIFIED

SKEEN

Dep of 1915. 406098

532-113-044-219

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser R#2

Registration District No. 87

File No. 34332

No. ..... St.

Primary Registration District No. 2154

Registered No. .....

Hospital .....

FULL NAME OF CHILD Donald William Elkins

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Oct 13 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	James H Elkins	FULL MAIDEN NAME	Florence L Barnitt
RESIDENCE	Weiser Idaho	RESIDENCE	Weiser Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Ill	BIRTHPLACE	Minn
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 1 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F A Schmidt

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Midvale Idaho

Filed Nov 7, 1915 Dr W H Marshall
Registrar

S-Y CO. 24688

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

OCT 11 1954

493.118 1044-713

PLACE OF BIRTH

[redacted]

DAHO
L STATISTICS
F BIRTH

Form V. S. No. 11-C—20m-2-15-12

County of Wash

City of Midvale

Registration District No. 87

File No. 34333

No. ..... St.

Primary Registration District No. 2154

Registered No. .....

Hospital .....

FULL NAME OF CHILD died Miller

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of Birth
Male	5	yes.	Oct 18 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Ira Miller	FULL MAIDEN NAME	Rosa Palmer
RESIDENCE	Midvale	RESIDENCE	Midvale
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Kansas.	BIRTHPLACE	Middle Valley
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive died 2 hrs after, at 2-9 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr N. H. Marshall

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed Nov 7 19 Dr N. H. Marshall
Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

165-122-044-918

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34334

County of Washington

City of Midvale

No. ..... St.

Hospital .....

Registration District No. 87 File No. .....

Primary Registration District No. 2154 Registered No. .....

FULL NAME OF CHILD Glenn Jones

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	9 (Month) 22 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Woody H Jones	FULL MAIDEN NAME	Clara Ray
RESIDENCE	Midvale Idaho	RESIDENCE	Midvale I
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Kentucky	BIRTHPLACE	Mo
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 5 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fat Chmitz
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Midvale Idaho

Filed Nov 7 19 Dr W H Marshall
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 30 1953

69-21c-044-763

PLACE OF BIRTH

County of Nash

City of Midvale

No. — St.

Hospital —

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 87 File No. 34335

Primary Registration District No. 2154 Registered No.

FULL NAME OF CHILD Marion Frazer

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			Yes	Sept 10 1915

FATHER		MOTHER	
FULL NAME	Clyde Frazer	FULL MAIDEN NAME	Gladys Pattie
RESIDENCE	Midvale	RESIDENCE	Midvale
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. W. H. Marshall

(Physician or midwife)

Address Midvale Ida

Filed Oct 15 1915 Dr. W. H. Marshall

Registrar

Given names added from a supplemental report

..... 19.....

Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RE-
MARGIN RESERVED FOR -

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 3 0 1970

366-126-044719

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Wash

City of Midvale

No. ..... St.

Hospital .....

Registration District No. 87 File No. 34336

Primary Registration District No. 2154 Registered No. .....

FULL NAME OF CHILD RUSSELL MELVIN Cooper

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	3	Yes	Sept 26 1915

FATHER		MOTHER	
FULL NAME	Chris Cooper	FULL MAIDEN NAME	Nellie M. Garner
RESIDENCE	Midvale	RESIDENCE	Midvale
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	50	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Mo.	BIRTHPLACE	Neb.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1215 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr W. H. Marshall

(Physician or midwife)

Address Midvale

Filed Oct 15 1915 Dr W H Marshall Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

NOV 1 0 1942

DECEASED

363-128-044-493

PLACE OF BIRTH

County of Wash

City of Medvale

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 87 File No. 34337

Primary Registration District No. 215-4 Registered No. .....

FULL NAME OF CHILD Forrest Mitchell Forest Cole

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		2	Yes.	Sept 28 0

FATHER		MOTHER	
FULL NAME	William P Cole	FULL MAIDEN NAME	Myrtle Mitchell
RESIDENCE	Medvale	RESIDENCE	Medvale
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Marshall

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address .....

Filed Nov 7 19 15 Dr Marshall Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

12/9/40 L. B.

395.21-044-133

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Wilburs Ida

Registration District No. 87 File No. 34338

No. ____ St.

Primary Registration District No. 2104 Registered No. ____

Hospital ____

FULL NAME OF CHILD Ada Pearl Tinsley

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl			yes	8-11-1913

FATHER		MOTHER	
FULL NAME	William Robt. Tinsley	FULL MAIDEN NAME	Alma Allen
RESIDENCE	Wilburs Idaho	RESIDENCE	Wilburs I
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Montana
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. A. Johnson
Physician
(Physician or midwife)

Address Wilburs Idaho

Filed Nov 7 1913 D W S Marshall
Registrar

Given names added from a supplemental report.

____ 19____

____
Registrar

S-Y CO. 24695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

JUL 1 0 1942

796-106 44-763

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Midvale

No. ..... St.

Hospital

Registration District No. 87

File No. 34339

Primary Registration District No. 2154

Registered No.

Amended 6/23/77

FULL NAME OF CHILD EDWIN BYRD GROGAN

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Aug (Month) 6 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Clarence Arthur Grogan	FULL MAIDEN NAME	Mary Edith Potter
RESIDENCE	Midvale Idaho	RESIDENCE	Midvale Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Mo
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred Schmitz

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Midvale Idaho

Filed Nov 7 1915 Dr N. H. Marshall

Registrar

Registrar

JAY CO. 24685

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
VITAL STATISTICS
JUN 23 2 00 PM '77

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 34339

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unamed (Name on Original Certificate) Unnamed Grogan who was born (Was Born or Died) on August 6, 1915 (Date of Event)

in Midvale, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	omitted	Edwin Byrd Grogan

Subscribed and sworn to before me this 27th day of September, 19 77

Florence Courtright

Notary Public, residing at Byrd

My commission expires 4-20-78

(Seal)

Signed Edwin J Grogan
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

Social Security Card issued 1938 gives name as Edwin B. Grogan, # 519160784 issued by The Social Security Adm.
Viewed by V.S.

JUN 2 3 1977

Certificate of Marriage issued 26 February 1944 lists name of Groom as Edwin Byrd Grogan. viewed by V.S.

795206 044455

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Midvale

No. _____ St.

Hospital _____

Registration District No. 87

File No. 34340

Primary Registration District No. 2154

Registered No. _____

FULL NAME OF CHILD Edna Leora Preston

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	8 (Month) 6 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Richard H Preston	FULL MAIDEN NAME	Anna Bill Denny
RESIDENCE	Midvale I	RESIDENCE	Midvale I
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at _____ M on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. A. Schmitz

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Midvale Idaho

Filed Nov 7 1915 Dr W. H. Marshall Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 1 3 1968

286130-044281

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Crane

No. _____ St.

Hospital _____

Registration District No. 87 File No. 34341

Primary Registration District No. 2154 Registered No. _____

FULL NAME OF CHILD Walter Shook

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Aug. (Month) 30 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Walter L Shook	FULL MAIDEN NAME	Avis Ora Slocum
RESIDENCE	Crane Idaho	RESIDENCE	Crane I
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Nebrask	BIRTHPLACE	Calif.
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 7 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred Schmitz

Physician
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address Midvale Idaho

Filed Nov 7 1915 Dr. W. H. Marshall
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

395·212·04X249

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Wash Co

City of Midvale

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 87 File No. 34342

Primary Registration District No. 2154 Registered No. .....

FULL NAME OF CHILD Myrtle Irene Crey

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of Birth
Female	5 (To be answered only in event of plural births)	yes	Aug (Month) 12 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Charles Crey	FULL MAIDEN NAME	Myrtle Smith
RESIDENCE	Crane	RESIDENCE	Crane
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Madison Neb.	BIRTHPLACE	Kansas
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 12.30 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr N. H Marshall

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address .....

Filed Nov 7 19 15 Dr N H. Marshall Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

335228104299

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Midvale

No. ..... St.

Hospital .....

Registration District No. 87

File No. 34343

Primary Registration District No. 2154

Registered No. .....

FULL NAME OF CHILD ~~Clelland~~ Clelland, Geneva

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	6 (Month) — 28 (Day) — 1915 (Year)

FATHER		MOTHER	
FULL NAME	Elmer O Clelland	FULL MAIDEN NAME	Lovie Kizzier
RESIDENCE	Midvale Idaho	RESIDENCE	Midvale Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. A. Schmitz

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Midvale Idaho

Filed Nov 7 19 Dr W. H. Marshall Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

RECEIVED JUN 13 1966 Bureau of Vital Statistics

State of Idaho } ss.
County of Payette

Certificate No. 34343

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Clelland (female child) (Name on Original Certificate) who was born (Was Born or Died) on June 28, 1915 (Date of Event)
in Midvale, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by school and marriage certs. (Bible Record, Insurance Policy, Etc.) prepared on 2-12-21 and 5-30-35 (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Geneva Etta Clelland

Subscribed and sworn to before me this 9th day of June, 19 66

Notary Public, residing at Payette, Idaho
My commission expires July 5, 1968
(Seal)

Signed Edna Floyd Clelland
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
1153 N 7th St Payette, Idaho 83661
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

one copy pd. rec. #11841.
CL 6-1-66. one copy pd. rec. #13441. Total of 2 copies pd.

Marriage Certificate, State of Nevada, County of Washoe, married May 30, 1933 gives full name of groom as Edwin C. Munger and full name of bride as Geneva Clelland - viewed by V.S.

JUN 30 1966

Statement from Mrs. Velma F. Forsythe, Reg., Payette, Idaho Public Schools, written May 16, 1966 states "We have no exact birthdate for Geneva Clelland, but our records show she was 6 years old upon entering 1st grade on September 12, 1921." - viewed by V.S.

did not submit sufficient documents for adding middle name so full name was added as Geneva Clelland on 6-30-66.

818-205-044-361

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Midvale

No. ..... St.

Hospital .....

Registration District No. 87 File No. 34344

Primary Registration District No. 2154 Registered No. .....

FULL NAME OF CHILD — Hayse, Fredia Lorene

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	7 — 5 — 1915

FATHER		MOTHER	
FULL NAME	Joseph Henry Hayse	FULL MAIDEN NAME	Lula Inez Coats
RESIDENCE	Midvale Idaho	RESIDENCE	Midvale I
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	~~[illegible]~~ Ill	BIRTHPLACE	Mo
OCCUPATION	~~Housewife~~ Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 11 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. A. Schmitz
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Midvale Idaho

Filed Nov 7 19 Dr. W. H. Marshall
Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 21 1958

OCT 24 1957

238-D4104N-413

Form V. S. No. 11-C—25m-1-1-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34345

County of Washington

City of Midvale

No. ..... St.

Hospital .....

Registration District No. 87 File No. .....

Primary Registration District No. 2154 Registered No. .....

FULL NAME OF CHILD Jessie Edward Schwabauer

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	6 (Month) 24 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Edward Schwabauer	FULL MAIDEN NAME	Rosa Lila Mathing
RESIDENCE	Midvale Idaho	RESIDENCE	Midvale Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Washington
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 4 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred Schmitz
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Midvale Idaho

Filed Nov 7 19 15 W. H. Marshall
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

12-15-41

297-118-044-313

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Wash

City of Midvale

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 87 File No. 34346

Primary Registration District No. 2154 Registered No. .....

FULL NAME OF CHILD James Cipe

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of Birth
Male	5 (To be answered only in event of plural births)	Yes	July 18 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	James Cipe	FULL MAIDEN NAME	Lydia Caldwell
RESIDENCE	Crane	RESIDENCE	Crane
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Missouri
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 3 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. W. H. Marshall

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Midvale

Filed Nov 7 19 Dr W. H. Marshall
Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

231-110-074-763

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Ada

City of Midvale

No. ..... St.

Hospital .....

Registration District No. 87 File No. 34347

Primary Registration District No. 2154 Registered No. .....

FULL NAME OF CHILD Edwin Blake

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		3	Yes	July 10 1915

FATHER

FULL NAME Clarence Blake

RESIDENCE Midvale

COLOR White AGE AT LAST BIRTHDAY 34 (Years)

BIRTHPLACE Ada Co

OCCUPATION Rancher

MOTHER

FULL MAIDEN NAME Edith Fallon

RESIDENCE Midvale

COLOR White AGE AT LAST BIRTHDAY 32 (Years)

BIRTHPLACE Midvale

OCCUPATION Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11:30 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Marshall

(Physician or midwife)

Address .....

Given names added from a supplemental report

..... 19.....

Filed Nov 7 19 Dr Marshall

..... Registrar

..... Registrar

5-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

295-128-044363

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Wash

City of Midvale

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34348

Registration District No. 87 File No. .....

Primary Registration District No. 2154 Registered No. .....

FULL NAME OF CHILD — Brittenham

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of Birth
Male	3 (To be answered only in event of plural births)	Yes	July 28 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Chas H. Brittenham	FULL MAIDEN NAME	Lillian Colo
RESIDENCE	Midvale	RESIDENCE	Midvale
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Ill.	BIRTHPLACE	Cambridge
OCCUPATION	Lawyer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 4:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Marshall

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Midvale

Filed Nov 7 19 Dr. W. H. Marshall Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF
BUREAU OF VITA
CERTIFICATE

TH

493.206.040513

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Mullan

No. ..... St.

Hospital .....

Registration District No. 122

File No. 34349

Primary Registration District No. 2200

Registered No. 84

FULL NAME OF CHILD Oiva Eeugen Micki

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Boy	X		X	Yes	4 (Month) 6 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Henry Micki	FULL MAIDEN NAME	Amelia Nakya
RESIDENCE	Mullan Ida	RESIDENCE	Mullan Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Finland	BIRTHPLACE	Finland
OCCUPATION	Mining	OCCUPATION	Wife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2:40 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F W Rolfe M D
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Mullan Ida

Filed Apr 17 1915 H C Mowery
Registrar

Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

Y55-108.040213

Form V. S. No. 11—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Mullan

Registration District No. 122

File No. 34350

No. ..... St.

Primary Registration District No. 2200

Registered No. 85

Hospital .....

FULL NAME OF CHILD John Willard Devine

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Boy	X		X	Yes	4 (Month) 8 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John Devine	FULL MAIDEN NAME	Nellie Bathurst
RESIDENCE	Mullan	RESIDENCE	Mullan Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	Mining	OCCUPATION	Wife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8.25 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F W Rolfs

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Mullan Ida

Filed 4 17 1915 H C Mowery

Registrar

Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 1942

346212.040414

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Mullan

Registration District No. 122

File No. 34351

No. _____ St.

Primary Registration District No. 2200

Registered No. 86

Hospital _____

FULL NAME OF CHILD Irine Tuomala.

Sex of Child Girl	Twin Triplet or other? X and Number in order of birth X (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth April 12 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Andrew Tuomala	FULL MAIDEN NAME	Rusdaava Madelnisia
RESIDENCE	Mullan Ida	RESIDENCE	Mullan Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Finland	BIRTHPLACE	Finland
OCCUPATION	Mining	OCCUPATION	wife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F W Ralfs

(Physician or midwife)

Given names added from a supplemental report.

April 12 1915

F W Ralfs
Registrar

Address Mullan Ida

Filed April 12 1915

H. S. Mowery
Registrar

S-Y CO. 24686

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

699-211-040-213

PLACE OF BIRTH

County of Shoshone

City of Mullan

No. —— St.

Hospital ——

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-1-1-18

CERTIFICATE OF BIRTH

Registration District No. 122 File No. 34353

Primary Registration District No. 2200 Registered No. 88

FULL NAME OF CHILD Irma Hervonen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
g	X	X	yes	June 11 1915

FATHER		MOTHER	
FULL NAME	Henry Hervonen	FULL MAIDEN NAME	Ida Salonen
RESIDENCE	Mullan Ida	RESIDENCE	Mullan Ida
COLOR		COLOR	w
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Finland	BIRTHPLACE	Finland
OCCUPATION	Miner	OCCUPATION	Wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7:40 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) F W Rolfs

(Physician or midwife)

Address Mullan Ida

Filed June 12 1915 H E Mowery Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

X

812-118040-369

Form V. S. No. 15 C- 20m-2-15-12

PLACE OF BIRTH

County of Shoshone

City of Mullan

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 122 File No. 34354

Primary Registration District No. 2200 Registered No. 89

FULL NAME OF CHILD ~~Albin Hassel~~ SELMAT FREDERICK HASSELL

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
boy	X		X	Yes	June 18 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Albin Hassel	FULL MAIDEN NAME	Tena Cornich
RESIDENCE	Mullan	RESIDENCE	Mullan
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Colorado	BIRTHPLACE	Colorado
OCCUPATION	Laborer	OCCUPATION	Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10:10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Rolfs M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Mullan Ida

Filed June 18 1915 F. E. Mowery Registrar

Registrar

S-Y CO. 20174

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Shoshone } ss.

Certificate No. 34354

OCT 23 1947

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Selmat Frederick Hassell (Name on Original Certificate) who Was born (Was Born or Died) on June 18, 1915 (Date of Event)
in Mullan Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by BABY RECORD BOOK (Bible Record, Insurance Policy, Etc.) prepared on JULY 9, 1915 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Albin	Selmat Frederick Hassell

Subscribed and sworn to before me this
day of , 19 .

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California }
County of Nevada } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that She has knowledge of the corrected facts as set forth above and that they are true to the best of ~~his~~ Her knowledge.

Subscribed and sworn to before me this 19
day of October , 1947

Notary Public, residing at Grass Valley Ca

My commission expires 11/28/49
(Seal)

Signed Mrs Lila D. Hoskins
(Signature of Any Credible Person Other Than Previous Year)

233 Maiden Lane
(Street Address, City, State)

OCT 26 1942

154-117-040-857

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

County of Shoshone

City of Mullan

No. — St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34355

Registration District No. 122 File No.

Primary Registration District No. 2200 Registered No. 90

FULL NAME OF CHILD Joseph Roy Anderson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
boy	X		X	yes	July 17 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Claus W Anderson	FULL MAIDEN NAME	Hanna Hegna
RESIDENCE	Mullan	RESIDENCE	Mullan
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Sweden	BIRTHPLACE	Wisconsin
OCCUPATION	Carpentering	OCCUPATION	Wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 430 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Address Mullan Ida.

Filed July 17 1915 H C Mowery Registrar

Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JUN 2 4 1942

DECEASED

764-101-040-815

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34356

County of Shoshone

City of Mullan

No. ..... St.

Hospital .....

Registration District No. 122 File No. .....

Primary Registration District No. 2200 Registered No. 91

FULL NAME OF CHILD not named.

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
boy	x		x	yes	Aug (Month) 1 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	C M Gould	FULL MAIDEN NAME	Anna Hang
RESIDENCE	Mullan Ida	RESIDENCE	Mullan
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	New Jersey	BIRTHPLACE	Mont
OCCUPATION	Mill man	OCCUPATION	Wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F W Rolfs

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Mullan Ida

Filed Aug 1 1915 H E McWerry

Registrar

Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

689-106:040-719

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

County of Shoshone

City of Mullan

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34357

Registration District No. 122 File No. .....

Primary Registration District No. 2200 Registered No. 92

FULL NAME OF CHILD Herman Whitehurst

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
b	X		X	yes	Oct 6 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	George Alfred	FULL MAIDEN NAME	Ethel Irene Garner
RESIDENCE	Mullan Ida	RESIDENCE	Mullan Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Ill	BIRTHPLACE	Ill
OCCUPATION	Mining	OCCUPATION	Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8:40 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Rolfe

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Mullan Ida

Filed Oct 12 1915 H. C. Mowery
Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

2 FATHER

365-208-040344

PLACE OF BIRTH

Form V. S. No. 11—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Mullan

No. ..... St.

Hospital .....

Registration District No. 122 File No. 34358

Primary Registration District No. 2200 Registered No. 93

FULL NAME OF CHILD Dorthy Norine Conard

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
G	X		X	Yes	Oct 8 1915

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Cecil Neil Conard	FULL MAIDEN NAME	Cora Cuddy
RESIDENCE	Mullan	RESIDENCE	Mullan
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Arkansas	BIRTHPLACE	Indiana
OCCUPATION	Mining	OCCUPATION	Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1230 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F W Ralfs

(Physician or midwife)

Address Mullan Ida

Given names added from a supplemental report.

..... 19.....

Filed Oct 12 1915 H F Mowery

..... Registrar

Registrar

S-Y CO. 24656

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 16 1969

813-115-040-453

PLACE OF BIRTH

County of Shoshone

City of Wallace

No. _____ St.

Hospital Providence

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-1-1-18

CERTIFICATE OF BIRTH

34359

Registration District No. 122 File No. _____

Primary Registration District No. 2200 Registered No. 94

FULL NAME OF CHILD Clifford Leroy Hall

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
boy	X	X	Yes	Oct 15 1913

FATHER		MOTHER	
FULL NAME	Harry H Hall	FULL MAIDEN NAME	Zadee Dedricks
RESIDENCE	Mullan	RESIDENCE	Mullan
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Kansas
OCCUPATION	Compressa Man	OCCUPATION	Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 7:50 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) F W Ralph

Physician

(Physician or midwife)

Address [illegible] Mullan Ida.

Filed Oct 25 1913 H. C. Mowery Registrar

S-Y CO. 24656

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

.....SION RESERVED FOR BINDING

OCT 23 1962

Dep of 1915 35312

319-120-040V62

PLACE OF BIRTH

County of Shoshone

City of Mullan

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-1-1-18

CERTIFICATE OF BIRTH

Registration District No. 122 File No. 34360

Primary Registration District No. 2200 Registered No. 95

FULL NAME OF CHILD Franklin Edward Carlson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
boy	X	X	Yes	Oct 20 1913

FATHER		MOTHER	
FULL NAME	Oscar Edward Carlson	FULL MAIDEN NAME	Hulda Moberg
RESIDENCE	Mullan	RESIDENCE	Mullan
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Sweden
OCCUPATION	Mining	OCCUPATION	wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11'06 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F W Ralfs

Physician

(Physician or midwife)

Address Mullan Idaho

Filed Oct 30 1913 H C Mowery

Registrar

Given names added from a supplemental report.

_____ 19____

_____ Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 17 1941

JAN 1 0 1945

699-223-040-753

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

County of Shoshone

City of Mullan

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34361

Registration District No. 122 File No. .....

Primary Registration District No. 2208 Registered No. 96

FULL NAME OF CHILD Violet Inola Wirta

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
g	X		X	yes	Oct 23 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Victor Wirta	FULL MAIDEN NAME	Mammie Peterson
RESIDENCE	Aberdine Washington	RESIDENCE	Mullan Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Finland	BIRTHPLACE	Finland
OCCUPATION	Laborer	OCCUPATION	Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 1 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F W Rolfs

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Mullan Ida

Filed Oct 29 1915 H C Mowery
Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

993-227-040-365

Form V. S. No. 11—25m-1-1-18

PLACE OF BIRTH

County of Shoshone

City of Mullan

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34362

Registration District No. 122 File No. .....

Primary Registration District No. 2200 Registered No. 97

FULL NAME OF CHILD Minnie Elsie Richardson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Girl	X		X	Yes	Oct 27 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Walker C. Richardson	FULL MAIDEN NAME	Adah Eleanor Conrad
RESIDENCE	Mullan Ida	RESIDENCE	Mullan Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Iowa
OCCUPATION	Janitor of Public School	OCCUPATION	Wife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 7:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Rolfs

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Mullan Ida

Filed Nov 1 1915 H. C. Mowery

Registrar Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 13 1972

666.712.041.249

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

[redacted]ATE OF IDAHO
[redacted]OF VITAL STATISTICS

[redacted]ERTIFICATE OF BIRTH

County of Teton

City of Bates

No. ..... St.

Hospital .....

Registration District No. [redacted]0

File No. 34363

Primary Registration D[redacted]o. 212

Registered No. .....

FULL NAME OF CHILD Archie Samuel Woods

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	11 (Month) 12 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Wm S Woods	FULL MAIDEN NAME	Annetta Smith
RESIDENCE	Bates Idaho	RESIDENCE	Bates Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Willard City Utah	BIRTHPLACE	Smithfield Utah
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10 20 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. F. Roseman M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19...

Address Driggs Idaho

Filed 11-24 1915 Geo. W. Clearline
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 2 7 1976

493-201-004-753

PLACE OF BIRTH

Form V. S. No. 11—10m-2-15-12

[redacted] OF IDAHO
[redacted] VITAL STATISTICS
[redacted] ATE OF BIRTH

County of Bear Lake

City of St Charles

Registration District No. 58 File No. 34364

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Nora Laurana

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Nov (Month) 1 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	John A Michaelsen	FULL MAIDEN NAME	Nora M Peterson
RESIDENCE	St Charles	RESIDENCE	St Charles
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	St Charles	BIRTHPLACE	St Charles
OCCUPATION	Farmer	OCCUPATION	H W

Number of child of this mother, including present birth 3rd Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A D Cooley

M D (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Paris

Filed Nov 25 1915 John Mattson Registrar

..... Registrar

S-Y CO. 20175

K

169-114-005291

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

34366

County of Bannock

City of Pocatello

No. 505 S 12th St.

Hospital Home

Registration District No. 84 File No. 17

Primary Registration District No. 2161 Registered No. 837

FULL NAME OF CHILD ~~Not Named~~ Ernest Newton Jordan

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male	2	yes	July (Month) 14 (Day) 1915 (Year)

FATHER	MOTHER
FULL NAME Frank Jordan	FULL MAIDEN NAME Beatrice Bradshaw
RESIDENCE Pocatello, Idaho 505 S 12th St	RESIDENCE Pocatello, Idaho
COLOR White AGE AT LAST BIRTHDAY 82 (Years)	COLOR White AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE Olive Hill Kentucky	BIRTHPLACE Denton Kentucky
OCCUPATION mail carrier	OCCUPATION Housewife

Number of child of this mother, including present birth 2nd Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3:10 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A M Newton M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Pocatello, Idaho

Filed Oct 1st 1915 [signature] Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 28 1942

PLACE OF BIRTH

JUL 30 1974

845-104003-813

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34367

County of Bannock

City of Pocatello

No. 4 mi.E.of Inkom St.

Hospital -------

Registration District No. 84

File No. 17

Primary Registration District No. 2161

Registered No. 838

FULL NAME OF CHILD Eugene Nehemiah Hunt

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	------- (To be answered only in event of plural births)		----------	Yes	Aug 4 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wm Sherman Hunt	FULL MAIDEN NAME	Mary Elizebeth Hall
RESIDENCE	4 mi.E.of Inkom	RESIDENCE	4 mi.E.of Inkom
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	55 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Bond County Ill.	BIRTHPLACE	Denver Colorado
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 3-10 P M on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Howard, MD
(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19....

Address Kane Bldg. Pocatello Ida

Filed Sept 14 1915 O B [illegible]

Registrar

Registrar

8-Y CO. 24695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

243.206.003-316

PLACE OF BIRTH

[redacted] OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

CERTIFICATE OF BIRTH

34368

County of Bannock

City of Pocatello

No. 430 N.7th St.

Hospital -P----

Registration District No. 84 File No. 17

Primary Registration District No. 2161 Registered No. 839

FULL NAME OF CHILD Prudence Elain Buttcane

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
female	------		--------	Yes	Aug. 6 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME: Lemuel James Buttcane	FULL MAIDEN NAME: Florence Lawson
RESIDENCE: 430 N.7th Av	RESIDENCE: 430 N7th Av
COLOR: white — AGE AT LAST BIRTHDAY: 22 (Years)	COLOR: white — AGE AT LAST BIRTHDAY: 19 (Years)
BIRTHPLACE: Logan Utah	BIRTHPLACE: Beaver Canyon Ida
OCCUPATION: Boiler maker	OCCUPATION: Housewife

Number of child of this mother, including present birth two

Number of children of this mother now living, including present birth two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2-50 A M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Howard M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Kane Bldg Pocatello Ida

Filed Sep 19, 1915 O B Seely

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

JUN 27 1966

313.115-005-245

PLACE OF BIRTH — AMENDED 7/27/50

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 952 W. Center St.

Registration District No. 84 File No. 34369

Hospital

Primary Registration District No. 2161 Registered No. 841

FULL NAME OF CHILD Jack Bunce Latimer
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Aug. 15, 1915

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Dana Latimer	FULL MAIDEN NAME	Mabel Bunce
RESIDENCE	Pocatello	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Stenographer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 11:15 P. M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

(Signature) F. M. Ray

Physician
(Physician or midwife)

Address Pocatello, Idaho

Filed Sept. 20, 1915 O. R. Steely
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada }

Certificate No. 34369

Date Filed)

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed (Name on Original Certificate) who (Was Born or Died) born on Aug 15, 1915 (Date of Event)
in Pocatello, Ida. (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Church (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Omitted	Dana Bunce Latimer

Subscribed and sworn to before me this 20th
day of March, 19 47

Maria E. Orr
Notary Public, residing at Boise, Idaho
My commission expires 6-24-45
(Seal)

Signed Geneva Atkinson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19 .

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of .....

Certificate No. 34369
Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name of Child	Dana Bunce	Jack Bunce Latimer

Subscribed and sworn to before me this 26th day of July, 19[illegible]

Notary Public, residing at Boise, Ida.
My commission expires .....
(Seal)

Signed Mrs. Mabel Hewitt
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of .....

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

365-119 1039-259

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VI[illegible]CS
CERTIFIC[illegible]

[illegible] V. S. N[illegible]

34371

County of Power

City of Ranch - Rattlesnake
crystal Idaho

Registration District No. 84 File No. 17

No. ..... St.

Primary Registration District No. 2[illegible]1 Registered No. 842

Hospital .....

FULL NAME OF CHILD Wallace Hugh Connelly

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	Yes	Aug 19th 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

	FATHER		MOTHER
FULL NAME	Chas Russell Connelly	FULL MAIDEN NAME	Lenora Margaret Bezold
RESIDENCE	Rattlesnake - near Crystal	RESIDENCE	Crystal Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Concordia Kan	BIRTHPLACE	Lockwood, Mo.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Aug 19/15 at 6 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H A Castle

MD

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Pocatello Idaho

Filed Sept 10, 1915 O B Steele

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 21 1954

385-119-603-619

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34372

County of Bannock

City of Pocatello

No. 555 S.6th Av St.

Hospital ------ - ---

Registration District No. 84. File No. 17

Primary Registration District No. 2161 Registered No. 843.

FULL NAME OF CHILD Phillip Warren Cheney

Sex of Child Male	Twin Triplet or other? --- and Number in order of birth ------ (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth Aug (Month) 19 (Day) 1915 (Year)

FATHER	MOTHER
FULL NAME Herbert D Cheney	FULL MAIDEN NAME Edna M Warren
RESIDENCE 555 S.6th Av.	RESIDENCE 555 S.6th Av
COLOR White AGE AT LAST BIRTHDAY 42 (Years)	COLOR White AGE AT LAST BIRTHDAY 35 (Years)
BIRTHPLACE Barnstable Mass	BIRTHPLACE Topeka Kans.
OCCUPATION Instructor at college	OCCUPATION Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 9-35 P M on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Howard M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19...

Address Kane Bldg Pocatello Ida

Filed Sept 14, 1915 O B Tuck
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 2 0 1976

867-120-003-168

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

34373

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 531 W. Bonneville St.

Hospital

Registration District No. 84 File No. 17

Primary Registration District No. 2161 Registered No. 844

FULL NAME OF CHILD Henry William Hopson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	✓		✓	Yes	Aug 30 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	James E. Hopson	FULL MAIDEN NAME	Alice Johnson
RESIDENCE	531 W. Bonneville	RESIDENCE	531 W. Bonneville
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Idaho Falls - Ida	BIRTHPLACE	Logan Utah
OCCUPATION	Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth One

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Francis H Poole

M.D. (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Kane Bldg - Pocatello Ida

Filed Oct 10, 1915 [signature] Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 30 1942

619-220-003.655

PLACE OF BIRTH

Form V. S. No. 11-C—20m-3-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34374

County of Bannock

City of Pocatello

No. 1603 N. Main St.

Hospital home

Registration District No. 84 File No. 17

Primary Registration District No. 2161 Registered No. 845

FULL NAME OF CHILD Violet Ellen Warrington

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		Yes	Aug. 20 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Laird Bernie Warrington	FULL MAIDEN NAME	Irene Dyre Wentzell
RESIDENCE	1603 N. Main St	RESIDENCE	1603 N. Main St.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Camden New Jersey	BIRTHPLACE	Always New Jersey
OCCUPATION	Boiler maker	OCCUPATION	Housekeeping

Number of child of this mother, including present birth Seven

Number of children of this mother now living, including present birth Seven

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9.45 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Annie Bird

Midwife (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address 905 So. Main St

Filed Sept 27 1915

P B Seely Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 12 1960

751-222-003434

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

34375

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello,

Registration District No. 84 File No. 17

No. 257 So. Third Ave.

Primary Registration District No. 2161 Registered No. 8 1 2

Hospital

FULL NAME OF CHILD Peary.

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female	✓		✓	yes	8 - 22 - 1915

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME: Austin P. Peary, (Peary)	FULL MAIDEN NAME: Edith G. McDermott
RESIDENCE: Pocatello, Ida.	RESIDENCE: Pocatello, Ida.
COLOR: white — AGE AT LAST BIRTHDAY: 26 (Years)	COLOR: white — AGE AT LAST BIRTHDAY: 20 (Years)
BIRTHPLACE: Alpine, Utah.	BIRTHPLACE: Montpelier, Ida.
OCCUPATION: Brakeman.	OCCUPATION: Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 2 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O B Steely

(Physician or midwife)

Given names added from a supplemental report.

19

Address Pocatello Idaho

Filed 9-1- 1915 O B Steely

Registrar Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

Do not write in this margin. Use a separate sheet for each item. Write the name and the number of each item.

PLACE OF BIRTH

County of .....

City of .....

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... File No. .....

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other	Number of order of birth	Legitimate	Date of Birth (Month) (Day) (Year)
	(To be answered on the date of birth)			

FATHER	MOTHER
FULL NAME	FULL MAIDEN NAME
RESIDENCE	RESIDENCE
COLOR — AGE AT LAST BIRTHDAY (Years)	COLOR — AGE AT LAST BIRTHDAY (Years)
BIRTHPLACE	BIRTHPLACE
OCCUPATION	OCCUPATION

Number of child of this mother, including present birth ..... Number of children of this mother now living, including

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child who was on the date above stated.

(Signature)

(Physician or midwife)

*Whenever there is no attending physician or midwife then the father, householder, or owner of the same, this return. A statement of the birth of this mother, whether or not the mother of the child, is not a matter of the birth.

Three names added from a supplemental report

Address .....

Filed ..... 19 ..... Registrar

B-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

381-122-003-699

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34376

County of Bannock

City of Pocatello

No. 416 N. Arthur St.

Hospital

Registration District No. 84 **File No.** 17

Primary Registration District No. 2161 **Registered No.** 847

FULL NAME OF CHILD William John Chapman

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male				Yes	Aug (Month) 22 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Floyd Earl Chapman	FULL MAIDEN NAME	Amelia Elinor Wirschinga
RESIDENCE	Pocatello, Ida	RESIDENCE	Pocatello, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Denver, Colo	BIRTHPLACE	Ossian, Iowa
OCCUPATION	Cook	OCCUPATION	H Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 25 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H A Castle

M D (Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address Pocatello, Idaho

Filed Sep 10, 1915 O Beely Registrar

S-Y CO. 20174

APR 13 1942

493225-003-815

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34377

County of Bannock,

City of Pocatello, Ida.

Registration District No. 84 File No. 17

No. 137 N. Lincoln, St.

Primary Registration District No. 2161 Registered No. 848

Hospital

FULL NAME OF CHILD Mitchell,

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
female	✓		✓	yes	8-25-1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	San Louis Mitchell,	FULL MAIDEN NAME	Alice L. Hansen
RESIDENCE	Pocatello, Ida.	RESIDENCE	Pocatello
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	California.	BIRTHPLACE	Black Hawk, Colo.
OCCUPATION	Blacksmith	OCCUPATION	housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 5 45 a M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O B Seely

(Physician or midwife)

Given names added from a supplemental report.

Address Pocatello Idaho

19

Filed 9-1-1915 O B Seely

Registrar Registrar

S-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C-25m -1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of .....

City of .....

No. ..... St.

Hospital .....

Registration District No. ..... File No. .....

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth ..... 191... (Month) (Day) (Year)
	(To be answered only in event of plural births)				

FATHER		MOTHER	
FULL NAME		FULL MAIDEN NAME	
RESIDENCE		RESIDENCE	
COLOR	AGE AT LAST BIRTHDAY ..... (Years)	COLOR	AGE AT LAST BIRTHDAY ..... (Y)
BIRTHPLACE		BIRTHPLACE	
OCCUPATION		OCCUPATION	

Number of child of this mother, including present birth ..... Number of children of this mother now living, includ'

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was on the date above stated. ..... (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

(Physician or midwife) .....

Given names added from a supplemental report.

..... 19 Address .....

..... Filed ..... 19 .....

Registrar Registrar

8-Y CO. 24888

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

569-131-003-292

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

4
34378

County of Bannock

City of Pocatello

No. 115 N. 5th St.

Registration District No. 84 File No. 14

Primary Registration District No. 2161 Registered No. 651

Hospital

FULL NAME OF CHILD Sadao Noritake

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	c (To be answered only in event of plural births)	c	yes	Aug 31, 1915

FATHER

FULL NAME Shita Noritake

RESIDENCE Pocatello Idaho

COLOR brown AGE AT LAST BIRTHDAY 40 (Years)

BIRTHPLACE Japan

OCCUPATION Prop Lunchroom

MOTHER

FULL MAIDEN NAME Masa Kushi

RESIDENCE Pocatello Idaho

COLOR brown AGE AT LAST BIRTHDAY 34 (Years)

BIRTHPLACE Japan

OCCUPATION housework

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. B. Steely

(Physician ~~or midwife~~)

Address Pocatello Idaho

Given names added from a supplemental report

.....19.....

Registrar

Filed Sep 3, 1915 O. B. Steely

Registrar

8-Y CO. 20174

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

First Certified copy issued 6188

April 11, 1938

Dup 00 1915-51218

Pocatello, Idaho. January 6th, 1917.

Dr. O. B. Steely,

Pocatello, Idaho.

Dear Sir:-

I would greatly appreciate your correcting records of attached Birth Certificate of Sadao Noritake as follows:

FULL NAME OF CHILD

Insert - Sadao Noritake

FULL NAME OF FATHER

Insert - Sekita Noritake

FULL MAIDEN NAME OF MOTHER

From - M. Kishi

To - Masae Kishi

Thanking you very kindly, I am

Very truly yours,

[signature]

455231-003-693

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34379

County of Bannock

City of Pocatello

No. North 11th St.

Hospital Home

Registration District No. 84 File No. 17

Primary Registration District No. 2161 Registered No. 854

FULL NAME OF CHILD Not Named

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	Twin	1st	Yes	Aug (Month) 31 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	James Henry Menchu	FULL MAIDEN NAME	Libby Williamson
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Eureka N.C.	BIRTHPLACE	Goldsburough N.C.
OCCUPATION	Machenist	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 2 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Newton

(Physician or midwife)

Address Pocatello, Idaho

Filed Oct 3d 1915 [signature] Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

455-03-0003-693

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. North 4th St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-2-15-12

CERTIFICATE OF BIRTH

Registration District No. 84 File No. 17 34380

Primary Registration District No. 2161 Registered No. 85[illegible]

FULL NAME OF CHILD Lillian Menchu

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	Twin	1st	Yes	Aug 31 1915

FATHER		MOTHER	
FULL NAME	John Henry Menchu	FULL MAIDEN NAME	Libby Williamson
RESIDENCE	Pocatello, Idaho	RESIDENCE	Pocatello Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Eureka N C	BIRTHPLACE	Goldsboro N C
OCCUPATION	Machinist	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 2:55 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A.M. Newton

(Physician or midwife)

Address Pocatello Ida

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed Oct 3d 1915 [illegible]
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

719-131-003-293

PLACE OF BIRTH

Form V. S. No. 11-C—90

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

L

3438

County of Bannock

City of Pocatello

No. 806 W. Subblet St.

Hospital home

Registration District No. 84 File No. 17

Primary Registration District No. 2161 Registered No. 85

FULL NAME OF CHILD Arthur James Parker

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Aug. (Month) 31 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Arthur Parker	FULL MAIDEN NAME	Lillian Kite
RESIDENCE	806 W. Subblet	RESIDENCE	806 W. Subblet
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	England	BIRTHPLACE	England
OCCUPATION	upholstering	OCCUPATION	Housekeeping

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Annie Bird

Midwife (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address 905 So. Main St.

Filed Sept 27 1915

Registrar

Registrar

S-Y CO. 20174

JAN 4 1966
JAN 21 1966

313-227-003-296

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 235 W. Bridge St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-3-15

CERTIFICATE OF BIRTH

Registration District No. 84 File No. 17 34382

Primary Registration District No. 2161 Registered No. 847

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Aug 27 1915

FATHER		MOTHER	
FULL NAME	Grant E. Packley	FULL MAIDEN NAME	Bertha Bromm
RESIDENCE	Pocatello, Idaho	RESIDENCE	Pocatello, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Fredonia, W. Y.	BIRTHPLACE	Richmond, Mich
OCCUPATION	Coach Carp.	OCCUPATION	Wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. A. Castle M.D.

(Physician or midwife)

Address Pocatello, Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed Sept 10, 1915 O. F. Healy
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

655-130-003666

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 840 E. Lander St.

Hospital Hansen

Registration District No. 84 File No. 14383

Primary Registration District No. 2161 Registered No. 851

FULL NAME OF CHILD James William O'Neill

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		1st	Yes	Aug 30 1915

FATHER	MOTHER
FULL NAME: James Paul O'Neill	FULL MAIDEN NAME: Harriet Blanche Woodall
RESIDENCE: 840 E Lander Pocatello, Idaho	RESIDENCE: Pocatello
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 25 (Years)	AGE AT LAST BIRTHDAY: 25 (Years)
BIRTHPLACE: Lima, Ohio	BIRTHPLACE: Wapakoneta, Ohio.
OCCUPATION: Machinist	OCCUPATION: Housewife

Number of child of this mother, including present birth: 1

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11:35 A. M. on the date above stated.

(Signature) A. M. Newton

(Physician or midwife)

Address Pocatello, Idaho

Filed Oct 3d 1915

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE
BUREAU OF
CERTIFICATE

BIRTH DEC 26 1967

APR 23 1954

DEC 17 1974

MAY 5 1975

JUL 8 1976

JAN 2 1952

JAN 22 1952

556215-003-719

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-1

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 838 E Clark *St.*

Hospital

Registration District No. 84 **File No.** VI 34384

Primary Registration District No. 2161 **Registered No.** 852

FULL NAME OF CHILD Helen Isabelle Newton

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		Yes	Aug (Month) 15 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	A M. Newton	FULL MAIDEN NAME	Florence H. Parsons
RESIDENCE	Pocatello, Idaho 838 E Clark	RESIDENCE	838 E Clark Pocatello Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Cuba, Ill.	BIRTHPLACE	Dwight, Ill
OCCUPATION	Physician	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 3:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Address Pocatello Idaho

Filed Nov 20, 1915 [signature]

Registrar

Given names added from a supplemental report

..... 19.....

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

[illegible]

[illegible]

[illegible]

363-128 [redacted]

Form V. S. No. 11-C—20m-2-15-12

PLAC[redacted]O

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34385

County of Bannock

City of Pocatello

No. 639 No. Main St.

Registration District No. 84 File No. 17

Primary Registration District No. 2161 Registered No. 850.

Hospital

FULL NAME OF CHILD Lyle Ellsworth Cochran

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M.		Yes	8 28 1915

FATHER		MOTHER	
FULL NAME	Harry Lyle Cochran	FULL MAIDEN NAME	Veta Meek West
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello Idaho
COLOR	W AGE AT LAST BIRTHDAY 28 (Years)	COLOR	W AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE	Tecumseh Nebr.	BIRTHPLACE	Garden City Mo.
OCCUPATION	Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8.15 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician ~~or midwife~~)

Given names added from a supplemental report

19

Address Pocatello Idaho

Filed Sept 10, 1915 [signature]

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

386 - [illegible]

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34386

County of Bannock

City of Pocatello

No. 236 N.5th St.

Hospital ----

Registration District No. 84 File No. 19

Primary Registration District No. 2161 Registered No. 351

FULL NAME OF CHILD Harold Ralph Thomas

Sex of Child Male	Twin Triplet or other? ---- and Number in order of birth ---- (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth Aug (Month) 29 (Day) 5 (Year) 191

FATHER	MOTHER
FULL NAME John Ralph Thomas	FULL MAIDEN NAME Martha Nielson
RESIDENCE 236 N. 5th	RESIDENCE 236 N.5th
COLOR White AGE AT LAST BIRTHDAY 22 (Years)	COLOR white AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE Bountiful Utah	BIRTHPLACE A Arahust Denmark
OCCUPATION Fireman	OCCUPATION Housewife

Number of child of this mother, including present birth one

Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 5-13 P M on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Howard, M.D.

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19....

Address Kane Bldg Pocatello Ida

Filed Sep 14, 1915 O. B. Bieck

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 23 1968

JUN 9 1954

343-130-003-386

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34387

County of Bannock

City of Pocatello,

No. 646 N. Hayes, *St.*

Hospital

Registration District No. 84 File No. 19

Primary Registration District No. 2161 Registered No. 914

FULL NAME OF CHILD Cullen,

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	✓		✓	yes	Oct 30 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	James F. Cullen,	FULL MAIDEN NAME	Botilla Thompson,
RESIDENCE	Pocatello, Ida.	RESIDENCE	Pocatello, Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	55 (Years)	AGE AT LAST BIRTHDAY	41 (Years)
BIRTHPLACE	Ft. Washington, Wisc.	BIRTHPLACE	Richmond, Utah
OCCUPATION	Railroad Foreman,	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5:35 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O B Steely

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Pocatello Idaho

Filed Nov 1, 1915 O B Steely

Registrar Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

249-230-003-294

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34388

County of Bannock,

City of Pocatello,

No. 427 E. Clark. *St.*

Hospital

Registration District No. 84 File No. 19

Primary Registration District No. 2161 Registered No. 913

FULL NAME OF CHILD Smith

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
female	4	✓	yes	10 (Month) 30 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Jess Smith (Deceased)	FULL MAIDEN NAME	Ida Simmons
RESIDENCE	~~Pocatello, Ida~~	RESIDENCE	Pocatello, Ida
COLOR	black	COLOR	black
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	✓	BIRTHPLACE	✓
OCCUPATION	Laborer,	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was 2 (Born alive or stillborn) at 2:30 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O B Seely

(Physician ~~or midwife~~)

Given names added from a supplemental report.

Address Pocatello Idaho

19

Filed 11-1- 1915 O B Seely

Registrar Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

386-129-003-966

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 838 W Bridger St.

Hospital

Registration District No. 84 File No. 19 34389

Primary Registration District No. 2161 Registered No. 912

FULL NAME OF CHILD not named.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male		yes	Oct 29 1915

FATHER	MOTHER
FULL NAME Ernest E. Thorpe	FULL MAIDEN NAME Alma Rood
RESIDENCE 838 W. Bridger, Pocatello, Idaho	RESIDENCE Pocatello, Idaho
COLOR White AGE AT LAST BIRTHDAY 28 (Years)	COLOR White AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE Nyssa, Oregon	BIRTHPLACE Lago, Idaho
OCCUPATION Tinner	OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1:15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Newton

(Physician or midwife)

Address Pocatello Idaho

Filed Nov 20, 1915 [signature] Registrar

Given names added from a supplemental report

..... 19.....

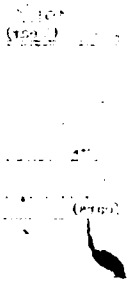
..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



251-228-003-396

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34390

County of Bannock

City of Pocatello

No. 256 S. Johnson *St.*

Hospital ------

Registration District No. 84 File No. 19

Primary Registration District No. 2161 Registered No. 910

FULL NAME OF CHILD Grace Evalyn Keane

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	------		------	yes	10 (Month) 28 (Day) 5 (Year) 191

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Fred Keane	FULL MAIDEN NAME	Phoebe Croxall
RESIDENCE	256 S. Johnson St.	RESIDENCE	256 S. Johnson
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Pocatello Idaho	BIRTHPLACE	Pocatello
OCCUPATION	Plumber	OCCUPATION	housewife

Number of child of this mother, including present birth one

Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6- 40 PM on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Howard, M.D.

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19....

Address Kane Bldg. Pocatello Idaho

Filed Nov 6th 1913

..... Registrar

..... Registrar

S-Y CO. 24688

APR 4 1942

JAN 15 1959

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

259-228-0 03-315

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 711 N. 10th St.

Hospital

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34391

Registration District No. 84 File No. 19

Primary Registration District No. 2161 Registered No. 910

FULL NAME OF CHILD Kniffin

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Oct 28 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Philip Kniffin	FULL MAIDEN NAME	Christine Lavatta
RESIDENCE	711 N. 10th St.	RESIDENCE	711 N. 10th St.
COLOR	White	COLOR	Copper
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 12:30 p.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. M. Sprague M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Kane Bldg Pocatello Idaho.

Filed Nov 6th 1915 O B Steele
Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

735-228-003-854

Form V. S. No. 11-C—20m-8-15-32

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 326 W Terry St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34392

Registration District No. 84 File No. 19

Primary Registration District No. 2161 Registered No. 909

FULL NAME OF CHILD Lilly Wilhelmina Clemans

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	✓		✓	Yes	Oct 28 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John W. Clemans	FULL MAIDEN NAME	Wilhelmina Hedin
RESIDENCE	Pocatello, Idaho	RESIDENCE	Pocatello, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Trenton, Nebr.	BIRTHPLACE	Sweden
OCCUPATION	Carpenter	OCCUPATION	H Wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12 02 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H A Castle

M D (Physician or midwife)

Given names added from a supplemental report

19

Address Pocatello, Idaho

Filed Nov 13 1915

Registrar

Registrar

S-Y CO. 20174

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of CALIFORNIA } ss.
County of SAN MATEO

RECEIVED
OCT 19 1964
Bureau of Vital Statistics

Certificate No. 34392

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Clemans (female child) (Name on Original Certificate) Was born (Was Born or Died) on Oct. 28, 1915 (Date of Event)

in Pocatello, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Marriage License (Bible Record, Insurance Policy, Etc.) prepared on Nov. 24, 1931 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	X Lilly Wilhelmina Clemans

Subscribed and sworn to before me this 19th day of October, 1964

Notary Public, residing at San Mateo, Calif.
My commission expires Oct. 17, 1967
(Seal)

Signed Richard L. Barnes
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
161 So. Boulevard, P.O. Box 1118
San Mateo, California
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of CALIFORNIA } ss.
County of San Mateo

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19th day of October, 1964

Notary Public, residing at San Mateo, Calif.
My commission expires Oct. 17, 1967
(Seal)

Signed Joseph Castillo
(Signature of Any Credible Person)
1551 Tro Oman Ave. San Mateo Calif.
(Street Address, City, State)

FORM DH 60-155 CL 10-12-64. nm

Certificate of Birth, St. Mary's Hospital, San Francisco, California, gives full name of child as Robert John Castillo, born 4:34 P.M., March 30, 1940 gives full name of father as Joseph Paul Castillo, born Nov. 22, 1910 at San Francisco, California and full maiden name of mother as Lilly Wilhelmina Clemans, born Oct. 28, 1915 at Pocatello, Idaho - viewed by V.S. - James J. Leary, Jr., M.D. -

Marriage License and Certificate, State of California, County of San Francisco, married Nov. 21, 1931 at San Francisco, California gives full name of groom as Joseph Castillo and full name of bride as Lilly Wilhelmina Clemans - viewed by V.S.

OCT 20 1964

753-225-003-443

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34393

County of Bannock

City of Pocatello

No. 345 S 10th St.

Hospital

Registration District No. 84 File No. 19

Primary Registration District No. 2161 Registered No. 908

FULL NAME OF CHILD Maryanna Peterson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	Oct (Month) 25 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Willard Larsen Peterson	FULL MAIDEN NAME	Ellen Mulroney
RESIDENCE	Pocatello, Idaho	RESIDENCE	Pocatello, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Logan Utah	BIRTHPLACE	Fort Dodge Iowa
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10:50 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Newton M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Pocatello Idaho

Filed Nov 20, 1915 O. B. Kiely

Registrar Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 15 1963

335-22 v1003-666

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 34394

County of Bannock

City of Pocatello

No. 232 W. Carter St.

Hospital

Registration District No. 841 File No. 19

Primary Registration District No. 2161 Registered No. 907

FULL NAME OF CHILD Lucille Margaret Clemo

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female				Yes	Oct 24 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Alvin ~~Albert E.~~ Clemo	FULL MAIDEN NAME	Victoria Fowler
RESIDENCE	Pocatello, Idaho	RESIDENCE	Pocatello, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Calumet, Mich	BIRTHPLACE	Litchfield, Ky.
OCCUPATION	Asst. Shipping Clerk	OCCUPATION	H Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 15 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. A. Castle M.D.
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Pocatello, Idaho

Filed Nov 13 1915 O B Sims
Registrar

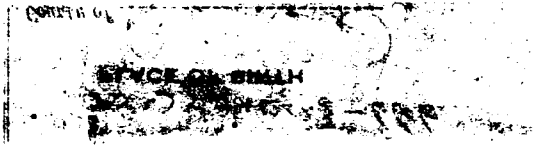
R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 7 1945



152-221-003-791

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Bannock

City of Pocatello,

No. 935 No. Hayes, *St.*

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

L

34395

Registration District No. 84 File No. 19

Primary Registration District No. 2161 Registered No. 906

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
female	✓		✓	yes	10 (Month) 21 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Joseph Jess,	FULL MAIDEN NAME	Rosanne Wood Graham
RESIDENCE	Pocatello,	RESIDENCE	Pocatello, Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Glasgow, Scotland,	BIRTHPLACE	Lenark, Scotland.
OCCUPATION	Car Inspector	OCCUPATION	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 8:30 P M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O B Greely

Pocatello Idaho

(Physician or midwife)

Given names added from a supplemental report.

Nov 1-1915

O B Greely

Address

Form V. S. No. 11-C—25m-1-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of .....

City of .....

No. ..... St.

Hospital .....

Registration District No. ..... File No. .....

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth ..... 191.. (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME		FULL MAIDEN NAME	
RESIDENCE		RESIDENCE	
COLOR	AGE AT LAST BIRTHDAY ..... (Years)	COLOR	AGE AT LAST BIRTHDAY ..... (Y
BIRTHPLACE		BIRTHPLACE	
OCCUPATION		OCCUPATION	

Number of child of this mother, including present birth ..... Number of children of this mother now living, includ

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

.....
(Physician or midwife)

Given names added from a supplemental report.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

344-121-003-259

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34396

County of Bannock

City of Pocatello

No. ..... St.

Hospital General

Registration District No. 84 File No. 18

Primary Registration District No. 2161 Registered No. 905

FULL NAME OF CHILD Kenton Cope Cummings

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	-	-	-	Yes	10 (Month) 21 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Burton A. Cummings	FULL MAIDEN NAME	Florence Keilholtz
RESIDENCE	Pocatello	RESIDENCE	Pocatello Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Pennsylvania	BIRTHPLACE	Tiffin Ohio
OCCUPATION	Attorney	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 7.44 A.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Eric Roberts

Physician

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Pocatello Idaho.

Filed Oct 27 1915 O B Steele

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

415-202-003-655

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 153 McGarfield St.

Hospital

Registration District No. 84

Primary Registration District No. 2161

File No. 34397

Registered No. 857

FULL NAME OF CHILD ~~Bessie Lee~~ Betty Lou Davis

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of Birth
F	2	Yes	Sept 2 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Robert John Davis	FULL MAIDEN NAME	Lulu Lee
RESIDENCE	Pocatello	RESIDENCE	Same
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Pennsylvania	BIRTHPLACE	Wheeling Wl. Va
OCCUPATION	Passenger Brakeman	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 5 40 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Pocatello Idaho

Filed Sept 20, 1915

[signature] Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-O-[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

DEC 11 1947

CERTIFICATE

Legal
Male

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Registrar

296-203-003129

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 455 N. Grant Av.

Hospital

Registration District No. 84 **File No.** 18 34398

Primary Registration District No. 2161 **Registered No.** 858

FULL NAME OF CHILD Marilyn ~~Vanett~~ Gail Brown

Sex of Child: Female	Twin Triplet or other? ✓ and Number in order of birth ✓ (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth: Sept (Month) 3 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	~~Norman H.~~ Harry R. Brown	FULL MAIDEN NAME	Wanda Abraham
RESIDENCE	455 N. Grant Av.	RESIDENCE	455 N. Grant Av.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Mich	BIRTHPLACE	Minnesota
OCCUPATION	Conductor	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1 30 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Francis H. Poole

M.D. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Kane Bldg. Pocatello - Ida

Filed Oct 10, 1915 [signature] Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 1 6 1976

386-205-003-553

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 34399

County of Bannock

City of Pocatello

Registration District No. 84 File No. 18

No. ..... St.

Primary Registration District No. 2161 Registered No. 859

Hospital Pocatello General

FULL NAME OF CHILD Pearl Thompson

Sex of Child Female	Twin Triplet or other? — and Number in order of birth — (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth Sept. 5 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	William Columbus Thompson	FULL MAIDEN NAME	Emily Johanna Nelson
RESIDENCE	Moran, Wyoming	RESIDENCE	Moran, Wyoming
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Carbondale, Kansas	BIRTHPLACE	Marionette, Wisconsin
OCCUPATION	Rancher	OCCUPATION	HSWF

Number of child of this mother, including present birth One

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, Caesarean Section at 11 45 p M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Howard M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address 407-11 Kane Bldg Pocatello Idaho

Filed Sept 14 1915 O. B. Sivey
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34400

County of Bannock

City of Pocatello

No. 338 So 4th St.

Registration District No. 84 File No. 18

Primary Registration District No. 2161 Registered No. 860

Hospital

FULL NAME OF CHILD Theo Leone Walsh

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	✓		✓	Yes	Sept 7 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Emmet Richard Walsh	FULL MAIDEN NAME	Nellie Alma Nickle
RESIDENCE	Pocatello, Idaho	RESIDENCE	Pocatello, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Montreal, Canada	BIRTHPLACE	Augusta, Kas
OCCUPATION	Laborer	OCCUPATION	H Wife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 am M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. A. Castle

M.D. (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Pocatello, Idaho

Filed Sept 14, 1915 O B Sury Registrar

Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 2 8 1972

193-107-003-211

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34401

County of Bannock

City of Pocatello

No. ~~[illegible] N. Grant St.~~ N. Pocatello

~~Hospital~~

Registration District No. 84 File No. 18

Primary Registration District No. 2161 Registered No. 261

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Boy	✓	✓	Yes	Sept 7 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Ernest Mickley	FULL MAIDEN NAME	Minnie Baath
RESIDENCE	N. Pocatello - Taft Av.	RESIDENCE	N. Pocatello - Taft Av.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Ohio
OCCUPATION	Machinist	OCCUPATION	Housewife

Number of child of this mother, including present birth fourth Number of children of this mother now living, including present birth four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Francis H. Poole

M.D. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Kane Bldg - Pocatello - Ida

Filed Oct 10, 1915 [illegible] Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT REC[illegible]

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MIEKLEY Z

957-2071003-764

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34402

County of Bannock

City of Pocatello

No. 628 So. Grant St.

Registration District No. 84 File No. 18

Primary Registration District No. 2161 Registered No. 862

Hospital

FULL NAME OF CHILD Phoeba Francis Regan

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	✓		✓	Yes	Sept 7 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Frank D. Regan	FULL MAIDEN NAME	Mary Elizabeth Goddard
RESIDENCE	Pocatello, Idaho	RESIDENCE	Pocatello, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	American Falls, Ida	BIRTHPLACE	Plain City, Utah
OCCUPATION	Farmer	OCCUPATION	H. Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7 55 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. A. Castle

MD (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Pocatello, Idaho

Filed Sept. 23, 1915 O B Steele

Registrar Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V.S.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

FEB 19 19[illegible]

PLACE OF BIRTH

342-209-003-753

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34403

County of Bannock

City of Pocatello

No. 453 N Grant St.

Hospital

Registration District No. 84 **File No.** 18

Primary Registration District No. 2161 **Registered No.** 865

FULL NAME OF CHILD Estella Pauline Lushinsky

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female				Yes	Sept 9 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Herbert Lushinsky	FULL MAIDEN NAME	Marie Petersen
RESIDENCE	Pocatello, Idaho	RESIDENCE	Pocatello, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Plattsmouth, Nebr.	BIRTHPLACE	Denmark
OCCUPATION	Fireman	OCCUPATION	H Wife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 50 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. A. Castle

M.D.
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Pocatello, Idaho

Filed Sept 14, 1915 O P Huely

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 13 1942

PLACE OF BIRTH

335.209.603-613

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34404

County of Bannock

City of Pocatello

No. 358 N. Hayes St.

Registration District No. 84 File No. 18

Primary Registration District No. 2161 Registered No. 864

Hospital

FULL NAME OF CHILD Dorothy Gertrude Cleare

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female				Yes	Sept. 9 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Walter H. Cleare	FULL MAIDEN NAME	Fanny R. Walters
RESIDENCE	Pocatello, Idaho	RESIDENCE	Pocatello, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	48	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	London, Eng.	BIRTHPLACE	Wyoming, Ill
OCCUPATION	Dry Goods Merchant	OCCUPATION	H. Wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3.50 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. A. Castle

M.D.

(Physician or midwife)

Given names added from a supplemental report

19

Address Pocatello, Idaho

Filed Sept 23, 1915 [signature]

Registrar

Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 34404

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on Sept 9, 1915 (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Unnamed	Unnamed	Dorothy Gertrude Cleare

Subscribed and sworn to before me this 13
day of Dec, 19 43
Pauline Ambrose
Notary Public, residing at Boise Idaho
My commission expires 1/14/47
(Seal)

Signed Mrs. Marian Hoobing
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19 .....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

DEC 13 1943
MAR 16 1944

866 110 003-818

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 115 S. Garfield St.

Hospital

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

34405

CERTIFICATE OF BIRTH

Registration District No. 84 File No. 18

Primary Registration District No. 2161 Registered No. 1865

FULL NAME OF CHILD Francis Emmett Howard

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	Sept 15 1915

FATHER

FULL NAME William Emmett Howard

RESIDENCE 115 S. Garfield

COLOR White AGE AT LAST BIRTHDAY 47 (Years)

BIRTHPLACE Ohio

OCCUPATION Surgeon

MOTHER

FULL MAIDEN NAME Minnie Frances Hayden

RESIDENCE 115 S. Garfield

COLOR White AGE AT LAST BIRTHDAY 43 (Years)

BIRTHPLACE Mo.

OCCUPATION Housework

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 10:20 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. McGregor M.D.

(Physician or midwife)

Address Kane Bldg.

Given names added from a supplemental report.

..... 19....

..... Registrar

Filed Sept 19, 1915 O. B. Leach Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 15 1965

492.210.003.364

Form V. S. No. 11-C—20m-3-15-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34406

County of Bannock

City of Pocatello

Registration District No. 84 File No. 18

No. 421 Ao 3d St.

Primary Registration District No. 2161 Registered No. 866

Hospital

FULL NAME OF CHILD Emma Rose Disdier

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem	✓	✓	yes	Sept 10th 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Frank D. Disdier	Rose Lombard
RESIDENCE	Pocatello Idaho	Pocatello Idaho
COLOR / AGE AT LAST BIRTHDAY (Years)	white / 34	white / 24
BIRTHPLACE	San Francisco, Calif	St. Bonnet France
OCCUPATION	Blacksmith	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O P Lively

(Physician or midwife)

Address Pocatello Idaho

Given names added from a supplemental report

..... 19.....

Filed Sept 10, 1915 O P Lively

..... Registrar

8-Y CO. 20174 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MAR 6 1975

643.111-003.794

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34407

County of Bannock

City of Pocatello

No. Fairview Ad St.

Hospital

Registration District No. 84 File No. 18

Primary Registration District No. 2161 Registered No. 867

FULL NAME OF CHILD Donald Fuller

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		Yes	Sept (Month) 11 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Clarence W. Fuller	FULL MAIDEN NAME	Margaret Gruning
RESIDENCE	Pocatello Fairview Ad	RESIDENCE	Pocatello, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	California	BIRTHPLACE	Montpelier Idaho
OCCUPATION	Painter	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7:50 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Newton

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Pocatello Ida

Filed Oct 3d 1915 [signature]

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

389-116-003-386

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34408

County of Bannock

City of Pocatello

No. Cor. Young & N. Lincoln St.

Hospital —

Registration District No. _____ File No. _____

Primary Registration District No. _____ Registered No. _____

FULL NAME OF CHILD Frank James Christensen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Sept 16 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Frederick Christensen	FULL MAIDEN NAME	Agnes Thorpe
RESIDENCE	Pocatello, Idaho	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Denmark	BIRTHPLACE	Iowa
OCCUPATION	Machinist	OCCUPATION	Housewife

Number of child of this mother, including present birth one

Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10.50 a. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frances H Poole

M D.
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address _____

Filed Oct 10, 1915 [signature] Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 15 1941

Dup001915-34413

165.212.603 753

PLACE OF BIRTH Amended 11-26-56

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock
City of Pocatello
No. 446 N. Main St.
Hospital

Registration District No. 84 File No. 34409
Primary Registration District No. 2161 Registered No. 8680

FULL NAME OF CHILD Mollie Lois Jones
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				yes	Sept. 12, 1915

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	G. C. Jones	FULL MAIDEN NAME	Emma Peterson
RESIDENCE	Pocatello	RESIDENCE	Pocatello
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Texas	BIRTHPLACE	Utah
OCCUPATION	Painter	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Francis H. Poole

M.D.
(Physician or midwife)

Address

Give names added from a supplemental report.

....., 192....

Registrar.

Filed Oct. 10, 1915 J. B. Steely
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
NOV 26 1956
Division of Vital Statistics

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Arkansas } ss.
County of St. Francis

Certificate No. 34409
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Berniece Mildred Jones (Name on Original Certificate) who was born (Was Born or Died) on Sept. 12, 1915 (Date of Event) in Pocatello, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Son's Birth Certificate Grade School Diploma (Bible Record, Insurance Policy, Etc.) prepared on 29 April 1950 18 May 1951 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Berniece Mildred Jones	Mollie Lois Jones

Viewed by Vital Statistics

Subscribed and sworn to before me this 14th day of November, 1956
S. E. Christopher, Clerk By J. M. [illegible]
~~Notary Public~~, residing at Forrest City, Ark
My commission expires Dec 31, 1956
(Seal)

Signed Berniece M. Jones Kyle
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Louisiana } ss.
County of Bossier

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23rd day of November, 1956
W. R. Randy
Notary Public, residing at Bossier City La
My commission expires Life
(Seal)

Signed Mollie Lois Jones Hanna
(Signature of Any Credible Person)
366 Bossier Rd. Barksdale A+B, La
(Street Address, City, State)

DPH 52-155

249-212-403-555

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. Elkhorn Dairy St.

Hospital

Registration District No. 84

File No. 18 34440

Primary Registration District No. 2161

Registered No. 869

FULL NAME OF CHILD Mary Elizabeth Smith

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of Birth
X	2 (To be answered only in event of plural births)	Yes.	Sept 12 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Thomas B. Smith Jr.	FULL MAIDEN NAME	Anna Neese
RESIDENCE	Pocatello, Ida	RESIDENCE	Same
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Idaho	BIRTHPLACE	Ohio
OCCUPATION	Dairyman	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 11 a. M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. M. Ray

(Physician ~~or midwife~~)

Given names added from a supplemental report

..... 19.....

Address .....

Filed Oct 3d 1915 O. B. Steele

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 21 1953

955.113-[redacted]

PLACE [redacted] Form V. S. No. 11-C—20m-2-15-12

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. ..... St.

Hospital .....

Registration District No. 84 File No. 18 34411

Primary Registration District No. 2161 Registered No. 870

FULL NAME OF CHILD Arthur William Zener

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Sept. 13th 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Arthur Ellsworth Zener	FULL MAIDEN NAME	Lucy Edith Sheldon
RESIDENCE	1045, N. Arthur	RESIDENCE	1045, N. Arthur
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Myrable, Mo.	BIRTHPLACE	Ogden, Utah
OCCUPATION	Barber	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10:15 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Wright

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Pocatello, Idaho.

Filed Sept 27 1915 O B Steele Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

7/18/41

168 - [illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

CERTIFICATE OF BIRTH

34412

County of Bannock

City of Pocatello,

No. 1330 No. Garfield.

Hospital

Registration District No. 84

Primary Registration District No. 2161

File No. 18

Registered No. 871

FULL NAME OF CHILD Iris Martha Johnson.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of Birth	Legitimate	Date of Birth (Month) (Day) (Year)
female	✓	✓	yes	9/15/15 191...

FATHER	MOTHER
FULL NAME: Axle M. Johnson.	FULL MAIDEN NAME: Martha Sjoberg
RESIDENCE: Pocatello, Idaho	RESIDENCE: Pocatello.
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 42 (Years)	AGE AT LAST BIRTHDAY: 34 (Years)
BIRTHPLACE: Stockholm, Sweden	BIRTHPLACE: Millville, Utah
OCCUPATION: Machinist	OCCUPATION: housewife

Number of child of this mother, including present birth: 4

Number of children of this mother now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 6:40 P M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

..... Registrar

(Signature) O B Steely

(Physician or midwife)

Address Pocatello Idaho

Filed 10-1- 1915

O B Steely
Registrar

S-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 1 0 1969
AUG 1 4 1972

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED BUREAU OF VITAL STATISTICS APR 3 2 1973

State of ..... } ss.
County of ..... }

Certificate No. 34412

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Johnson (Female) (Name on Original Certificate) who was born (Was Born or Died) on 9/15/15 (Date of Event)
in Pocatello, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Baptismal Record (Bible Record, Insurance Policy, Etc.) prepared on Oct 7, 1923 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Iris Martha Johnson

Subscribed and sworn to before me this 15th day of March, 1973

Notary Public, residing at Salt Lake City, Utah

My commission expires July 31, 1975

(Seal)

Signed Clarence E. Johnson (Bro.)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1059 W. Pasque S. K.C Utah
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155 CL 8/14/72

Certificate of Baptism and Confirmation from LDS Church dated Oct. 7, 1923 gives name as Iris Martha Johnson daughter of Axel M. Johnson and Martha Sojberg. Born Sept. 15, 1915. Was Baptized Oct. 7, 1923. Viewed by V. S

APR 9 1974

Marriage Certificate from Idaho gives groom's name as Boyd J. Clark and the bride's name as Iris Johnson. dated June 22, 1939. Viewed by V. S.

269-216-003836

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 34414

County of Bannock

City of Pocatello

No. 318 N. 3rd St.

Hospital

Registration District No. 84 File No. 18

Primary Registration District No. 2161 Registered No. 873

FULL NAME OF CHILD Ruth Marion Baron

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Sept (Month) 16 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Ernest Eugene Baron	FULL MAIDEN NAME	Blanche Stoker
RESIDENCE	Pocatello, Idaho 318 N 3rd St	RESIDENCE	Pocatello
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	18	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Chemsford Mass.	BIRTHPLACE	Pocatello, Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 12:10 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Newton

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Pocatello Idaho

Filed Oct 31 1915 [signature] Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 2 4 1967

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

243.217.003219

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 1447 N Hayes St.

Hospital

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34415

Registration District No. 84 File No. 18

Primary Registration District No. 2161 Registered No. 874

FULL NAME OF CHILD Darris Muriel Sutton

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female				Yes	Sept 17 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Jas. Earl Sutton	FULL MAIDEN NAME	Florence Baily
RESIDENCE	Pocatello, Idaho	RESIDENCE	Pocatello, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Pocatello, Idaho	BIRTHPLACE	Ogden, Utah
OCCUPATION	Clerk Store House, R.R.	OCCUPATION	H. Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. A. Castle

M. D. (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Pocatello, Idaho

Filed Sept 23, 1915 O B Steele Registrar

Registrar

S-Y CO. 20174

699-120-03-155

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 516 N. 5th Ave St.

Hospital home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

L

34416

Registration District No. 84 File No. 18

Primary Registration District No. 2161 Registered No. 876

FULL NAME OF CHILD Willaim . Jensen Wright.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Sep 20 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	William Wright	FULL MAIDEN NAME	Caroline Sophia Jensen
RESIDENCE	516 N. 6th Ave.	RESIDENCE	516 N. 6th Ave.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Loionitine England	BIRTHPLACE	Bluffdale, Utah
OCCUPATION	Engineer	OCCUPATION	Housekeeping

Number of child of this mother, including present birth five Number of children of this mother now living, including present birth five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 8.55 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Annie Bird

Midwife (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address 905 So. Main St

Filed Sept 27 1915 O B Seeley Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—T[illegible]S A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE [illegible] must be made for each and the number of each, in order of bi[illegible]

NOV 10 1950

692.117.403-614

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 443 N. Grant St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34417

Registration District No. 84 File No. 18

Primary Registration District No. 2161 Registered No. 825.

FULL NAME OF CHILD RAYMOND F. FISCHER

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Sept. 17 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ferdinand, Fischer	FULL MAIDEN NAME	Mary Waugh
RESIDENCE	Pocatello, Idaho.	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Iowa
OCCUPATION	Brakeman	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2.55 A. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Francis H. Poole
M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address

Filed Oct 10, 1915 [signature] Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of YOLO

Certificate No. 34417
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for Unnamed Fischer (Name on original certificate) who was born (Was born or died) on September 17, 1915 (Date of event)
in Pocotello, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Fischer	Raymond F. Fischer

Subscribed and sworn to before me this 2nd
day of March, 1942.
Jas. N Watson
Notary Public, residing at Woodland, Calif.
My commission expires September 22, 1942.
[SEAL]

Signed Mary P Fischer
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Martinez,
1530 Court St. California.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Yolo

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd
day of March, 1942.
Jas. N Watson
Notary Public, residing at Woodland, Calif.
My commission expires September 22, 1942
[SEAL]

Signed Victor Watson
(Signature of any credible person other than the previous affiant.)
316 Cross Street
Woodland, California.
(Street Address, City, State)

Received for filing on MAR 16 By
(Registrar's signature)

689-220-403-396

PLACE OF BIRTH

Form V. S. No. 11-C—26m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock,

City of Pocatello,

No. 935 No. Hayes, St.

Hospital

Registration District No. 84 File No. 1 34418

Primary Registration District No. 2161 Registered No. 877

FULL NAME OF CHILD White,

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female	✓ and	✓	yes	9 20 1915

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME: Henry White,	FULL MAIDEN NAME: Eliza Isabella Brooks
RESIDENCE: Pocatello, Idaho	RESIDENCE: Pocatello, Ida.
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 30 (Years)	AGE AT LAST BIRTHDAY: 34 (Years)
BIRTHPLACE: Tyrone, Ireland,	BIRTHPLACE: Tyrone, Ireland,
OCCUPATION: Boiler Maker	OCCUPATION: housework

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3:30 a. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O B Steely

(Physician or midwife)

Address Pocatello Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 10-1- 1915 O B Steely Registrar

S-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

234-121-003-299

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 814 So 2nd St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 841 File No. 18 34419

Primary Registration District No. 2161 Registered No. 878

FULL NAME OF CHILD Lloyd Alfred Stuart

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male				Yes	Sept 21 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John Edward Stuart	FULL MAIDEN NAME	Mary Anga Brigham
RESIDENCE	Pocatello, Idaho	RESIDENCE	Pocatello, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	American Fork, Utah	BIRTHPLACE	Wray, Colo.
OCCUPATION	Prop. Feed Yard	OCCUPATION	H Wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H A Castle

MD (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Pocatello, Idaho

Filed Sept 27 1915 O B Sieg

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 26 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

243-222-003-386

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 823 N. Main St.

Hospital

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 84 File No. 18 34420

Primary Registration District No. 2161 Registered No. 879

FULL NAME OF CHILD Marguerite Eleanor Sullivan

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female				Yes	Sept 27 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Daniel Francis Sullivan	FULL MAIDEN NAME	Mary Elizabeth Lyons
RESIDENCE	Pocatello, Idaho	RESIDENCE	Pocatello, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Ireland	BIRTHPLACE	Pocatello, Idaho
OCCUPATION	Loco Fireman	OCCUPATION	H Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 40 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. A. Castle

MD (Physician or midwife)

Given names added from a supplemental report

19

Registrar

Address Pocatello, Idaho

Filed Sept 27 1915 [signature] Registrar

S-Y CO. 20174

SEP 22 1965

765·122·003-256

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock,

City of Pocatello,

No. 810 E. Clark, St.

Hospital

Registration District No. 84

File No. 34421

Primary Registration District No. 2161

Registered No. 880.

FULL NAME OF CHILD Weeter S. Pond.

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
male	/	/	yes	9 (Month) 22 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Noah S. Pond,	FULL MAIDEN NAME	Alice Armeda Snow
RESIDENCE	Pocatello, Idaho	RESIDENCE	Pocatello, Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Richmond, Utah	BIRTHPLACE	Salt Lake City, Utah
OCCUPATION	Merchant,	OCCUPATION	Housewife

Number of child of this mother, including present birth 8

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 3 15/a M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O B Steely

(Physician or midwife)

Given names added from a supplemental report.

19

Address Pocatello Idaho

Filed 10-1-1915 O B Steely

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 9 1944

JUN 9 1944

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

213-222-003-663

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. Fairview St.

Hospital

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34422

Registration District No. 84 File No. 18

Primary Registration District No. 2161 Registered No. 881

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	✓		✓	Yes	Sept 22 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Clarence R. Bateman	FULL MAIDEN NAME	Julia Woleslagle
RESIDENCE	Fairview-Pocatello	RESIDENCE	Fairview-Pocatello
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Sunbury-Penn	BIRTHPLACE	Phillipsburg-Penn
OCCUPATION	Machinist	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7 05 a.M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Howard M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address Pocatello Idaho

19

Filed Oct 10, 1915 J. B. Stacy

Registrar Registrar

S-Y CO. 24695

795.222.003.286

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34423

County of Bannock

City of Pocatello

No. N. Pocatello St.

Hospital

Registration District No. 84 File No. 18

Primary Registration District No. 2161 Registered No. 882.

FULL NAME OF CHILD Lois May Pierpoint

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Sept. 22 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Paul Pierpoint	FULL MAIDEN NAME	Alta Shorey
RESIDENCE	N. Pocatello. Idaho	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Nevada	BIRTHPLACE	California
OCCUPATION	Boilermaker	OCCUPATION	Housewife

Number of child of this mother, including present birth four Number of children of this mother now living, including present birth four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 9.25 P. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Francis H. Poole

M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address

Filed Oct 10, 1915

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 16 1965

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

695 [illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

34424

County of Bannock

City of Pocatello

No. 540 So. Johnson St.

Hospital home

Registration District No. 84 File No. 18

Primary Registration District No. 2161 Registered No. 883

FULL NAME OF CHILD Carol Finlayson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	Sep (Month) 23 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Riginald V. Finlayson	FULL MAIDEN NAME	Etta J. Hanson
RESIDENCE	540 So. Johnson	RESIDENCE	540 So. Johnson
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Auckland, New Zealand	BIRTHPLACE	Logan, Utah
OCCUPATION	Carpenter	OCCUPATION	Housekeeping

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10:45 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Annie Bird

Midwife (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address 905 So. Main St.

Filed Sep 27 1915

[illegible] Registrar

Registrar

8-Y CO. 20174

756-123-003-154

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34425

County of Bannock

City of Pocatello,

No. 503 No. Lincoln, St.

Hospital

Registration District No. 84 File No. 18

Primary Registration District No. 2161 Registered No. 384

FULL NAME OF CHILD Kane, Donald Amos George

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	✓		✓	yes	9 (Month) 28 (Day) 1910 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Preston H. Kane	FULL MAIDEN NAME	Maude A. Anderson,
RESIDENCE	Pocatello, Ida.	RESIDENCE	Pocatello, Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Muscatine, Iowa	BIRTHPLACE	Clinton, Ontario, Canada
OCCUPATION	Asst. Genl. Car Foreman	OCCUPATION	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 12 30 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O B Steely

(Physician or midwife)

Given names added from a supplemental report.

19

Address Pocatello Idaho

Filed 10-1- 1910 O B Steely

Registrar Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

JUN 5 1942

PLACE OF BIRTH

County

City or

No.

If you

FULL NAME OF CHILD

Sex of Child

Twin, triplet or quad

Single or Twin, triplet or quad

Date of Birth

FULL NAME

FATHER

MOTHER

RESIDENCE

COLOR

AGE AT LAST BIRTHDAY

COLOR

AGE AT LAST BIRTHDAY

BIRTHPLACE

BIRTHPLACE

OCCUPATION

OCCUPATION

Number of child of this mother including present birth

Number of children of the mother now being named

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born on the date hereinbefore

Given cause added from a supplement of report

Signature

Physician or Mayor

Filed

19

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

857-225-003-253

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 34426

County of Bannock

City of Pocatello

No. 455 No. ~~Garfield~~ Arthur St.

Registration District No. 841 File No. 18

Primary Registration District No. 2161 Registered No. 885

Hospital

FULL NAME OF CHILD Loretta Irene Yegge

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	-		-	yes	9 (Month) 25 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Frank Henry Yegge	FULL MAIDEN NAME	Loretta Mary Bell
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Carrol Iowa	BIRTHPLACE	Iowa, Pocahontas Co.
OCCUPATION	Wire chief - M. S. T. & T. Co.	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. N. Roberts

Physician (Physician or midwife)

Address Pocatello Idaho

Filed Sep 30, 1915 O B Steely Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 26 1966

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of California
County of Los Angeles } ss.

Certificate No. 34426

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Yegge (female child) (Name on Original Certificate) who was born (Was Born or Died) on Sept. 25, 1915 (Date of Event)
in Pocatello, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record, Insurance Policy, Etc. Marriage Certificate prepared on July 29 1970 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Loretta Irene Yegge

Subscribed and sworn to before me this 29th day of July, 19 70

Notary Public, residing at Long Beach Calif.

My commission expires March 26 1970

(Seal)

ISAAC N. PAGE
NOTARY PUBLIC CALIFORNIA
PRINCIPAL OFFICE IN
LOS ANGELES COUNTY
MY COMMISSION EXPIRES MARCH 26, 1970

Signed Mrs. Loretta Yegge
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1496 Agate Ave. Del Amo Trailer
Long Beach, Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

CL 9-29-66. nm

Family Bible record gives name as Loretta Irene Yegge born Sept. 25, 1915 at Pocatello, Idaho. Viewed by V. S.

APR 22 1974

Certif. of Registry of Marrige gives name of groom as Patrick William Rosson age 22. father's name listed as Thomas Michael Rosson and Loretta Irene Yegge. bride's name given as Maureen Teresa Sweeney. date of issue 9-28-57. Viewed b VS

414-225-003-312

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

34427

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 515 No 14th St.

Registration District No. 84

File No. 18

Primary Registration District No. 2161

Registered No. 886

Hospital

FULL NAME OF CHILD Cornelia Damewood

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
	3	Yes	Sept 25 1915

FATHER		MOTHER	
FULL NAME	Edgar W. Damewood	FULL MAIDEN NAME	Cornelia Laswell
RESIDENCE	Pocatello	RESIDENCE	Pocatello
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Indiana	BIRTHPLACE	Missouri
OCCUPATION	C R P Freight Brakeman	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 11 P M. on the date above stated.

(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Ray

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address

Filed Oct 3d 1915

O B Sutton
Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF
BUREAU OF VITA

CERTIFICATE

PLACE OF BIRTH

JUN 25 1949

666.126.003.219

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34428

County of Bannock

City of Pocatello

No. 1122 N. 9th St.

Hospital

Registration District No. 84 File No. 18

Primary Registration District No. 2161 Registered No. 887

FULL NAME OF CHILD not named. died

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Sept 26 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Frank Woolsey	FULL MAIDEN NAME	Mary Ann Barker
RESIDENCE	Pocatello, Idaho 1122 N 9th	RESIDENCE	Pocatello, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Millard Co Utah	BIRTHPLACE	Fremont Co Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4:10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Newton

(Physician or midwife)

Given names added from a supplemental report

19

Address Pocatello, Idaho

Filed Oct 3d 1915 [signature] Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

219-226-003-465

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 432 N 6th St.

Hospital

Registration District No. 84

File No. 1 8 34429

Primary Registration District No. 2161

Registered No. 888

FULL NAME OF CHILD Dorothy Ruth Barthold

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		Yes	Sept 26 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	A. H. Barthold.	FULL MAIDEN NAME	Jeanette Moe
RESIDENCE	432 N 6th Pocatello, Idaho	RESIDENCE	Pocatello, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Attica Kansas	BIRTHPLACE	Lakefield Minn
OCCUPATION	Printer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 11:20 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Newton

(Physician or midwife)

Given names added from a supplemental report

19

Address Pocatello Idaho

Filed Oct 3d 1915 [signature] Registrar

Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 1 0 1971

546-127-003.632

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 1149 W Harrison St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 34430

Registration District No. 84 File No. 18

Primary Registration District No. 2161 Registered No. 889

FULL NAME OF CHILD FRED MARTIN EDWARDS

Sex of Child Male	Twin Triplet or other? ✓ and Number in order of birth ✓ (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth Sept 27 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	James Byron Edwards	FULL MAIDEN NAME	Sarah Annie Olsen
RESIDENCE	Pocatello, Idaho	RESIDENCE	Pocatello, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Boston, Mass.	BIRTHPLACE	Pocatello, Idaho
OCCUPATION	Machinist	OCCUPATION	H Wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. A. Castle

M.D. (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Pocatello, Idaho

Filed Oct 20, 1915 J. B. Keady Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bannock }

Certificate No. 34430
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Fred Martin Edwards (Name on original certificate) who Born (Was born or died) on September 27, 1915 (Date of event)
in Pocatello Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Montana Life Insurance Co (Bible record, insurance policy, etc.) prepared on February 2, 1937 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Edwards	Fred Martin Edwards

Subscribed and sworn to before me this 2nd
day of December, 19 41

Notary Public, residing at Pocatello Idaho
My commission expires July 29, 1943
[SEAL]

Signed James Byron Edwards
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
1149 North Harrison Avanue
Pocatello Idaho Bannock County
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bannock }

[This affidavit MUST also be executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd
day of December, 19 41

Notary Public, residing at Pocatello Idaho
My commission expires July 29, 1943
[SEAL]

Signed Ben Edwards
(Signature of any credible person other than the previous affiant.)

Pocatello Idaho
(Street Address, City, State)
Bannock County

Received for filing on By
(Registrar's signature)

SEP 2 1 1944

819-230:003-313

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34431

County of Bannock

City of Pocatello

No. ..... St.

Hospital .....

Registration District No. 84 File No. 18

Primary Registration District No. 2161 Registered No. 890

FULL NAME OF CHILD ARRETTA MURRIEL HARRELL

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Sept 30 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	W. A. Harrell	FULL MAIDEN NAME	Maudie Cotham
RESIDENCE	Pocatello Ida.	RESIDENCE	Pocatello Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Georgia	BIRTHPLACE	Texas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 1.50 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. M. Sprague

M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Kane Bldg Pocatello Ida.

Filed Oct 11, 1915 O. B. Seely
Registrar

S-Y CO. 24655

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 3 1970

747-205-00-2355

PLACE OF BIRTH

amended 5/15/80

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-2-15-12

CERTIFICATE OF BIRTH 34432

County of Bannock

City of Pocatello

No. 1375 3rd St.

Hospital

Registration District No. 84 File No. 19

Primary Registration District No. 2161 Registered No. 916

FULL NAME OF CHILD Marion Sylvina Guptill

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	Nov 5 1915

FATHER

FULL NAME Edward Albert Guptill

RESIDENCE St Anthony, Idaho

COLOR White AGE AT LAST BIRTHDAY 24 (Years)

BIRTHPLACE Minnesota

OCCUPATION Printer

MOTHER

FULL MAIDEN NAME Alice Estella Lee

RESIDENCE St Anthony

COLOR White AGE AT LAST BIRTHDAY 22 (Years)

BIRTHPLACE Freedom Wyoming

OCCUPATION Housework

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1st

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4:25 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A.M. Newton

(Physician ~~or midwife~~)

Address Pocatello Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed Nov 20, 1915

.....
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 10 1972

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
APR 18 2 35 PM '80

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Nevada } ss.
County of Clark

Certificate No. 34432

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Guptill (Female) (Name on Original Certificate) who was born (Was Born or Died) on Nov. 5, 1915 (Date of Event)
in Pocatello ID (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Church Record, Insur. Policy (Bible Record, Insurance Policy, Etc.) prepared on Nov 14, 1923 & Sept 15, 1934 (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Marion Sylvina Guptill

Subscribed and sworn to before me this 16th day of April, 1980

OFFICIAL SEAL
Notary Public-State of Nevada
CLARK COUNTY
JAMES A. NICKS
My Appt. Exp. June 8, 1983

Notary Public residing at Clark, NV
My commission expires June 8, 1983
(Seal)

Signed Charlotte I Olsen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

2300 E. Tonopah Ave Las Vegas, Nv 89030
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Nevada } ss.
County of Clark

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th day of April, 1980

OFFICIAL SEAL
Notary Public-State of Nevada
CLARK COUNTY
JAMES A. NICKS
My Appt. Exp. June 8, 1983

Notary Public residing at Clark, NV
My commission expires June 8, 1983
(Seal)

Signed Linda T. Hamilton
(Signature of Any Credible Person)

4745 Bridle Ct. N.E. Albuquerque New Mexico 87109
(Street Address, City, State)

FORM DH 60-155 CL 7/10/72

Certif of Baptism from the LDS Church gives nameas Marion Sylvina Guptill daughter of Edward Guptill and Alice Othella Lee. born Nov 5, 1915 at Pocatello, Idho Baptized Nov 14, 1923. viewed by V. S.

Application to the Metropolitan Ins. Co. give naame as Marion Sylvina Guptill Nov 5, 1915. Sept 15, 1934. viwed by V. S.

MAY 1 5 1989

219-101-003-253

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 846 W. Grant St.

Hospital

Form V. S. No. 11

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34433

Registration District No. 84 File No. 19

Primary Registration District No. 2161 Registered No. 915

FULL NAME OF CHILD Clarence Ernest Barker

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	✓		✓	Yes	Nov 1 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Charles Earnest Barker	FULL MAIDEN NAME	Marjorie Rose Kelley
RESIDENCE	Pocatello, Idaho	RESIDENCE	Pocatello, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Fairmont, Nebr.	BIRTHPLACE	Omaha, Nebr
OCCUPATION	Fireman	OCCUPATION	H Wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1 50 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H A Casele MD

(Physician or midwife)

Address Pocatello, Idaho

Given names added from a supplemental report

19

Registrar

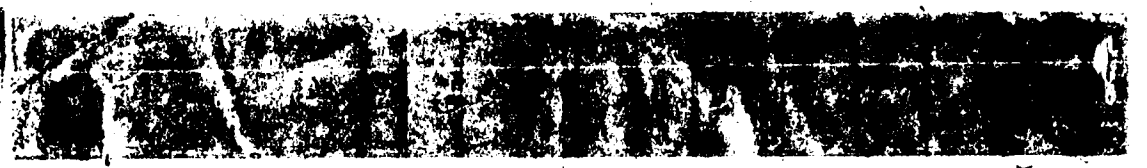
Filed Nov 13 1915 O B Steele Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



Cert. Copy of Own Child's Birth Cert., State of California, child born Sept. 15, 1943. gives full name of father as Clarence Ernest Barker, age 28, born in Idaho – viewed by V.S.

Selective Service Order to Report for Induction, dated Aug. 7, 1945, order no. 161, gives full name as Clarence Ernest Barker – viewed by V.S.

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of .....
County of ..... } ss.

Certificate No. 34433

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Barker (Name on Original Certificate) who born (Was Born or Died) on Nov. 1, 1915 (Date of Event)
in Pocatello, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Clarence Ernest Barker

Subscribed and sworn to before me this 12 day of September, 1960

Notary Public, residing at Omaha, Nebraska
My commission expires June 7, 1964
(Seal)

Signed X Mrs Marjorie Fox Barker
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

X 4110 N. 43 St — Omaha
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of .....
County of ..... } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of
....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

CL 7-29-60. one copy pd. receipt #00911.

MAR 22 1962

38-105-003-636

PLACE OF BIRTH

Form V. S. No. 11—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

L

County of Bannock

City of Pocatello

No. 410 So. Arthur *St.*

Hospital ____

Registration District No. 84 File No. 34434

Primary Registration District No. 2161 Registered No. 871

FULL NAME OF CHILD Charles William Chase

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	Oct 5 1915

FATHER	MOTHER
FULL NAME: Wilber B. Chase	FULL MAIDEN NAME: Alma Florine
RESIDENCE: Ogdenm Utah	RESIDENCE: Pocatello
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 30 (Years)	AGE AT LAST BIRTHDAY: 29 (Years)
BIRTHPLACE: Lodi, Calif.	BIRTHPLACE: Detroit, Minn
OCCUPATION: Printer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 3

Number of children of this mother now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12.30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed Oct 9, 19 15

[signature] Registrar

..... Registrar

8-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

FEB 9 1942

315-106-003-819

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34435

County of Bannock

City of Pocatello

No. 513 S Harrison St.

Hospital

Registration District No. 811 File No. 8

Primary Registration District No. 2161 Registered No. 892

FULL NAME OF CHILD not named

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Oct 6 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Chas C. Sandusky	FULL MAIDEN NAME	Miss Poet Harris
RESIDENCE	Pocatello, Idaho 513 S Harrison	RESIDENCE	Pocatello, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Buchanan Co Mo.	BIRTHPLACE	Poke Co Mo
OCCUPATION	Fireman	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 9:15 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Newton

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Pocatello Idaho

Filed Nov 20, 1915 O B Stretz Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

259-207-403-299

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 34436

County of Bannock

City of Pocatello

No. 545 So. 5th Ave.

Hospital home

Registration District No. 84 File No. 18

Primary Registration District No. 2161 Registered No. 893

FULL NAME OF CHILD Marta Berg

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	Oct. (Month) 7 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Finn Halverson Berg	FULL MAIDEN NAME	Laura Jane Bird
RESIDENCE	545 So. 5th Ave.	RESIDENCE	545 So. 5th Ave.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Norway	BIRTHPLACE	Oakley, Idaho
OCCUPATION	Coal merchant	OCCUPATION	Housekeeping

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6:30 M.P. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Annie Bird

Midwife (Physician or midwife)

Address 905 So. Main St

Filed Oct 26, 1915 O. P. Heely Registrar

Given names added from a supplemental report

19

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

Certified Copy issued Feb. 28, 1941. E.W.

MAR 9 1943

MAR 5 1943

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

APR 5 1972

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

719-103-003-255

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 34437

County of Bannock

City of Pocatello

No. 250 So 3rd Ave St.

Hospital home

Registration District No. 84 File No. 18

Primary Registration District No. 2161 Registered No. 894

FULL NAME OF CHILD Alemanno Elisse Pardini

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Oct (Month) 8 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Armando Pardini	FULL MAIDEN NAME	Evelina Benedetti
RESIDENCE	250 So. 3rd Ave.	RESIDENCE	250 So. 3rd Ave.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Italy	BIRTHPLACE	Italy
OCCUPATION	Common labor	OCCUPATION	Housekeeping

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8:20 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Annie Bird

Midwife (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address 905 So. Main St.

Filed Oct 26 1915 [signature] Registrar

Registrar

S-Y CO. 20174

See Cert. # 30 7784
30 7785

867-208-403-394

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 34438

County of Bannock

City of Pocatello

No. 136 So. Johnson St.

Hospital home

Registration District No. 84 File No. 18

Primary Registration District No. 2161 Registered No. 895

FULL NAME OF CHILD Ellen Retta Hopper

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	Oct (Month) 8 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Samuel Edwin Hopper	FULL MAIDEN NAME	Martha Ellen Crump
RESIDENCE	136 So. Johnson	RESIDENCE	136 So. Johnson
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Dover, England	BIRTHPLACE	Michel Co. N. Carolina
OCCUPATION	Stonemason	OCCUPATION	House keeping

Number of child of this mother, including present birth seven (7) Number of children of this mother now living, including present birth seven (7)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2:40 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Annie Bird

Midwife (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address 907 So. Main St.

Filed Oct 26, 1915 O B Smith Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
EAU OF VITAL STAT

CERTIFICATE OF BIRTH

689-110-003-165

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34439

County of Bannock

City of Pocatello

No. 525 N. Harrison St.

Hospital

Registration District No. 841 File No. 18

Primary Registration District No. 2161 Registered No. 896.

FULL NAME OF CHILD Robert Walter Whisler

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	✓		✓	Yes	Oct 10 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Robert Henry Whisler	FULL MAIDEN NAME	Prudence Elizabeth Jones
RESIDENCE	Pocatello, Idaho	RESIDENCE	Pocatello, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Marion, Indiana	BIRTHPLACE	Sublette, Ill
OCCUPATION	Electrician	OCCUPATION	H. Wife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 45 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. A. Castle

M.D.

(Physician or midwife)

Given names added from a supplemental report

19

Address Pocatello, Idaho

Filed Oct 20, 1915 O. B. Seely

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

493-211-003-445

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34440

County of Bannock

City of Pocatello

No. 340 N 5th St.

Hospital

Registration District No. 84 File No. 18

Primary Registration District No. 2161 Registered No. 897

FULL NAME OF CHILD not named

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Oct (Month) 11 (Day) 1915 (Year)

FATHER	MOTHER
FULL NAME: Louis C. Mills	FULL MAIDEN NAME: Pearl R. Dunn
RESIDENCE: Pocatello, Idaho 340 N. 5th	RESIDENCE: Pocatello, Idaho
COLOR: White — AGE AT LAST BIRTHDAY: 35 (Years)	COLOR: White — AGE AT LAST BIRTHDAY: 32 (Years)
BIRTHPLACE: Eaton Rapids Mich	BIRTHPLACE: Harper Kansas
OCCUPATION: Rancher	OCCUPATION: Housewife

Number of child of this mother, including present birth 3. Number of children of this mother now living, including present birth 3.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2:45 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Newton

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Pocatello Idaho

Filed Nov. 20, 1915 [signature] Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

219.113.003-781

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 230 W Garfield

Hospital

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

3444 F
18

Registration District No. 84 File No.

Primary Registration District No. 2161 Registered No. 898

FULL NAME OF CHILD Dale Warren Bair

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Oct 13 1915

FATHER

FULL NAME Ralph Lenore Bair

RESIDENCE Pocatello, Idaho

COLOR White AGE AT LAST BIRTHDAY 19 (Years)

BIRTHPLACE Pocatello, Idaho

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Bernice May Sharris

RESIDENCE Pocatello, Idaho

COLOR White AGE AT LAST BIRTHDAY 17 (Years)

BIRTHPLACE Shoshone, Idaho

OCCUPATION At Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12 05 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H A Castle M D

(Physician or midwife)

Address Pocatello, Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed Oct 20, 1915 O J Lee
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 2 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

-16-114-007315-

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 34442 2 18

County of Bannock

City of Pocatello

No. 303 N.Lincoln St.

Hospital ----------

Registration District No. 84 File No.

Primary Registration District No. 2161 Registered No. 899

FULL NAME OF CHILD Albert Edward Doolittle

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	---------- and	----------	Yes	10 14 191[illegible]

FATHER

FULL NAME Clarence Orie Doolittle

RESIDENCE 303 N.Lincoln St.

COLOR White AGE AT LAST BIRTHDAY 39 (Years)

BIRTHPLACE Grenado, Kansas

OCCUPATION Painter

MOTHER

FULL MAIDEN NAME Gertrude Lang

RESIDENCE 303 N.Lincoln St.

COLOR White AGE AT LAST BIRTHDAY 36 (Years)

BIRTHPLACE Rockford, Indiana

OCCUPATION Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive on the date above stated. 5-10 at A M

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) W. F. Howard M.D.

(Physician or midwife)

Address Kane Bldg. Pocatello Idaho

Filed Nov 6th 1915 [illegible] Registrar

S-Y CO. 24695

753-215-003-243

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34443

County of Bannock

City of Pocatello

No. South City Limits St.

Hospital -------

Registration District No. 84 File No. 18

Primary Registration District No. 2161 Registered No. 900

FULL NAME OF CHILD Frances Evalyn Peck

Sex of Child female	Twin Triplet or other? ----- and Number in order of birth ----- (To be answered only in event of plural births)	Legitimate? yes	Date of Birth 10 (Month) 15 (Day) 5 (Year) 191

FATHER	MOTHER
FULL NAME Sydney C. Peck	FULL MAIDEN NAME Myrtle A. Butterfield
RESIDENCE South city limits	RESIDENCE South City limits
COLOR white AGE AT LAST BIRTHDAY 31 (Years)	COLOR white AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Gentile Valley Idaho	BIRTHPLACE Oxford Idaho
OCCUPATION Rancher	OCCUPATION housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5 -50 P M on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Howard M.D.

(Physician ~~or midwife~~)

Given names added from a supplemental report.

Address Kane Bldg. Pocatello Idaho

19

Filed Nov 6th 1915 [signature]

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

25-216-003-493

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

L

County of Bannock

City of Pocatello

No. 808 S 2nd St.

Hospital

Registration District No. 84

Primary Registration District No. 2161

File No. 34444

Registered No. 901

FULL NAME OF CHILD Marian Elizabeth Stead

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			Yes	Oct 16 1915

FATHER	MOTHER
FULL NAME Thomas Marion Stead	FULL MAIDEN NAME Maud E Miles
RESIDENCE Pocatello Idaho 808 S 2nd	RESIDENCE Pocatello Idaho
COLOR White	AGE AT LAST BIRTHDAY 35 (Years)
COLOR White	AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE Farmington Utah	BIRTHPLACE Smithfield Utah
OCCUPATION Rancher	OCCUPATION Housewife

Number of child of this mother, including present birth 2nd

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 2:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A M Newton M D

Pocatello Idaho (Physician or midwife)

Address Pocatello Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed Nov 20, 1915

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

313-118-003.765

Form V. S. No. 11-C—20m-3-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 34445 C 18

County of Bannock

City of Pocatello

No. 334 N. Arthur St.

Registration District No. 841 File No.

Primary Registration District No. 2161 Registered No. 902

Hospital

FULL NAME OF CHILD Carlin Whipple Calfee

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	Oct 18 1915

FATHER		MOTHER	
FULL NAME	Douglas W. Calfee	FULL MAIDEN NAME	Emma Pfeil
RESIDENCE	Pocatello, Idaho	RESIDENCE	Pocatello, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Blue Field, W. Virginia	BIRTHPLACE	Elgin, Ill.
OCCUPATION	Machinist	OCCUPATION	At Wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6-55 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H A Castle M.D.

(Physician or midwife)

Address Pocatello, Idaho

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed Oct 20- 1915 O B Lewis
Registrar

5-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 34446
Local Reg. No. 18
Reg. Dist. No. 84

1. PLACE OF BIRTH
a. COUNTY: Bannock
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Pocatello
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: 252 N. 7th

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho b. COUNTY: Bannock
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Pocatello
d. STREET ADDRESS (If rural, give location): 252 N. 7th Avenue

3. CHILD'S NAME (Type or print)
a. (First): ROBERT b. (Middle): VINCENT c. (Last): MARTIN

4. SEX: Male
5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____
5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____
6. DATE OF BIRTH (Month) (Day) (Year): October 19, 1915

FATHER OF CHILD

7. FULL NAME
a. (First): Henry b. (Middle): Peter c. (Last): Martin

8. AGE (At time of this birth): 27 YEARS
9. BIRTHPLACE (State or foreign country) (City or Town): New York City, New York
10. USUAL OCCUPATION: Civil Engineer
11. KIND OF BUSINESS OR INDUSTRY: Civil Service, Bureau of Public Roads

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Mae b. (Middle): c. (Last): Moore

13. AGE (At time of this birth): 21 YEARS
14. BIRTHPLACE (State or foreign country) (City or Town): Waynesville, N. Carolina
15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 0
b. How many OTHER children were born alive but are now dead? 0
c. How many children were stillborn (born dead after 20 wks. pregnancy?)
16. INFORMANT'S SIGNATURE OR NAME (Relationship): Mrs. Mae Martin Mother

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: A. M. Newton
18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____
19. ADDRESS: Pocatello, Idaho
20. DATE SIGNED:
21. DATE REC'D BY LOCAL REG.: Nov. 20, 1915
22. REGISTRAR'S SIGNATURE: O. B. Steely
23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS
WEIGHT AT BIRTH ____ LBS ____ OZS.
RACE OR COLOR OF FATHER: White
RACE OR COLOR OF MOTHER: White
METHOD OF DELIVERY:
Was 1% Silver Nitrate Used to prevent blindness? YES ____ NO ____

BIRTH INJURY TO INFANT
____ YES IF YES, DESCRIBE
____ NO

CONGENITAL MALFORMATIONS OF INFANT
____ YES IF YES, DESCRIBE
____ NO

Use only BLACK INK or BLACK TYPE in completing this certificate. This certificate must be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

OCT 1 3 1978

269-220-2003-171

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Couhty of Bannock

City of Pocatello

No. 156 N. 11th Ave St. Registration District No. 84 File No. 34447

Hospital Primary Registration District No. 2161 Registered No. 18

FULL NAME OF CHILD Velma Lillian Sorenson
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	Oct 20, 1915

What bacterieidal solution was used in eyes?

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME: Sigurd Thomas Sorenson	FULL MAIDEN NAME: Sara Annette Aga
RESIDENCE: Los Angeles, Calif	RESIDENCE: Los Angeles, Calif
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 33 (Years)	AGE AT LAST BIRTHDAY: 34 (Years)
BIRTHPLACE: Mundal, Norway	BIRTHPLACE: Ridgeway, Iowa
OCCUPATION: Clergyman	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Howard, M. D.

(Physician or midwife)

Address Kane Bldg, Pocatello, Idaho

Filed Nov 6, 1915 O. B. Stelly

Registrar.

Give names added from a supplemental report.

....., 192.....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 6 1948

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted] 01-009-6B

[redacted] OF BIRTH

Form V. S. No. 11-C—25m-1-1

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34448

County of Bonner

City of Priest River

Registration District No. 81

File No. 41

No. ..... St.

Primary Registration District No. 2158

Registered No. 46

Hospital .....

FULL NAME OF CHILD Lorena ~~Flassie~~ FLORENCE Bassio Bossio

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	yes	Oct. 1 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Joseph Bossio	FULL MAIDEN NAME	Marie Octoromoro
RESIDENCE	Priest River	RESIDENCE	Priest River
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Italy	BIRTHPLACE	Italy
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8

Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 3.40 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Joe Bassio
Father
(Physician or midwife)

Given names added from a supplemental report.

Oct. 10 1915

Address Priest River Ida

Filed Oct. 10 1915 E D McCarty
Registrar

Registrar

8-Y CO. 24688

K

AUG 17 1942

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County BONNER (b) City PRIEST RIVER
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County BONNER
(c) City PRIEST RIVER
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 14 yrs.

3. RESIDENCE OF FATHER (city, state) Priest River Idaho

4. FULL NAME OF CHILD LORENA FLORENCE BOSSIO

5. Date of Birth of Child (Month, day, year) October 1, 1915

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** Joseph Bossio
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Grimaldi (City or town) Italy (State or foreign country)
14. Exact Occupation logger
15. Industry or Business ----

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Altimore
17. Color or Race white
18. Age at time of THIS birth 31 yrs.
19. Birthplace Grimaldi (City or town) Italy (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

OCT 10 1937

22. ~~Name prophylactic used to prevent~~ Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... (Born alive, stillborn) at..... M. on the date and at the place stated above, and that personal particulars were furnished by..... (First name) (Last name), who is related to this child as..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Bonner } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 26 years, and that Elizabeth Keyser (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Witness- Georgia Hagman- Priest River Ida
Flaw Nascarato Priest River Idaho

Mary Altimore Bossio her mark Signature
Priest River, Idaho P. O. Address

Subscribed and sworn to before me this 3rd. day of April, 1942

(SEAL) [signature] Notary Public, residing at Priest River, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 13 1942 by....., Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

City of Mountain Home — Registration District No. 34 — File No. 34449

No. — St.

Primary Registration District No. 2020 — Registered No. 40

Hospital —

FULL NAME OF CHILD Ruby Margaret Latimore

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
7	—		—	yes	Oct. 22nd 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME	Daniel Dan U. Latimore	Laura Mellen
RESIDENCE	Mountain Home	Mountain Home
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	41	22
BIRTHPLACE	Tenn.	Nev.
OCCUPATION	Sheepman	Housewife

Number of child of this mother, including present birth 2 — Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or ~~stillborn~~) at 10 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. W. Mather

Physician (Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19....

Address Mountain Home

Filed 10/28th 1915 B. W. Mather Registrar

Registrar

S-Y CO. 24655

SEP 24 1942

JUN 15 1953

AUG 4 1961

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Elmore (b) City Mt. Home
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Elmore
(c) City Mountain Home
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 13 yrs.

3. RESIDENCE OF FATHER (city, state) Mt. Home, Ida.

4. FULL NAME OF CHILD Ruby Margaret Latimore

5. Date of Birth of Child (Month, day, year) Oct. 22, 1915

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes.

FATHER OF CHILD

10. FULL NAME Daniel Webster Latimore
11. Color or Race white
12. Age at time of THIS birth 41 yrs.
13. Birthplace Tennesee (City or town) (State or foreign country)
14. Exact Occupation Livestock
15. Industry or Business Sheep.

MOTHER OF CHILD

16. FULL MAIDEN NAME Laura (Mellen) ~~Latimore~~
17. Color or Race white
18. Age at time of THIS birth 22 yrs.
19. Birthplace Winnemucca (City or town) Nevada (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic ~~used to prevent Ophthalmia Neonatorum~~

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) 9: P.M. on the date and at the place stated above, and that personal particulars were furnished by Laura Latimore (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Elmore } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 26 11/12 years, and that B. W. Mather (First name) (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Laura Latimore Signature
Mountain Home, Idaho. P. O. Address

Subscribed and sworn ~~to before~~ me this 23 day of September, 1942

(SEAL) Notary Public, residing at Mountain Home, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on by, Registrar.

copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred ~~subsequent to such~~ date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

359-12 [redacted] -921

PLAC[redacted]

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of [redacted]

City of Neeley (via)

No. am Falls St.

Hospital

Registration District No. 25

File No. 34450

Primary Registration District No. 207

Registered No.

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		Yes	7-20-1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Leeschner	FULL MAIDEN NAME	Tonia Isaak
RESIDENCE	Neeley Idaho	RESIDENCE	Neeley Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Russia	BIRTHPLACE	Scotland S Dakota
OCCUPATION	Farmer	OCCUPATION	Housekeeping

Number of child of this mother, including present birth Seven

Number of children of this mother now living, including present birth Five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Getta C. Grayot

Midwife
(Physician or midwife)

Given names added from a supplemental report.

19

Address Neeley Idaho

Filed July 26 1915 R.F. [illegible]

Registrar

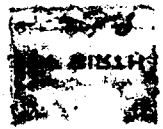
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

34451

City of American Falls — Registration District No. 26 — File No.

No. ..... St. — Primary Registration District No. 2072 — Registered No.

Hospital .....

FULL NAME OF CHILD Marie Louise Hoggatt

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	July 30 1915

FATHER	MOTHER
FULL NAME Ralph D. Hoggatt	**FULL MAIDEN NAME** Ollie Burchett
RESIDENCE American Falls, Idaho	**RESIDENCE** American Falls, Idaho
COLOR White — **AGE AT LAST BIRTHDAY** 23 (Years)	**COLOR** White — **AGE AT LAST BIRTHDAY** 22 (Years)
BIRTHPLACE Washington	**BIRTHPLACE** Kentucky
OCCUPATION Lumber Salesman	**OCCUPATION** Housewife

Number of child of this mother, including present birth 2 — Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7:45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Richard F. Noth,

Physician (Physician or midwife)

Address American Falls, Idaho

Given names added from a supplemental report.

..... 19.....

Filed Aug. 5 1915. R. F. Noth, M. D.

..... Registrar — Registrar

S-Y CO. 24695

OCT 1 1974

8 [redacted] 1NC—25m-1-1-18

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Power

City of Am Falls

No. ..... St.

Hospital .....

Registration District No. 25 File No. 34452

Primary Registration District No. 2072 Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	✓		✓	Yes	Aug 18 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Joseph S. Hansen	FULL MAIDEN NAME	Petra Christina Hansen
RESIDENCE	Pauline Ida	RESIDENCE	Pauline Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Oneida Co Ida	BIRTHPLACE	Aarhus Denmark
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 4th Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 3:15 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. J. Pettit D.O.

(Physician on [redacted])

Given names added from a supplemental report.

..... 19....

Address Crystal Ida

Filed Sept 1 1915

R. F. [illegible]

Registrar

S-Y CO. [illegible]

[redacted]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEPARTMENT OF STATE

PLACE OF ENTRY

DEPARTMENT OF STATE

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

553-129-39-251

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Power

City of Crystal

No. ..... St.

Hospital .....

Registration District No. 25

File No. 34453

Primary Registration District No. 2072

Registered No. .....

FULL NAME OF CHILD Rex Beach Vetsch

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	Yes	Aug 29 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Geo. T Vetsch	FULL MAIDEN NAME	Violet Beach Vetsch
RESIDENCE	Crystal	RESIDENCE	Crystal
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Minnesota	BIRTHPLACE	N. Platte Neb.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10:30 a. M on the date above stated.

(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H J Ellis D.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Crystal Ida

Filed Sept 3 1915

R. F. Noon M.D.

Registrar

Registrar

S-Y CO. 24655

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

CUT NAME OF

Sex of Child

FULL NAME

296-207-039-763

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Power

City of Am Falls

No. ..... *St.*

Hospital .....

Registration District No. 25 **File No.** 34454

Primary Registration District No. 2072 **Registered No.** .....

FULL NAME OF CHILD Barbara Brown

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
female	✓		✓	Yes	Oct 7 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John Alford Brown	FULL MAIDEN NAME	Jannette Gatchell Brown
RESIDENCE	Crystal Ida	RESIDENCE	Crystal Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Ogden Ut.	BIRTHPLACE	Ogden Ut.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11:45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. J. Pettit D.C.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Crystal Ida

Filed Oct 12 1915

..... Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

153-210-039-869

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Power

City of American Falls,

No. ..... St.

Hospital .....

Registration District No. 25 File No. 34455

Primary Registration District No. 2072 Registered No. .....

FULL NAME OF CHILD Emma Genoviave Backer

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Oct 10 1915

FATHER	MOTHER
FULL NAME: John A. Becker	FULL MAIDEN NAME: Rachel Hornbacher
RESIDENCE: American Falls,	RESIDENCE: American Falls,
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 37 (Years)	AGE AT LAST BIRTHDAY: 19 (Years)
BIRTHPLACE: Nebraska	BIRTHPLACE: Russia
OCCUPATION: Laborer	OCCUPATION: Housewife

Number of child of this mother, including present birth: one

Number of children of this mother now living, including present birth: one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 P.M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Richard F. Morris

Physician (Physician or midwife)

Address American Falls, Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Oct 20 19 15

R. F. Morris M.D. Registrar

S-Y CO. 24058

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 14 1964

MARGIN RESERVED FOR BINDING — PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

469-211-039-815

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34457

County of Power

City of American Falls, Registration District No. 25 File No.

No. St. Primary Registration District No. 2072 Registered No.

Hospital

FULL NAME OF CHILD Rachel Eliza Morris

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Oct 11 1915

FATHER

FULL NAME: Samuel F. Morris
RESIDENCE: American Falls,
COLOR: White
AGE AT LAST BIRTHDAY: 34 (Years)
BIRTHPLACE: Utah
OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Anna Hansen
RESIDENCE: American Falls,
COLOR: White
AGE AT LAST BIRTHDAY: 27 (Years)
BIRTHPLACE: Wyoming
OCCUPATION: Housewife

Number of child of this mother, including present birth: three
Number of children of this mother now living, including present birth: three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Richard F Morris

Physician
(Physician or midwife)

Address American Falls, Idaho

Filed Oct. 20 1915 R F Morris M D
Registrar

S-Y CO. 24655

DECEASED

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED AUG 5 1965 Bureau of Vital Statistics

State of Idaho
County of Bannock } ss.

Certificate No. 34457

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Morris (female child) (Name on Original Certificate) who was born (Was Born or Died) on Oct. 11, 1915 (Date of Event)
in American Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Rachel Eliza Morris

Subscribed and sworn to before me this 16 day of June, 19 65

Notary Public, residing at Downey, Idaho
My commission expires Oct. 25, 1968
(Seal)

Signed (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed (Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

CL 5-28-65. nm

Own Child's Birth Cert. on file: (Idaho Birth) #329439 gives full name of child as R Mother as Rachel Eliza Morris - viewed by V.S.

AUG 17 1965

L.D.S Church Certificate of Membership, dated Dec. 14, 1924 gives full name as Rachel Eliza Morris, female born Oct. 11, 1915 at Pleasant Valley, Idaho-Power Co., blessed Nov. 7, 1915 - viewed by V S.

893-214-039-231

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Power

City of American Falls, Registration District No. 25 File No. 34458

No. ..... St.

Primary Registration District No. 2072 Registered No. .....

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Oct. 14 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Willard Hickam	FULL MAIDEN NAME	Oma Blankenship
RESIDENCE	American Falls,	RESIDENCE	American Falls,
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	Well Driller	OCCUPATION	Housewife

Number of child of this mother, including present birth three Number of children of this mother now living, including present birth three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3:30 A.M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Richard F. North

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address American Falls, Idaho

Filed Oct. 20 1915 R. F. North M.D.

..... Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

415119.039415

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Power

City of Pauline

No. — St.

Hospital —

Registration District No. 26 File No. 34459

Primary Registration District No. 2072 Registered No.

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	✓		4th	Yes	Oct (Month) 19 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Eynon L. Davis	FULL MAIDEN NAME	Rachel L. Davis
RESIDENCE	Pauline Ida	RESIDENCE	Pauline Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Malad Ida	BIRTHPLACE	Brigham City
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 5 a. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Reported by — not attended by —
H. J. Kittitt D.D.
(Physician or ~~midwife~~)

Given names added from a supplemental report.

19

Address Crystal Ida

Filed Nov 1 1915 R F Hoch M.D.
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Disposal 1915 323505

449-224-039866

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Power

City of American Falls, Registration District No. 25 File No. 34460

No. ..... St.

Primary Registration District No. 2072 Registered No. .....

Hospital .....

FULL NAME OF CHILD Mildred Genevieve Durkee

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Oct. (Month) 24 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Irving J. Durkee	FULL MAIDEN NAME	Eula May Howard
RESIDENCE	American Falls,	RESIDENCE	American Falls,
COLOR	W ite	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth two Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3:45 A.M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Richard F. North

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address American Falls, Idaho

Filed Nov 1 1915 R. F. North M.D. Registrar

Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1/23/41 L. B.

269-225-039-962

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Power

City of American Falls,

No. ..... St.

Hospital .....

Registration District No. 25

File No. 34461

Primary Registration District No. 2072

Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Oct (Month) 25 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Archie T Sorenson	FULL MAIDEN NAME	Clara Rose
RESIDENCE	American Falls,	RESIDENCE	American Falls,
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Kentucky
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... one ..... Number of children of this mother now living, including present birth ..... one .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Richard F. Noth

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19 .....

Address American Falls, Idaho

Filed Nov 1 1915 R. F. Noth M.D.

Registrar

Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

219-128'039'094

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34462

County of Power

City of American Falls,

Registration District No. 25 File No.

No. St.

Primary Registration District No. 2072 Registered No.

Hospital

FULL NAME OF CHILD Richard Spencer Barnes

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Oct 28 1915

FATHER	MOTHER
FULL NAME: Herbert S. Barnes	FULL MAIDEN NAME: Estella E. Summers
RESIDENCE: American Falls, Idaho	RESIDENCE: American Falls,
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 26 (Years)	AGE AT LAST BIRTHDAY: 19 (Years)
BIRTHPLACE: Missouri	BIRTHPLACE: Iowa
OCCUPATION: Laborer	OCCUPATION: Housewife

Number of child of this mother, including present birth: one

Number of children of this mother now living, including present birth: one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 A.M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Richard F North

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address American Falls, Idaho

Filed Nov 1 1915 R F North M D

..... Registrar

..... Registrar

S-Y CO. 24688

4/7/41 L. B.

191-229-039-235

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C

CERTIFICATE OF BIRTH

County of Power

City of American Falls, Registration District No. 25 File No. 34463

No. ____ St. Primary Registration District No. 2072 Registered No. ____

Hospital ____

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Oct 29 [illegible]

FATHER	MOTHER
FULL NAME: Andrew Draper	FULL MAIDEN NAME: Nina Stewart
RESIDENCE: American Falls, Idaho	RESIDENCE: American Falls, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 34 (Years)	AGE AT LAST BIRTHDAY: 30 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Utah
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: seven

Number of children of this mother now living, including present birth: seven

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Richard F Nash

Physician (Physician or midwife)

Address American Falls, Idaho

Given names added from a supplemental report.

____ 19____

____ Registrar

Filed Nov 1 1915

R F Nash M.D. Registrar

S-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

962-101-039-962

PLACE OF BIRTH

Form V. S. No. 11-C-125m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bowen

City of Crystal

No. ..... St.

Hospital .....

Registration District No. 24 File No. 34464

Primary Registration District No. 2072 Registered No. .....

FULL NAME OF CHILD John Bowers Rossiter

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	Yes	Nov 1 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Ralph W Rossiter	FULL MAIDEN NAME	Delcene Marie Rossiter
RESIDENCE	Crystal Ida	RESIDENCE	Crystal Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Matoon Ill.	BIRTHPLACE	Waukesha Wis
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 3:30 A. M on the date above stated.

(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. J. Pettit DD

(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19....

Address Crystal Ida

Filed 11/10 1915 R. F. Roth Mill

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 5 1968

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

55 7-204-039-493

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Power

City of American Falls, *Registration District No.* 25 File No. 34466

No. ..... *St.*

Primary Registration District No. 2072 Registered No. .....

Hospital .....

FULL NAME OF CHILD Dorothy Margaret Engle

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Nov. 4 1915.

FATHER	MOTHER
FULL NAME: Andrew Engle	FULL MAIDEN NAME: Hazel Miller
RESIDENCE: American Falls, Idaho	RESIDENCE: American Falls, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 21 (Years)	AGE AT LAST BIRTHDAY: 18 (Years)
BIRTHPLACE: Indiana	BIRTHPLACE: Indiana
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: one

Number of children of this mother now living, including present birth: one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8:55 P.M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Richard F Voith

Physician (Physician or midwife)

Address American Falls, Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Nov. 13 1915. R F Voith M.D Registrar

S-Y CO. 24655

243112-038457

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Power

City of American Falls,

No. ..... *St.*

Hospital .....

Registration District No. 25 File No. 34467

Primary Registration District No. 2072 Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Nov. 12 1915

FATHER	MOTHER
FULL NAME: Oscar H. Butler.	FULL MAIDEN NAME: Florence DeGrange
RESIDENCE: American Falls, Idaho	RESIDENCE: American Falls, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 23 (Years)	AGE AT LAST BIRTHDAY: 20 (Years)
BIRTHPLACE: Missouri	BIRTHPLACE: Missouri
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: five

Number of children of this mother now living, including present birth: four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4:15 A.M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Richard F. Nash

Physician
(Physician or midwife)

Address American Falls, Idaho

Filed Nov. 13 1915

R F Nash
Registrar

S-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

214-110-029-5

PLACE OF BIR[redacted]

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Genesee

No. ..... St.

Hospital .....

Registration District No. 62 File No. 34468

Primary Registration District No. 2142 Registered No. 24

FULL NAME OF CHILD John Sampson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	Nov (Month) 10 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	David Sampson	FULL MAIDEN NAME	Pearl Vanovick
RESIDENCE	Genesee Idaho	RESIDENCE	Genesee Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Or	BIRTHPLACE	Mich
OCCUPATION	Ranch Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Tuorry

Genesee Idaho (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed Nov. 19 1915 W. H. Ehem Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

FEB 6 1976

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

43-207-058

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lotah [redacted]

City of Kendrick

Registration District No. 63 File No. 34469

No. ..... St.

Primary Registration District No. 2143 Registered No. 91

Hospital .....

FULL NAME OF CHILD Henrietta Nettie McDonald

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Nov 7 1915

FATHER		MOTHER	
FULL NAME	Thomas McDonald	FULL MAIDEN NAME	Minnie Johns
RESIDENCE	Kendrick Idaho	RESIDENCE	Kendrick Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Ireland	BIRTHPLACE	Germany
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 6:15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Thos McDonald (Father)

(no physician or midwife) (Physician or midwife)

Address Kendrick Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 12 1 1915 J E Hoyt Registrar

8-Y CO. 20174

OCT 4 1950

132-104-02 2437

PLACE OF BIRTH

County of Latah

City of Kendrick

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-3-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 63 File No. 34470

Primary Registration District No. 2143 Registered No. 90

FULL NAME OF CHILD Dorman Keith Alber

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Oct 4 1915

FATHER		MOTHER	
FULL NAME	Jacob Alber	FULL MAIDEN NAME	Bertha McGraw
RESIDENCE	near Kendrick Idaho	RESIDENCE	near Kendrick Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	37
COLOR	White	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Missouri	BIRTHPLACE	Illinois
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Rothwell M D

(Physician or midwife)

Address Kendrick Idaho

Given names added from a supplemental report

..... 19.....

Filed 12 1 1915 J E Hoyt

Registrar

..... Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

6-17-41

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Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Latah

City of near Kendrick

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 63 File No. 34471

Primary Registration District No. 2143 Registered No. 89

FULL NAME OF CHILD Harold Frank Abrams

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
M			yes	11 (Month) 5 (Day) 15 (Year)

FATHER		MOTHER	
FULL NAME	Frank Abrams	FULL MAIDEN NAME	Millie Garner
RESIDENCE	near Kendrick Ida	RESIDENCE	same
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Idaho
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9 9 M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John E Hoyt M D

(Physician or midwife)

Address Kendrick Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 11-6 1915 J E Hoyt Registrar

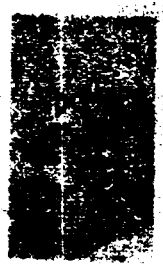
S-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 19 1962



MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

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PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Cottonwood

...ion District No. 105

File No. 69 34472

No. ..... St.

Primary Registration District No. 2183

Registered No. .....

Hospital .....

FULL NAME OF CHILD John Leonard Jungert

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		Yes	Sept. 9 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	George Paul Jungert	FULL MAIDEN NAME	Prudy Descigne Leonard
RESIDENCE	Cottonwood Ida	RESIDENCE	Boles Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Philips Wisconsin	BIRTHPLACE	Logan Arkansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 2 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Anna Ruth Leonard
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Boles Ida

Filed Nov 1 1915 H B Blake
Registrar

S-Y CO. 24655

Registrar

APR 8 1943

FEB 24 1966

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PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
DIVISION OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34473

County of Idaho

City of Greencreek

Registration District No. 105 Greencreek File No. 70

No. ..... St.

Primary Registration District No. 2183 Registered No. .....

Hospital .....

FULL NAME OF CHILD Agnes Marie F. Baerlocher

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
female	~~X~~ (To be answered only in event of plural births)		yes	Oct. (Month) 30 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	B. A. Baerlocher	FULL MAIDEN NAME	C. B. ~~B~~ Nuxoll
RESIDENCE	Greencreek	RESIDENCE	Greencreek
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Switzerland	BIRTHPLACE	Illinois
OCCUPATION	Farmer	OCCUPATION	—

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born (Born alive or stillborn), at 3 PM on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Bernardina Schmidt

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Green Creek Idaho

Filed Nov 4 1915 H B Blake

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 7 1942

316-207-025

[redacted] V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Idaho

City of Westlake

Registration District No. 105 File No. 71 34474

No. ..... St.

Primary Registration District No. 2183 Registered No. .....

Hospital .....

FULL NAME OF CHILD Blanch Naomi Lawrence

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Nov (Month) 7 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	William McCoy Lawrence	FULL MAIDEN NAME	Blanch Gertrude Snoady
RESIDENCE	Westlake	RESIDENCE	Westlake
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	N. C.	BIRTHPLACE	Neb
OCCUPATION	Labor	OCCUPATION	Housekeeper

Number of child of this mother, including present birth Six Number of children of this mother now living, including present birth four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 11 15 A.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. M. Eastman

Midwife

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Westlake Ida.

Filed Nov 14 1915 H B Blake

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MARGIN RESERVED FOR BINDING

WHITE PAPER WITH PERMANENT RECORD

366-211-025-569

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of West Lake

No. ..... St.

Hospital .....

Registration District No. 105 File No. 72 34475

Primary Registration District No. 2183 Registered No. .....

FULL NAME OF CHILD not named

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Nov (Month) 11 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Wm A Cooper	FULL MAIDEN NAME	Myrtle Norton
RESIDENCE	West Lake, Ida.	RESIDENCE	West Lake
COLOR	white	COLOR	White
AGE AT LAST BIRTHDAY	50 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Ash, Co., N. C.	BIRTHPLACE	Marion Co. Or.
OCCUPATION	Timber dealer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 9 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. L. Burke MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Vollmer Ida

Filed Nov 21 1915 H B Blake
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 7 1974

699.118.025.249

Form V. S. No. 11—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of: Cottonwood

Registration District No. 105

File No. 73 34476

No. _____ St.

Primary Registration District No. 2183

Registered No. _____

~~Hospital~~ Home

FULL NAME OF CHILD Richard Edward Orr

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Nov 18 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wesley F. Orr	FULL MAIDEN NAME	Grace Lurine Smith
RESIDENCE	Cottonwood Idaho	RESIDENCE	Cottonwood Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Rochester Minn.	BIRTHPLACE	St Peters Minn.
OCCUPATION	Physician & Surgeon	OCCUPATION	House wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 1:30 a. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Wesley F. Orr.

(Physician or midwife)

Given names added from a supplemental report.

Address Cottonwood Idaho.

_____ 19____

Filed Nov 27 1915 H B Blake

Registrar

Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTI

CERTIFICATE OF BIRTH

RTH

JUN 29 1948

OCT 12 1954

289-219-025-958

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Cottonwood

Registration District No. 105 File No. 74 34477

No. ..... St.

Primary Registration District No. 2183 Registered No. .....

Hospital .....

FULL NAME OF CHILD Dorothy Helen Shields

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Nov. 19 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Hayward Logan Shields	FULL MAIDEN NAME	Ella Marie Rehder
RESIDENCE	Cottonwood	RESIDENCE	Cottonwood
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	West Virginia	BIRTHPLACE	Montana
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11-30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) J. W. Turner, Physician (Physician or midwife)

Address Cottonwood, Idaho

Filed Nov 27 1915 H B Blake Registrar

2-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 21 1954

714-125-025-239

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Cottonwood

Registration District No. 105

File No. 75 34478

No. ..... St.

Primary Registration District No. 2183

Registered No. .....

Hospital Home

FULL NAME OF CHILD Cyril Leo Gaul

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Nov 25 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Joseph Gaul	FULL MAIDEN NAME	Hilda Strickfaden
RESIDENCE	Cottonwood Ida.	RESIDENCE	Cottonwood Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Bankrupt, Iowa.	BIRTHPLACE	Pendleton Ore.
OCCUPATION	Clerk.	OCCUPATION	House wife.

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2:30 A. M., on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Wesley F. Orr.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Cottonwood Idaho.

Filed Nov 30 1915 H B Blake

Registrar

Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss. RECEIVED Certificate No. 34478

County of ..... DEC 3 1965 Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Gaul (male child) (Name on Original Certificate) who was born (Was Born or Died) on Nov. 25, 1915 (Date of Event)

in Cottonwood, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts are shown by his baptismal certificate (Bible Record, Insurance Policy, Etc.) prepared on November 25, 1915 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Cyril Joseph Lee Gaul

OFFICIAL SEAL JONNIE HUMPHREY NOTARY PUBLIC CALIFORNIA PRINCIPAL OFFICE IN LOS ANGELES COUNTY

Subscribed and sworn to before me this 29th day of November 1965

Jonnie Humphrey

Notary Public, residing at Los Angeles

My commission expires

(Seal) JONNIE HUMPHREY

My Commission Expires Jan. 24, 1966

Signed [signature] (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1318 W. 90th Place, Los Angeles 90044 Calif. (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.

County of .....

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29th day of November 1965

Florence C. Parker

Notary Public, residing at Los Angeles, California

My commission expires

(Seal) PRINCIPAL OFFICE IN LOS ANGELES COUNTY Expires June 1, 1966

Signed Agnes G. Gaul (Signature of Any Credible Person)

1500 W. Ninth St., Los Angeles, Calif. (Street Address, City, State)

FORM DH 60-155

CL 10-29-65. one copy pd. rec. #1357.

Selective Service Registration Certificate, dated Oct. 16, 1940 gives full name a. Cyril Leo Gaul - viewed by V.S.

JAN 3

Certificate of Baptism, Our Lady Hepl of Christians Church, Cottonwood, Idaho, baptis Nov. 25, 1915 gives full name as Cyril Leo Joseph Gaul, born Nov. 25, 1915 at Cottonwood, Idaho to Joseph A. Gaul and Hildegard Strickfaden - viewd by V.S.

238.223.025.494

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Cottonwood

No. _____ St.

~~Hospital~~ Home

Registration District No. 105

Primary Registration District No. 2183

File No. 74 34479

Registered No. _____

FULL NAME OF CHILD Clara Schwartz

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Nov 23 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Michael Schwartz	FULL MAIDEN NAME	Lottie Drube
RESIDENCE	Cottonwood Ida	RESIDENCE	Cottonwood Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Buyere Germany	BIRTHPLACE	Breaket Wash.
OCCUPATION	Farming	OCCUPATION	House wife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 3:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Wesley F. Orr
(Physician or midwife)

Given names added from a supplemental report.

Address Cottonwood Idaho

_____ 19____

Filed Nov 30 1915 H B Blake
Registrar

Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 27 1942

[redacted]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

512-227-025-966

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Ferm.

No. ..... St.

~~Hospital~~ Home

Registration District No. 105

Primary Registration District No. 2183

File No. 77 34480

Registered No. .....

FULL NAME OF CHILD Mary Patricia Nash.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Nov 27 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Patrick Henry Nash.	FULL MAIDEN NAME	Anna Rome.
RESIDENCE	White bird Ida.	RESIDENCE	White bird Ida.
COLOR	White.	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Dickenson Kan.	BIRTHPLACE	Mt. Vernon Ind.
OCCUPATION	Farming	OCCUPATION	House wife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 5:30 a. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Dr. Wesley F. Orr

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Cottonwood Idaho

Filed Nov 30 1915 H B Blake

Registrar

Registrar

S-Y CO. 24656

532.102 : 031-281

PLACE OF BIRTH

County of Lewis

City of Nezperce

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-13

CERTIFICATE OF BIRTH

Registration District No. 47 File No. 34481

Primary Registration District No. 2124 Registered No. 47

FULL NAME OF CHILD Ernest Virgil Elkins

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				11 2 1915

FATHER		MOTHER	
FULL NAME	John Elkins	FULL MAIDEN NAME	Lone Schafer
RESIDENCE	Nezperce, Idaho	RESIDENCE	Nezperce, Idaho
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	R. R. Brakeman	OCCUPATION	Work

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1:40 P.M. on the date above stated.
(Born alive or stillborn)

(Signature) J. P. Jones, M. D.
(Physician or midwife)

Address Nezperce, Idaho.

Filed 11-3 1915 J. P. Jones
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 3 1972

345-107-031-766

Amended 7/27/70

Form V. S. No. 11-C—25m-1-1-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of Nezperce

No. ..... *St.*

Hospital .....

Registration District No. 47

Primary Registration District No. 2124

File No. 34482

Registered No. 48

FULL NAME OF CHILD Floyd O. Lundeby

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	11 (Month) 1 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Lundeby, John P.	FULL MAIDEN NAME	Powers, Altany
RESIDENCE	Nezperce	RESIDENCE	Nezperce
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	49	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Norway	BIRTHPLACE	Neb.
OCCUPATION	Farmer	OCCUPATION	Hw.

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 12 - 45 P M on the date above stated.

(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. A. Jeffrey

(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19.....

..... *Registrar*

Address Nezperce Ida

Filed 11-1 1915 J. P. Jones *Registrar*

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 27 1970

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of IDAHO } ss.
County of LEWIS }

Certificate No. 34482

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Lundeby (Name on Original Certificate) who was born (Was Born or Died) on Nov. 1, 1915 (Date of Event)
in Nezperce, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Floyd O. Lundeby
Full Name of Father	John D. Lundeby	John P. Lundeby
Full Maiden Name of Mother	Altaney Powers	Altany Powers

Subscribed and sworn to before me this 21st day of April, 1970

Notary Public, residing at NEZPERCE

My commission expires MARCH 3, 1971

(Seal)

Signed X Edwin Thompson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

NEZPERCE, IDAHO
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO } ss.
County of LEWIS }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23RD day of APRIL, 1970

Notary Public, residing at NEZPERCE

My commission expires MARCH 3, 1971

(Seal)

Signed Wesley Kelleher
(Signature of Any Credible Person)

NEZPERCE, IDAHO
(Street Address, City, State)

FORM DH 60-155 CL 2-6-61. one copy pd. receipt #11653.

'Confirmation certificate gives child's name as Floyd O. Lundeby. Born Nov. 1. 1915 . Confirmaed July 20, 1930 in St. John's Church. Signed by. K. A. Bodin, Pastor. Nezperce, ID. Viewed by V. S.

Certificate of Baptism gives child's name as Floyd Ove Lundeby son of John P. Lundeby and Alteny Lundeby. Born Nov. 1, 1915. Baptized Jan. 16, 1916. Viewed by V. S.

Marriage Certificate gives name of groom as John P. Lundeby and bride's name as

Altany Powers. Dated May 5, 1906 at Lewiston, Idaho. Signed by. W. T. Euster and M. E. Church. Viewed by V. S.

693.129.031-569

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Lewis

City of Nezperce

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 47 File No. 34483

Primary Registration District No. 2124 Registered No. 49

FULL NAME OF CHILD Elbert Leroy Williams

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	11 29 1915

FATHER		MOTHER	
FULL NAME	Williams, R. R.	FULL MAIDEN NAME	Nordyke, Myrtle
RESIDENCE	Nezperce	RESIDENCE	Nezperce
COLOR	W. AGE AT LAST BIRTHDAY 27 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE	Ill	BIRTHPLACE	Iowa
OCCUPATION	Farm	OCCUPATION	Hm.

Number of child of this mother, including present birth 4th Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 11 05 P. M on the date above stated.
(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. A. Jeffrays

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19.....

Address Nezperce

Filed 12-6 1915 J. P. Jones

..... Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 18 1942

JAN 29 1958

NOV 19 1975

893125·031-442

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Lewis

City of Nezperce

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 47 File No. 34484

Primary Registration District No. 2124 Registered No. 50

FULL NAME OF CHILD Cecil Wayne Hill

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	11 (Month) 25 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Hill, Harry J.	FULL MAIDEN NAME	Russel, Marion E.
RESIDENCE	Nezperce	RESIDENCE	Nezperce
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	N. Y.
OCCUPATION	Farmer	OCCUPATION	Hw.

Number of child of this mother, including present birth ~~[illegible]~~ Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 12:09 M on the date above stated.
(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. A. Jeffrays
(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19.....

Address Nezperce

Filed 12-6-15 J. Hanes
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 14 1942

315-124-03-791

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of Nezperce

No. ..... St.

Hospital .....

Registration District No. 47 File No. 34485

Primary Registration District No. 2124 Registered No. 51

FULL NAME OF CHILD Ellmer Leo Langer

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Nov (Month) 24 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Lewis Langer	FULL MAIDEN NAME	Ollie Grayham
RESIDENCE	Nezperce	RESIDENCE	Nezperce
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Minnesota	BIRTHPLACE	Arkansas
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was A live (Born alive or stillborn) at 4 or M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E Taylor M D

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Nezperce Idaho

Filed 12-[illegible] 1915

J P Jones
Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 16 1948

MAY 23 1974

NOV 20 1974

255-224-031-281

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lewis

City of Nez Perce

No ____, ____ St.

Hospital ____

Registration District No 47 File No. 34486

Primary Registration District No. 2124 Registered No. 52

FULL NAME OF CHILD Dortha Marie Senter

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day)
Girl				Yes	Nov. 24

FATHER		MOTHER	
FULL NAME	Jess J. Senter	FULL MAIDEN NAME	Cora Dell [redacted]
RESIDENCE	Mohler	RESIDENCE	Mohler
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	[redacted] (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12-15 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm. Shawley M.D.

(Physician or Midwife)

Address Nez Perce Idaho R.F.D. #2

Given names added from a supplemental report

....., 19.....

Filed Dec. 19 15

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

753-111-006-219

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34487

County of Bingham

City of Aberdeen

Registration District No. 116

File No. 3

No. ..... St.

Primary Registration District No. 2195

Registered No. 128

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	—		—	Yes	Nov 11 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Fritz Helon Peterson	FULL MAIDEN NAME	Maggie Bartlett
RESIDENCE	Aberdeen Ida	RESIDENCE	Aberdeen Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Tennessee
OCCUPATION	Railroad Station Agent	OCCUPATION	Housewife

Number of child of this mother, including present birth Sixth Number of children of this mother now living, including present birth Six

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7 A M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) McMacKinnon, M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Aberdeen Ida

Filed Nov 11 1915 McMacKinnon

Registrar

Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

113.211-006-452

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34488

County of Bingham

City of Aberdeen

Registration District No. 116

File No. 3

No. ..... St.

Primary Registration District No. 2195

Registered No. 129

Hospital .....

FULL NAME OF CHILD Burnedetta Anna Jackson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	Yes	Nov 11 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	David Franklin Jackson	FULL MAIDEN NAME	Isabelle Jennie Messlin
RESIDENCE	Aberdeen Ida	RESIDENCE	Aberdeen Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth Second Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) McMartinus MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Aberdeen Ida

Filed Nov 11 1915 McMartinus

Registrar

Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

997-215-006-219

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Bingham

City of Aberdeen

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34489

Registration District No. 116 File No. _____

Primary Registration District No. 2195 Registered No. 130

FULL NAME OF CHILD _____

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	—	—	Yes	Nov 15 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Alma Liptrot Rigby	FULL MAIDEN NAME	Martha Bartlett
RESIDENCE	Aberdeen Ida	RESIDENCE	Aberdeen Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Wyoming
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth First Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible] MD
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Aberdeen Ida

Filed Nov 15 1915 [illegible]
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

319.115.006.292

PLACE OF BIRTH name amended 3/26/81 STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

34490
3

CERTIFICATE OF BIRTH

County of Bingham

City of Aberdeen

Registration District No. 116 File No.

No. St.

Primary Registration District No. 2195 Registered No. 131

Hospital

FULL NAME OF CHILD Rolland Alvin Carpenter

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	—		—	Yes	Nov 15 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Carl Edison Carpenter	FULL MAIDEN NAME	Lennie Sisler
RESIDENCE	Aberdeen Ida	RESIDENCE	Aberdeen Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth third Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature] MD

(Physician or midwife)

Given names added from a supplemental report.

19

Address Aberdeen Ida

Filed Nov 16 1915 [signature]

Registrar Registrar

B-Y CO. 24685

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

12-10-80

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
VITAL STATISTICS
4 11 27 AM '81

State of Colorado
County of Mesa } ss.

Certificate No. 34490
Date Filed Feb 20 - 1981

The undersigned does solemnly swear that certain facts on the certificate of birth
for Alvin Ora Carpenter (Name on Original Certificate) who was born (Was Born, Died, etc.) on Nov. 15, 1915 (Date of Event)
in Aberdeen (Bingham) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Childs full name	Alvin Ora Carpenter	Rolland Alvin Carpenter

Subscribed and sworn to before me this 20th day of February, 19 81.
Notary Public, Donna N. Young.
Residing at Caeborn, Colo 81624
My commission expires June 25 - 1984
(Seal)

Rolland a Carpenter
Signature of Applicant
Rt 1 Caeborn, Colo 81624
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Colorado
County of Mesa } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20th day of February, 1981.
Notary Public, Donna N. Young.
Residing at Caeborn, Colo 81624
My commission expires June 25 - 1984
(Seal)

Earl E Carpenter
Supporting Signature
Rt 1 Caeborn, Colo 81624
Street Address, City, State

lcc pd

A Pennsylvania Life Insurance Policy dated September 15 1965 showes the name as Rolland A. Carpenter - policy #3234541-PA

- Viewed by VS

259-120-006-693

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34491
3

County of Bingham

City of Springfield

No. ..... St.

Hospital .....

Registration District No. 116 File No. .....

Primary Registration District No. 2195 Registered No. 132

FULL NAME OF CHILD Willis Hendriksen Berg

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male		yes	Nov. 20 1915

FATHER		MOTHER	
FULL NAME	Henry Halversen Berg	FULL MAIDEN NAME	Emma Willis
RESIDENCE	Springfield Ida	RESIDENCE	Springfield Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Norway	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth Third Number of children of this mother now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) McCormick Kinney, M.D.
Aberdeen, Idaho,
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed Nov 20 1915 McCormick Kinney
Registrar

Registrar

S-Y CO. 24888

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

363-128-026-296

PLACE OF BIRTH

County of Jefferson

City of Annis

No. ..... St.

Hospital .....

[redacted]E OF IDAHO
[redacted] VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 34492

Primary Registration District No. 2176 Registered No. 177

FULL NAME OF CHILD Ray

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M	—	Yes.	Sept 28 1915

FATHER		MOTHER	
FULL NAME	R. B. Cole	FULL MAIDEN NAME	Pearl Browning
RESIDENCE	Annis	RESIDENCE	
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 6 P. M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Melton

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Menan

Filed Oct 10 1915 Ray H. Fisher

Registrar

S-Y CO. 24655

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

533.227-026-764

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Jefferson

City of Lewisville

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34493

Registration District No. 98 File No. .....

Primary Registration District No. 2176 Registered No. 176

FULL NAME OF CHILD Elenora Adelia Ellsworth

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F	—		—	Yes	Sept 27 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	C. M. Ellsworth	FULL MAIDEN NAME	
RESIDENCE	Lewisville	RESIDENCE	Celesta Poulsons
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Ut.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 11 P.M. M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Milton

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Menan

Filed Oct 10 1915 Ray H. Fisher

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
BUREAU OF
VITAL STATISTICS
JAN 9 2 09 PM '75

State of Oregon
County of Deschutes } ss.

Certificate No. 34493

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Ellsworth (female) (Name on Original Certificate) who was born (Was Born or Died) on Sept. 27, 1915 (Date of Event)
in Lewisville, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Elenora Adelia Ellsworth

Subscribed and sworn to before me this 8th day of January, 1975

Notary Public, residing at Redmond, Oregon
My commission expires 10/1/78
(Seal)

Signed [signature] (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed (Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155CL 1/6/75

Certif. of Baptism and Confirmation from the LDS Church gives name as Jay Lynn Harmon son of Also Harmon ans Elenora Adelia Ellsworth. born Jan. 22, 1958 at the Dalles, Oregon. Was Baptized Feb. 5, 1966. viewed by V. S.

JAN 9 1975

Certif. of Baptism and Confirmation from the LDS Church gives name as Gay Kelli Harmon daughter of Aldo Harmon and Elenora Adelia Ellsworth. Born Dec. 12, 1960 at The Dalles, Oregon. Was XXX Baptized Dec. 21, 1968. viewedby VS

213-227-026-312

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Lewisville.

No. ..... St.

Hospital .....

Registration District No. 98 File No. 34494

Primary Registration District No. 2176 Registered No. 175

FULL NAME OF CHILD Ethel Ball

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
7	—		—	Yes.	Sept 27 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Lyman Ball	FULL MAIDEN NAME	Nellie Casper
RESIDENCE	Lewisville.	RESIDENCE	Lewisville
COLOR	AGE AT LAST BIRTHDAY 31 (Years)	COLOR	AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was 3 at 7 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Melton

(Physician or midwife)

Given names added from a supplemental report.

Address Menan

..... 19.....

Filed Oct. 10 1915 Ray Fisher

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
MAR 14 1966
Bureau of Vital Statistics

State of Arizona } ss.
County of Maricopa

Certificate No. 34494

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Ball (female child) (Name on Original Certificate) who was born (Was Born or Died) on Sept. 27, 1915 (Date of Event) in Lewisville, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Church Record, School Diploma (Bible Record, Insurance Policy, Etc.) prepared on March 8, 1966 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Ethel Ball

Subscribed and sworn to before me this 18th day of February, 1966

Peggy L. Nichols

Notary Public, residing at Mesa, Arizona

My commission expires My Commission Expires February 20, 1967

(Seal)

Signed Nellie Ball Haymore

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1021 E. 3rd Ave, Mesa, Ariz.

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Jefferson

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25th day of February, 1966

Eileen Madsen

~~Notary Public, residing at~~ Clerk of the Dist. Court

~~My commission expires~~ 12th Judicial District

(Seal) Jefferson County

Signed Alis R. Lemmon

(Signature of Any Credible Person)

Rigby Idaho

(Street Address, City, State)

FORM DH 60-155

CL 2-7-66. one copy pd. rec. #6121.

L.D.S. Church Cert. of Membership,, blessed Dec. 4, 1915 gives full name as Ethel Ball Johnson (Johnson is married name), born Sept. 27, 1915 at Lewisville, Idaho to Lyman J. Ball and Nellie Casper - husband's full name is given as Noel Howe Johnson - viewed by V.S.

APR 13 1966

State of Idaho Public School Diploma, Elementary School, given May 9, 1929 at Menan, Idaho - Jefferson County gives full name of student as Ethel Ball - viewed by V.S.

165-130-026-249

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34495

County of Jefferson

City of Roberts.

Registration District No. 98 File No.

No. St.

Primary Registration District No. 2176 Registered No. 205

Hospital

FULL NAME OF CHILD Walter Franklin Jones.

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
M	—	—	Yes	Oct 30 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Frank T. Jones.	FULL MAIDEN NAME	Florence L. Burwell.
RESIDENCE	Roberts	RESIDENCE	Roberts.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Va.	BIRTHPLACE	Wash.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 6.56 P. M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. D. Jones

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Roberts

Filed Nov 10 1915 Ray H. Fisher

Registrar

S-Y CO. 24655

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 15 1969

APR 20 1942

242-205-026-236

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Camas

No. ..... St.

Hospital .....

Registration District No. 98 File No. 34496

Primary Registration District No. 2176 Registered No. 206.

FULL NAME OF CHILD Pauline Kusler

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
4.	\		\	Yes.	11 (Month) – 5 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Paul Kusler.	FULL MAIDEN NAME	Effie Sloan.
RESIDENCE	Camas	RESIDENCE	Camas.
COLOR	W AGE AT LAST BIRTHDAY 22 (Years)	COLOR	W AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE	Wash.	BIRTHPLACE	Tenn.
OCCUPATION	Rancher	OCCUPATION	Housewife.

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 8:20 a. M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. D. Jones

(Physician or midwife)

Given names added from a supplemental report.

..... 19...

Address Roberts - Ida.

Filed Nov 10 1915 Ray H Fisher

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 28 1958

533-11 Od 6-312

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Jefferson

City of Robinto

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34497

Registration District No. 98 File No. .....

Primary Registration District No. 2176 Registered No. 188

FULL NAME OF CHILD ERNEST JAMES ETTER

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M	—	Yes	Nov 4th 1915

FATHER		MOTHER	
FULL NAME	J. P. Etter	FULL MAIDEN NAME	Harriet Coble
RESIDENCE	~~Meran~~ Robinto	RESIDENCE	Robinto
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	California	BIRTHPLACE	Mo
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 4.15 P. M on the date above stated.

(Born alive or stillborn)

(Signature) J. E. Melton

(Physician or midwife)

Address Meran

Filed Dec 10 1915 Ray H. Fisher

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

.....

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of IDAHO } ss.
County of LEMHI

Certificate No. 34497
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for Unnamed Etter (Name on original certificate) who was born (Was born or died) on Nov. 11, 1915 (Date of event)
in at Roberts, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by none (Bible record, insurance policy, etc.) prepared on none (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Etter	Ernest James Etter

Subscribed and sworn to before me this 20th
day of December 1941
Preston Thatcher
Notary Public, residing at Salmon
My commission expires April 4, 1945
[SEAL]

Signed Minnie C. [illegible]; Aunt
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Gibbonsville, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Lemhi

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20th
day of December, 1941
Ina Hobbs
Notary Public, residing at Gibbonsville
My commission expires March 16th 1944
[SEAL]

Signed C V Cable; uncle
(Signature of any credible person other than the previous affiant.)
Gibbonsville, Idaho.
(Street Address, City, State)

Received for filing on By
(Registrar's signature)

APR 2 1954

MAR 2 1 1944

259-20[illegible]-465

Form V. S. No. 11-C—20m-1-1-19

PLACE OF BIRTH

County of Jefferson

City of Menan

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 34498

Primary Registration District No. 2176 Registered No. 186.

FULL NAME OF CHILD VEDA BERRETT

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F				Yes.	Nov. 3 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Lou Berrett.	FULL MAIDEN NAME	Myrtle Montague
RESIDENCE	Menan	RESIDENCE	Menan
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 10:30 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Melton

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Menan

Filed Nov 10 1915 Ray H. Fisher

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Wash. } ss.
County of King }

Certificate No. 34498

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Veda Berrett (Name on Original Certificate) who was born (Was Born or Died) on Nov. 3, 1915 (Date of Event)
in Menan, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Medical record (Bible Record, Insurance Policy, Etc.) prepared on Nov. 3, 1915 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Veda Berrett

Subscribed and sworn to before me this 7th
day of June, 1943

Edward Campbell
Notary Public, residing at Seattle
My commission expires June 6, 1945
(Seal)

Signed Ferris Berrett
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rt 2 Box 1008 Auburn, Wash
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Alameda }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this Thirteenth
day of September, 1943.

Notary Public, residing at Oakland, California
My commission expires July 28, 1947
(Seal)

Signed Myrtle Berrett
(Signature of Any Credible Person Other Than Previous Year)

468 - 12th Street
(Street Address, City, State)
Oakland 7 Calif.

OCT 2 1943

84-131-26-168

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

Form V. S. No. 11-C—25m-1-1-12

PLACE OF BIRTH

County of Jefferson

City of Annis

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98. File No. 34499

Primary Registration District No. 2176. Registered No. 185.

FULL NAME OF CHILD ROBERT MILTON McMURTREY

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			1	Yes.	Oct 31 1915

FATHER

FULL NAME JOHN Thomas McMURTREY

RESIDENCE Annis.

COLOR W AGE AT LAST BIRTHDAY 41 (Years)

BIRTHPLACE Alabama

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Nettie Johnson

RESIDENCE Annis.

COLOR W AGE AT LAST BIRTHDAY 37 (Years)

BIRTHPLACE Utah.

OCCUPATION Housewife.

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 2.30 P. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Melton (Physician or midwife)

Address Menan

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Nov 10 1915 Ray H Hale Registrar

8-Y CO. 84493

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Jefferson }

Certificate No. 34499

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Robert Milton McMurtrey (Name on Original Certificate) who was born (Was Born or Died) on Oct 21-1915 (Date of Event)
in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by bible record (Bible Record, Insurance Policy, Etc.) prepared on Nov 1st 1915 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed	Robert Milton McMurtrey
father's name	Thomas McMurtry	John Thomas McMurtrey

Subscribed and sworn to before me this 10
day of March, 19 42.

Basil R. Bennett
Notary Public, residing at Rigby, Idaho.
My commission expires Nov.9th,1942.
(Seal)

Signed Mattie E McMurtrey
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rigby Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho. } ss.
County of Jefferson }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10
day of March, 19 42.

Basil R. Bennett
Notary Public, residing at Rigby, Idaho.
My commission expires Nov,9th,1942.
(Seal)

Signed E R James
(Signature of Any Credible Person Other Than Previous Year)

Rigby Idaho
(Street Address, City, State)

518-332-026-236

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Jefferson

City of Menan

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 34500

Primary Registration District No. 2176 Registered No. 184

FULL NAME OF CHILD Vera Hay

Sex of Child	Twin, Triplet or other? (To be answered only in case of plural births)	Legitimate?	Date of Birth
F	~ and ~	Yes.	Oct 26 (Month) (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Geo. Hay	FULL MAIDEN NAME	Eva Schofield
RESIDENCE	Menan	RESIDENCE	Menan
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho.
OCCUPATION	Farmer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 5a. M
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. G. Melton

(Physician or midwife)

Address Menan

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Nov 10 19 15 Ray H. Fisher Registrar

B-Y CO. 24695

MAY 7 1942

MAY 14 1942

869-120-026-335

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Lewisville

Registration District No. 98 **File No.** 34501

No. ..... *St.*

Primary Registration District No. 2176 **Registered No.** 183

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M				Yes	Oct 20 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Walter Hoorman	FULL MAIDEN NAME	Mary ~~Sch~~ Clegg
RESIDENCE	Lewisville	RESIDENCE	
COLOR	AGE AT LAST BIRTHDAY 29 (Years)	COLOR	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE	Ida	BIRTHPLACE	Ida
OCCUPATION		OCCUPATION	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 2 p. M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Melton

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Menan

Filed Nov 10 1915 Fray H. Fisher

Registrar

Registrar

8-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANE

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

189-219-026-636

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Jefferson

City of Menan

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 34502

Primary Registration District No. 2176. Registered No. 182.

FULL NAME OF CHILD Verla Dortha Shippen

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	—		—	yes.	Oct 19 1915

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	B. R. Shippen	FULL MAIDEN NAME	Anna Olarsan
RESIDENCE	Menan	RESIDENCE	
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Utah	BIRTHPLACE	Utah.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 2 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Melton

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Menan - Ida

Filed Nov 10 1915 Ray Hinker

Registrar

Registrar

8-Y CO. 24658

K

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

MAR 14 12 17 PM '75

Certificate No. 34502

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Shippen (female) (Name on Original Certificate) who was born (Was Born or Died) on Oct. 19, 1915 (Date of Event)

in Menan, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Verla Dortha Shippen

Subscribed and sworn to before me this ..... day of ....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO } ss.
County of Lemhi }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13th day of MARCH, 19 75

.....
Notary Public, residing at Salmon
My commission expires 1-16-77
(Seal)

Signed Howard Ball
(Signature of Any Credible Person)

R.T. 1 Box 140 Salmon, Idaho
(Street Address, City, State)

FORM DH 60-155 CL 3/10/75 nm

Own child's birth certificate from Idaho (file No. 56-1855) Debra Kay Ball born Feb. 5, 1956 gives mother's nameas Verla Dortha Shippen and the father's name as Harold Knowlton Ball, viewed by V. S.

MAR 17 1975

Marriage certificate from Utah gives names as Harold Knowlton Ball and Verla Dortha Shippen. married July 27, 1937. viewed by V. S

613.218-026-573

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Jefferson

City of Menan

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 34503

Primary Registration District No. 2176 Registered No. 181

FULL NAME OF CHILD Melba Lola Walker

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F.	—		—	Yes.	Oct 18 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John Walker	FULL MAIDEN NAME	Jane Vallier
RESIDENCE	Menan	RESIDENCE	Menan
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Utah	BIRTHPLACE	Iowa
OCCUPATION		OCCUPATION	

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 4.30 P. M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J E Milton

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Menan

Filed Nov 10 1915 Ray H Fisher

Registrar

Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 10 1972

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS JUL 19 11 07 AM '72

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of .....

Certificate No. 34503

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Walker (Female) (Name on Original Certificate) who was born (Was Born or Died) on Oct. 18, 1915 (Date of Event) in Menan, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Melba Lola Walker

Subscribed and sworn to before me this 18th day of July, 1972

Grace E. Hilmer

Notary Public, residing at Pocatello

My commission expires 1-1-74

(Seal)

Signed Lorenzo W. Walker

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

101 Bonham St Rigby Ida

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bannock

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18th day of July, 1972

Grace E. Hilmer

Notary Public, residing at Pocatello

My commission expires 1-1-74

(Seal)

Signed Mrs Edith Jane Jones.

(Signature of Any Credible Person)

Palisade Creek Inn, Irwin, Ida. 83428

(Street Address, City, State)

FORM DH 60-155 CL 7/10/72

Certificate of Blessing from LDS Church gives name as Mark J. Hancock son of Heber Levison Hancock and Melba Lola Walker. Born Jan. 29, 1934. Was Blessed Feb. 2, 1934. Viewed by V. S.

JUL 26 1972

Certificate of Baptism and Confirmation from LDS Church dated May 19, 1955 gives n name as Leland Scott Hancock son of Heber L. Hancock and Melba Lola Walker. Born Nov. 18, 1946. Was Baptized April 30, 1955. Was confmd. May 1, 1955. Viewed by V. S.

284-208-026-179

Form V. S. No. [illegible]-1-13

PLACE OF BIRTH

County of Jefferson

City of

No. St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 34504

Primary Registration District No. 2176 Registered No. 180

FULL NAME OF CHILD Daryl Agren Shurtleff

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F				Yes.	Oct 8 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	W. L. Shurtleff	FULL MAIDEN NAME	Laura Agren
RESIDENCE	Lewisville	RESIDENCE	Lewisville
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	~~Utah~~	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 2:30 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Milton

(Physician or midwife)

Given names added from a supplemental report.

..... 19..

Address Menan

Filed Oct 10 1915 Ray H. Fisher

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Bannock } ss.

Certificate No. 34504

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Daryl Agren Shurtleff (Name on Original Certificate) who was born (Was Born or Died) on Oct. 8th 1915 (Date of Event)
in Lewisville Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by family and church records (Bible Record, Insurance Policy, Etc.) prepared on Oct. 27th 1944 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Daryl Agren Shurtleff

Subscribed and sworn to before me this 15th
day of November, 1944
Carole Bastian
Notary Public, residing at Pocatello
My commission expires 7-5-48
(Seal)

Signed Warren T. Shurtleff father
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
1021 E. Clark Apt. 2 Pocatello Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Bannock } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14th
day of November, 1944
Carole Bastian
Notary Public, residing at Pocatello Idaho
My commission expires 7/5/48
(Seal)

Signed Laura Agren Shurtleff mother
(Signature of Any Credible Person Other Than Previous Signer)
1021 E. Clark Apt 2 Pocatello Idaho
(Street Address, City, State)

NOV 22 1944

918-105-26-916

PLACE OF BIRTH

County of Jefferson

City of .....

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 34505

Primary Registration District No. 7176 Registered No. 179

FULL NAME OF CHILD Leon R. Raymond

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural birth)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		1	Yes.	Oct 5 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	O. C. Raymond	Ann Dawson
RESIDENCE	Menan	Menan
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	42	40
BIRTHPLACE	Utah	Utah.
OCCUPATION	Farmer	Housewife.

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 4:30 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Melton

(Physician or ~~midwife~~)

Address Menan

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Oct 10 1915 Ray St Funk Registrar

8-Y CO. 24652

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

AUG 19 1948

NOV 24 1948

284-104-026-795

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Jefferson

City of

No. St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 34506

Primary Registration District No. 2176 Registered No. 178.

FULL NAME OF CHILD DICK GREEN SHURTLEFF

Sex of Child: Boy	Twin Triplet or other? — and [illegible] — (To be answered only in event of plural births)	Legitimate: Yes.	Date of Birth: Oct 4 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Leon Shurtleff	FULL MAIDEN NAME	Mary Green
RESIDENCE	Lewisville	RESIDENCE	Lewisville
COLOR	W. AGE AT LAST BIRTHDAY 24 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE	Ida	BIRTHPLACE	Ida
OCCUPATION	Farmer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 11 am M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Melton

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Rexburg

Filed Dec 10 1915 Ray Fisher

Registrar

Registrar

8-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 30 1942

JUN 14 19

AFFIDAVIT OF BIRTH

PERSONAL AND STATISTICAL PARTICULARS ABOUT CHILD

Full name of Child Dick Green Shurtleff

Date of Birth Oct 4th 1916 at A. M. / P. M. Sex Male

Place of birth Lewisville Idaho
Street and No. or District — City — County Jefferson — State Idaho

PERSONAL AND STATISTICAL PARTICULARS ABOUT CHILD'S FATHER

Full name of father Leon Shurtleff

Residence at child's birth Lewisville Jefferson Idaho
Street and No. or District — City — County — State

Present address 2936 Lotus Ave Dead
Street and No. or District — City — County — State

Age at child's birth 23 Years. Color or Race White

Birthplace Lewisville Idaho
Street and No. or District — City — County — State

Occupation at child's birth Farmer

PERSONAL AND STATISTICAL PARTICULARS ABOUT CHILD'S MOTHER

Full maiden name of mother Mary Green 34

Residence at child's birth Lewisville Idaho.
Street and No. or District — City — County — State

Present address Roberts Idaho Jefferson
Street and No. or District — City — County — State

Age at child's birth 22 Years Color or Race White

Birthplace Menan Idaho
Street and No. or District — City — County — State

Occupation at child's birth Housewife

This is the 4 child born to this mother.

Including this child, there were then 4 children of this mother living.

I hereby certify that I am the Aunt of the above named child, and that the facts and data as hereinabove alleged are true and correct to the best of my knowledge and belief and that I am a native Citizen of San Diego California, a ~~citizen through naturalization of~~
(cross out words that do not apply)

Affiant Mrs L E Melroy

Address 1226 - 4 Ave Royal Hotel
Street and No. or District — City San Diego County — State Calif.

State of California } ss.
County of San Diego }

Before me a Notary Public, in and for the County of San Diego State of California personally appeared Mrs L. E. Melroy whose name is subscribed to the above instrument, and acknowledged that ~~she executed the same.~~

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Seal this 4th day of March 19 47

APR 20 1967

(SEAL)

Ethel M Gaines

236·225·026-319

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Butler's Island

Registration District No. 98 **File No.** 34507

No. ..... *St.*

Primary Registration District No. 2176. **Registered No.** 174

Hospital .....

FULL NAME OF CHILD (deed)

Sex of Child F	**Twin Triplet or other?** — **and** **Number in order of birth** — (To be answered only in event of plural births)	**Legitimate?** Yes.	**Date of Birth** Oct 25 1915 (Month) (Day) (Year)

FATHER		**MOTHER**	
FULL NAME	Ed Scott	**FULL MAIDEN NAME**	Mamora Carpenter
RESIDENCE	Butler's Island	**RESIDENCE**	Butler's Island
COLOR	W **AGE AT LAST BIRTHDAY** 36 (Years)	**COLOR**	W **AGE AT LAST BIRTHDAY** 27 (Years)
BIRTHPLACE	Utah	**BIRTHPLACE**	Utah.
OCCUPATION	Farmer	**OCCUPATION**	Housewife

Number of child of this mother, including present birth 5 **Number of children of this mother now living, including present birth** 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 6 P. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. A. Anderson

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Rigby

Filed Nov 10 1915 Ray H. Fisher
Registrar

S-Y CO. 24655

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

259-105-226-395

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Jeff

City of Lewisville

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34508

Registration District No. 98 File No. .....

Primary Registration District No. 2176 Registered No. 194

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M.	✓		—	yes	Dec. 5 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Herman Berryman	FULL MAIDEN NAME	Carrie Lindstrom
RESIDENCE	Lewisville	RESIDENCE	Lewisville
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Ill.	BIRTHPLACE	Sweden.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 11.50 P. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Melton
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Menan

Filed Dec. 10 1915 Ray H. Fisher
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 13-154920

122-224-026-445

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Jeff

City of Roberts

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34509

Registration District No. ..... File No. .....

Primary Registration District No. ..... Registered No. 195

FULL NAME OF CHILD Aileen Doris Askren

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F	✓		✓	yes	Nov 24 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Geo Bascum Askren	FULL MAIDEN NAME	Myrtle J. Dunsmoore
RESIDENCE	Roberts	RESIDENCE	Roberts
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 29 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O B Bellar

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Roberts

Filed 12/10 1915 Roy H Fisher Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 2 0 1942

MAY 1 4 1956

236.125.026.238

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Roberts

No. ..... St.

Hospital .....

Registration District No. 98 File No. 34510

Primary Registration District No. 2176 Registered No. 196

FULL NAME OF CHILD Glenn Hugo Stack

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M.	4		1	yes	Oct 25 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Daniel F. Stack	FULL MAIDEN NAME	Margaret Schmeltzer
RESIDENCE	Roberts	RESIDENCE	Roberts
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Minnesota	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 3 30 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Stack
Midwife
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Roberts,

Filed Nov. 10 1915 Roy H. Fisher
A.M.P.
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 2 1945

845-24-026-418

Form V. S. No. 11-C—25m-1-1-15

PLACE OF BIRTH

County of Jefferson

City of Lewisville

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 34511

Primary Registration District No. 2176 Registered No. 198

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes.	Nov 24 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	J. W. Hunter.	Maud Maynard.
RESIDENCE	Lewisville	Lewisville.
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	21	21
BIRTHPLACE	Idaho.	Tennessee.
OCCUPATION	Farmer	Housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ at ST. M
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Melton
(Physician or midwife)

Address Lewisville

Given names added from a supplemental report.

____ 19____

____ Registrar

Filed Dec 10 19 15 Ray W. Hunter.
Registrar

S-V CO. 84655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

295·219·026·469

Form ~~V. S.~~ No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Lewisville

Registration District No. 98 File No. 34512

No. ..... St.

Primary Registration District No. 2176 Registered No. 199

Hospital

FULL NAME OF CHILD Lola Jean Kinghorn

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
F	—	—	Yes	Nov. 19 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Alexander Kinghorn	FULL MAIDEN NAME	Mary Marler
RESIDENCE	Lewisville	RESIDENCE	Lewisville
COLOR	W AGE AT LAST BIRTHDAY 46 (Years)	COLOR	W AGE AT LAST BIRTHDAY 40 (Years)
BIRTHPLACE	~~Utah~~	BIRTHPLACE	Utah.
OCCUPATION	Farmer	OCCUPATION	Housewife.

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 2.30 P. M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Melton

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Menan

Filed Dec 10 1915 Ray H Fisher

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 34 VI 2

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)

for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)

in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	none given	Lola Jean Kinghorn

Subscribed and sworn to before me this 9 day of June, 1944

Pauline Ambrose

Notary Public, residing at Boise

My commission expires 1/14/47

(Seal)

Signed Alexander Kinghorn

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....

day of ....., 19....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person Other Than Previous Year)

.....

(Street Address, City, State)

JUN 10 1914

356-12-026-869

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Lewisville

No. ..... St.

Registration District No. 98 File No. 34513

Hospital ..... Primary Registration District No. 2176 Registered No. 200

FULL NAME OF CHILD ALLEN I. LEWIS
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	Nov. 21 1915

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Earl J. Lewis	FULL MAIDEN NAME	Susie Horman
RESIDENCE	Lewisville	RESIDENCE	Lewsiville
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	farmer	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Melton, M. D.
(Physician or midwife)

Address Menan

Give names added from a supplemental report.

....., 192.....

Registrar.

Filed 12-10-1928 Ray H. Fisher
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss. Certificate No. 34513
County of [illegible] Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for "unnamed" (Name on Original Certificate) who was born (Was Born or Died) on Nov. 21, 1915 (Date of Event) in Lewisville, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by blessing record - March 5, 1916 baptism record - July 5, 1924 (Bible Record, Insurance Policy, Etc.) prepared in viewed by this office (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	"unnamed"	Allen I. Lewis
sex of child	female	male

Subscribed and sworn to before me this 19 day of October, 1955
[illegible]
Notary Public, residing at Menan, Idaho
My commission expires January 24, 1958
(Seal)

Signed Susan M. Lewis
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
[illegible], Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Jefferson

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19 day of October, 1955
[illegible]
Notary Public, residing at Menan, Idaho
My commission expires January 24, 1958
(Seal)

Signed Dora H. Armstrong
(Signature of Any Credible Person)
Route 1, Rigby Idaho
(Street Address, City, State)

DPH 52.155

749.131-026-557

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Jefferson

City of Rudy

No. ——— St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34514

Registration District No. 98 File No.

Primary Registration District No. 2176 Registered No. 201

FULL NAME OF CHILD Clark Joseph Purser.

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	—		—	Yes.	Oct 31 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Le Roy Purser.	FULL MAIDEN NAME	Martha A. Evans.
RESIDENCE	Rudy	RESIDENCE	Rudy.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 8a. M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Helen Purser Kite.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Rigby R.F.D. 3.

Filed Nov 10 1915 Ray H Fisher

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 14 1941

319-115-026-693
Name added 4-15-81

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Jefferson

City of Menan

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 34515

Primary Registration District No. 2176 Registered No. 190

FULL NAME OF CHILD Russell Elliot Deloss Carr

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
M.	—	—	yes	Nov 15 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	O. J. Carr	FULL MAIDEN NAME	Susie Hilbur
RESIDENCE	Menan	RESIDENCE	Menan
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	~~Utah~~	BIRTHPLACE	~~Utah~~
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 2a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Menan
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Menan

Filed Dec 10 1915 Ray H. Fisher
Registrar

Registrar

S-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Oregon } ss.
County of Douglas

Certificate No. 34515

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Carr (Male) (Name on Original Certificate) who was born (Was Born or Died) on Nov 15, 1915 (Date of Event)

in Menan, Idaho (Jefferson) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Russell Elliot Deloss Carr

Subscribed and sworn to before me this 28 day of December, 1977

Notary Public residing at Roseburg

My commission expires 3-27-81

(Seal)

Signed Bertha Tubman

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Star Route - Box 17 H - Winston Or. 97496

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires

(Seal)

Signed

(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

CL 11/3/77

Certificate of Ordination gives name as Russell Elliot Nelson Carr issued December 16, 1976, in L.D.S. Church - Office - High Priest

APR 15 1981

Viewed by V.S.

Honorable Discharge gives name as Russell Elliott Carr discharged August 15th, 1945, from U.S. Navy.

Viewed by V.S.

Russell Elliot Carr is name listed on Insurance Policy issued by Constitution Life Ins Co. Policy on Sept 30, 1961, # 16933.

Viewed by V.S.

766112-026-356

Form V. S. No. 11-C-Men-1-1-13

PLACE OF BIRTH

County of Jefferson

City of Menan

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34516

Registration District No. 98 File No. .....

Primary Registration District No. 2176 Registered No. 189

FULL NAME OF CHILD .....

Sex of Child M	Twin Triplet or other? ✓ and Number in order of birth ✓ (To be answered only in event of plural births)	Legitimate? Yes.	Date of Birth Nov 12 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Poole	FULL MAIDEN NAME	Louisa Lewis.
RESIDENCE	Menan	RESIDENCE	Menan
COLOR	AGE AT LAST BIRTHDAY 28 (Years)	COLOR W	AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE	Idaho.	BIRTHPLACE	Utah.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 5 a. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Melton

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Menan

Filed Dec 10 1915 Ray H. Fisher Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

168-124026-165

Form V. S. No. 11-C—25m-1-4-13

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Jefferson

City of Rigby,

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34517

Registration District No. _____ File No. _____

Primary Registration District No. _____ Registered No. 197

FULL NAME OF CHILD _____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			yes	Nov. 24 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Lester Johnson	Mary E. Jones
RESIDENCE	Rigby,	Rigby,
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	20	19
BIRTHPLACE	Utah.	Utah.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray H. Drucker

(Physician or midwife)

Address Rigby,

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed Dec. 9 1915. Ray H. Drucker Registrar

S-Y CO. 24669

815-225-026-249

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Jeff

City of Annis

No. ..... *St.*

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. .....

Primary Registration District No. .....

File No. 34518

Registered No. 193

FULL NAME OF CHILD Lola Hanson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F	—		—	yes	Nov. 25 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Albert Hanson	FULL MAIDEN NAME	Ruby Smith
RESIDENCE	Annis	RESIDENCE	Annis.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Idaho.	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 10 30 a. M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray H. Fisher

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Rigby, Ida.

Filed 12/10 1915

Ray H. Fisher
Ams. Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

c.c. 5/14/41. w.h.

219-104-026-843

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Jefferson

City of Lewisville

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34519

Registration District No. 98 File No. .....

Primary Registration District No. 2176 Registered No. 173

FULL NAME OF CHILD LeROY BARNEY

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M				Yes.	Dec 4th 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Moses Barney.	FULL MAIDEN NAME	Rachel Hutchinson.
RESIDENCE	Lewisville	RESIDENCE	Lewisville.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Utah	BIRTHPLACE	Utah.
OCCUPATION	Farmer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 1.30 a. M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray H. Fisher

(Physician or midwife)

Address Rigby, Ida

Filed Dec 10 1915 Ray H. Fisher

Registrar

Given names added from a supplemental report.

..... 19....

Registrar

S-Y CO. 24685

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Madison } ss.

Certificate No. 34519

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for "Unnamed Barney" (Name on Original Certificate) who born (Was Born or Died) on December 4, 1915 (Date of Event)
in Lewisville, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by older sister (Bible Record, Insurance Policy, Etc.) prepared on June 30, 1942 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	LeRoy Barney
Date	Dec. 5th	Dec. 4, 1915

Subscribed and sworn to before me this 30th
day of June 1942
Mary Smith
Notary Public, residing at Rexburg, Idaho
My commission expires June 16, 1943
(Seal)

Signed Ethel Barney Cook Sister.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
258 So. 2nd West, Rexburg, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Madison } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30th
day of June 1942
Mary Smith
Notary Public, residing at Rexburg, Idaho
My commission expires June 16, 1943
(Seal)

Signed Wm H Moore
(Signature of Any Credible Person Other Than Previous Year)
Rexburg Idaho
(Street Address, City, State)

JUL 10 1942

259.122.026.855

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Jefferson

City of Rigby RD3.

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 34520

Primary Registration District No. 2176 Registered No. 197

FULL NAME OF CHILD Edward W. Ker

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	—		—	Yes.	Nov 22 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Wayne Ker	FULL MAIDEN NAME	Dora Henrick
RESIDENCE	Rigby RD3	RESIDENCE	Rigby. RD3.
COLOR	W AGE AT LAST BIRTHDAY 25 (Years)	COLOR	AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE	S. Dak.	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 2P. M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ann Palmer

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Rigby

Filed Dec 10 1915 Ray H. Fisher

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLAINLY

In case of more

I hereby certify that I attended the birth of ...
on the date above stated.

When there was no attending physician or
nonwife, then the father, householder, etc., should
make this return. A stillborn child is one that
neither breathes nor shows other evidence of life
birth.

(Signature) .....

(Physician or ...

...tal report.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
MAY 10 1965
Bureau of Vital Statistics

State of Washington }
County of Grant } ss.

Certificate No. 34520

Date Filed Dec. 10, 1915

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for unnamed (Name on Original Certificate) who was born (Was Born or Died) on Nov. 22, 1915 (Date of Event)
in Rigby, Jefferson Co. (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Pacific National Life (Bible Record, Insurance Policy, Etc.) prepared on April 29 1943 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
childs name	Eunnamed Ker	Edward W. Ker

Subscribed and sworn to before me this 5th day of May, 19 65

Leona A. Sepp

Notary Public, residing at Quincy

My commission expires January 20, 1969

(Seal)

Signed Grace M. Ker Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Quincy Rt. 2 Box 425 Wash.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington }
County of Grant } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5th day of May, 19 65

Leona A. Sepp

Notary Public, residing at Quincy

My commission expires January 20, 1969

(Seal)

Signed Alicia M. Ker
(Signature of Any Credible Person)

Quincy Washington
(Street Address, City, State)

FORM DH 60-155

1-21-64

Application to the Transportation Insurance Co., dated Sept. 16, 1957 at Quincy, Washington, gives full name of applicant as Edward W. Ker, age 41, born Nov. 22, 1915 in Idaho - viewed by V.S.

JUN 17 1965

Application to the Pacific National Life Assurance Co., dated April 29, 1945 at Ontario, Oregon gives full name of applicant as Edward W. Ker, born Nov. 22, 1915 in Idaho - viewed by V.S.

165·117·026·369

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Jefferson

City of Rigby

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34521

Registration District No. 98 File No. _____

Primary Registration District No. 2176 Registered No. 202

FULL NAME OF CHILD _____

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
M	—	4	Yes.	Nov 17 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

	FATHER		MOTHER
FULL NAME	Glen Montague.	FULL MAIDEN NAME	Myrtle Cordon.
RESIDENCE	Rigby	RESIDENCE	Rigby.
COLOR	W AGE AT LAST BIRTHDAY 25 (Years)	COLOR	W AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE	Utah.	BIRTHPLACE	Ida.
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at 7.30 a. M on the date above stated.

(Born alive or stillborn)

(Signature) A. M. Palmer.

(Physician or midwife)

Address Rigby.

Filed Dec 10 1915 Ray H. Fisher Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19__

_____ Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

213-130-02 6753

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Jefferson

City of Rudy

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 34522

Primary Registration District No. 2176 Registered No. 171

FULL NAME OF CHILD Louis Bates. (died)

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M.				Yes.	Oct 30 (Month) (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Lea Bates	FULL MAIDEN NAME	Nettie Peterson.
RESIDENCE	Rudy	RESIDENCE	Rudy
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive. at 2 30a. M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray St. Fisher.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed Nov 10 1915

..... Registrar

Ray St. Fisher Registrar

8-Y CO. 24698

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

D

215-220-026-495

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Jefferson

City of

No. St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 34523

Primary Registration District No. 7176 Registered No. 210

FULL NAME OF CHILD Beatrice Viola Sanders

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes.	4-20 191 5

FATHER		MOTHER	
FULL NAME	C. M. Sanders.	FULL MAIDEN NAME	Mary J. Divis
RESIDENCE	Roberts	RESIDENCE	Roberts.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Neb.
OCCUPATION	Divinyman	OCCUPATION	Housewife.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or stillborn) at 8.30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.

(Signature) Earl D. Jones

(Physician or midwife)

Address Roberts

Given names added from a supplemental report.

....., 19.....

.....
Registrar

Filed Oct 10 19 15

Ray H. Fiske
Registrar

S-V CO. 24655

AUG 5 1964

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

JUN 3 1942

JUN 1 1 1942

165-205-026451

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Roberts

Registration District No. 98 File No. 34524

No. ____ St.

Primary Registration District No. 2176 Registered No. 161

Hospital ____

FULL NAME OF CHILD Pauline Artie Jones.

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
F	—	—	Yes.	8 – 5 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Earl DeLee Jones	FULL MAIDEN NAME	Ruth Emma Deahl
RESIDENCE	Roberts - Ida.	RESIDENCE	Roberts. Ida.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Iowa.	BIRTHPLACE	Ill.
OCCUPATION	Physician	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* 12:55 a.

I hereby certify that I attended the birth of this child, who was ____ at ____ M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. B. Bellor

(Physician or midwife)

Given names added from a supplemental report.

Address Roberts - Ida

____ 19____

Filed Oct 10 1915 Ray H Fisher

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

847.122.026-212

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Jefferson

City of Roberts

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 34525

Primary Registration District No. 2176 Registered No. 164

FULL NAME OF CHILD Ernest F. Hughes.

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	—		—	Yes.	9 (Month) 22 (Day) 191 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	W. F. Hughes.	FULL MAIDEN NAME	Christine Baker.
RESIDENCE	Roberts	RESIDENCE	Roberts.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Mont.
OCCUPATION	Rancher	OCCUPATION	Housewife.

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 1 P. M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. D. Jones

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Roberts - Ida.

Filed Oct 10 1915. Ray H. Fisher Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 30 1942

993.123.026-437

PLACE OF BIRTH

County of Jefferson

City of Roberts

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 34526

Primary Registration District No. 2176 Registered No. 165

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes.	9-23-1915

FATHER

FULL NAME: Wm. B. Ricketts.

RESIDENCE: Roberts

COLOR: W AGE AT LAST BIRTHDAY: 35 (Years)

BIRTHPLACE: Texas.

OCCUPATION: Rancher

MOTHER

FULL MAIDEN NAME: Belle McGee.

RESIDENCE: Roberts.

COLOR: W AGE AT LAST BIRTHDAY: 29 (Years)

BIRTHPLACE: Nebr.

OCCUPATION: Housewife.

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was 9.42P. M (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Earl D. Jones

(Physician or midwife)

Address Physician

Filed Oct 10 19 15 Ray S. Tinker Registrar

8-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 2 3 1976

230-205-026-818

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Jefferson

City of Annis

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34527

Registration District No. 98 File No. .....

Primary Registration District No. 2176 Registered No. 167

FULL NAME OF CHILD Bertha Blodgett.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes.	Dec 5 1915

FATHER		MOTHER	
FULL NAME	Jesse Blodgett	FULL MAIDEN NAME	Dorah Ann Hayward
RESIDENCE	Annis	RESIDENCE	Annis.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Utah	BIRTHPLACE	England.
OCCUPATION	Farmer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 12.30 P. M. on the date above stated.
(Born alive or stillborn)

(Signature) A. M. Palmer.

(Physician or midwife)

Address Rigby

Filed Dec 10 19 15 Ray N. Finke.
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 12 1961

213-205-026-893

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Jefferson

City of Rudy

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 34528

Primary Registration District No. 2176 Registered No. 166

FULL NAME OF CHILD NELLIE LUCILLE BALMFORTH

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F	—		—	Yes	Dec 5 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Chas. Balmforth	FULL MAIDEN NAME	Sarah Hill
RESIDENCE	Rudy	RESIDENCE	Rudy
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	41 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	England
OCCUPATION		OCCUPATION	Housewife

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ at 2 a. M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Palmer

(Physician or midwife)

Given names added from a supplemental report.

____ 19__

Address Rigby

Filed Dec 10 1915 Ray H. Fisher

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
JAN 19 1972
Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 34528

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Balmforth (Female) (Name on Original Certificate) who was born (Was Born or Died) on Dec. 5, 1915 (Date of Event)

in Rudy, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Nellie Lucille Balmforth

Subscribed and sworn to before me this 19th day of [illegible], 1972

[illegible] Curtright

Notary Public, residing at Boise

My commission expires 4-20-74

(Seal)

Signed [illegible]

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

.....

(Street Address, City, State)

FORM DH 60-155 CL 1/13/72 nm

JAN 1 9 1972

High School Diploma issued by the Rigby, Idaho High School gives name as Nellie Lucille Balmforth. Graduated May 25, 1933.
Viewed by V.S.

Certificate of Baptism and Confirmation dated August 1, 1925 issued by the L.D.S.Church gives name as Nellie Lucille Balmforth daughter of Charles Balmforth and Sarah Ann Hill. Born Dec. 5, 1915 at Rigby, Idaho. Baptized August 1, 1925.
Viewed by V.S.

897-108-026-652

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Jefferson

City of Grant

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 34529

Primary Registration District No. 2176 Registered No. 162

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.			Yes	Oct 8 1915

FATHER		MOTHER	
FULL NAME	R. C. Hix	FULL MAIDEN NAME	Eda Webster
RESIDENCE	Grant	RESIDENCE	Grant
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Ut.	BIRTHPLACE	Ut.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was 4 P. M. at ..... on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ann. Palmer.

(Physician or midwife)

Address Rigby - Ida.

Given names added from a supplemental report.

..... 19.....

Filed Oct 10 19 15 Ray V. Fisher.

Registrar

..... Registrar

S-Y CO. 24655

MAY 1 9 1967

893.110.026.689

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Jefferson

City of Rigby RD3.

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 34530

Primary Registration District No. 2176 Registered No. 163.

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
M			Yes	Oct 10 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Earl Hill	FULL MAIDEN NAME	Polly Whitaker
RESIDENCE	Rigby. RD3.	RESIDENCE	Rigby, RD3
COLOR	W AGE AT LAST BIRTHDAY 32 (Years)	COLOR	W AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Ida.
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 4:30 a. M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ann. Palmer

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Rigby - Ida.

Filed Oct 10 1915 Ray H. Fisher

Registrar

Registrar

S-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 29 1988

236.122.026.319

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Jefferson

City of

No. St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 34531

Primary Registration District No. 2176 Registered No. 160

FULL NAME OF CHILD Erwin Albert Scott

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M.	—		—	Yes.	Sept 22 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Albert J. Scott.	FULL MAIDEN NAME	Ida M. Carlson
RESIDENCE	Annis	RESIDENCE	Annis
COLOR	W AGE AT LAST BIRTHDAY 27 (Years)	COLOR	W AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 11.50 P. M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ann Palmer.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Rigby Idaho.

Filed Oct 10 1915 Ray H. Fisher.

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 34531

Date Filed ..

The undersigned does solemnly swear that certain facts on the certificate of .....
(Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	none given	Erwin Albert Scott

Subscribed and sworn to before me this 10 day of February, 1943

Perry Grover
Notary Public, residing at Rigby Idaho
My commission expires April 7-1947
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

Lloyd W. Scott
(Street Address, City, State)
Lorenzo-R 2 Idaho

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Jefferson } ss.

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10 day of February, 1943

Perry Grover
Notary Public, residing at Rigby Idaho
My commission expires April 7 1947
(Seal)

Signed Leslie Hall
(Signature of Any Credible Person)

(Street Address, City, State)
Lorenzo-R 2
Idaho

FEB 14 1945

217-110026-569

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Jefferson

City of Rigby

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 34533

Primary Registration District No. 2176 Registered No. 204

FULL NAME OF CHILD John Bernard Saxton

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	—		—	Yes.	Nov 10 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John Saxton	FULL MAIDEN NAME	Geraldine North
RESIDENCE	Rigby	RESIDENCE	Rigby.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Ida.	BIRTHPLACE	Utah.
OCCUPATION	Farmer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 6 P. M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray H. Fisher.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Rigby

Filed Nov 10 1915 Ray H. Fisher

Registrar Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of IDAHO } ss.
County of Bannock

Certificate No 34533

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Saxton (male child) (Name on Original Certificate) who was born (Was Born or Died) on Nov. 10, 1915 (Date of Event)

in Rigby, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	John Bernard Saxton

Subscribed and sworn to before me this 31st day of July 1967

[signature]

Notary Public, residing at Lava Hot Springs, Ida.

My commission expires March 1, 1970

(Seal)

Signed John Saxton

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Lava Hot Springs, Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Caribou

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 31 day of July 1967

Christina Hatch

Notary Public, residing at Bancroft

My commission expires Nov 11, 1968

(Seal)

Signed Margaret Grimm (Margaret Grimm)

(Signature of Any Credible Person)

Bancroft, Idaho.

(Street Address, City, State)

FORM DH 60-155

CL 1-27-65. one copy pd. rec. #8047.

Social Security Card, #566-14-1508 gives full name as John Bernard Saxton - viewed by V.S.

AUG 2 1967

Certified Copy of Marriage Certificate, State of California, County of Butte, married Oct. 12, 1940 gives full name of groom as John Bernard Saxton and full name of bride as Juanita Nathalie Owens - married at Orville, California cert. copy issued May 7, 1965 - viewed by V.S.

JAN 27 1981

186-115-026-366

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Jefferson

City of Menan

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 34534

Primary Registration District No. 2176 Registered No. 203.

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			Yes	Nov 15 1915

FATHER		MOTHER	
FULL NAME	J. W. Thomas.	FULL MAIDEN NAME	Mabel Cowles.
RESIDENCE	Menan.	RESIDENCE	Menan
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Utah	BIRTHPLACE	Utah.
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn) at 3:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray H. Fisher

(Physician or midwife)

Address Rigby

Given names added from a supplemental report.

____ 19____

____ Registrar

Filed Dec 10 19 15 Ray H. Fisher Registrar

S-Y CO. 24695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Amended 3/19/70

753.2[illegible]026.795

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Menan

No. ..... St.

Hospital .....

Registration District No. 98 File No. 34535

Primary Registration District No. 2176 Registered No. 187

FULL NAME OF CHILD ZADA PETERSON

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	—	—	—	Yes	Nov 6 1915

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Carl Peterson	FULL MAIDEN NAME	Flott Green
RESIDENCE	Menan	RESIDENCE	Menan
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Utah	BIRTHPLACE	Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 12.30 a. M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray H. Fisher

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Rigby - Ida

Filed Nov 16 1915 Ray H. Fisher

Registrar

Registrar

S-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 3 0 1969

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

RECEIVED
JAN 27 1970
Bureau of Vital Statistics

State of Idaho,
County of Madison, } ss.

Certificate No. 34535

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Peterson (Name on Original Certificate) who was born (Was Born or Died) on Nov. 6, 1915 (Date of Event)
in Menan, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by personal knowledge (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Zada Peterson

Subscribed and sworn to before me this 30th day of December, 19 69.

Notary Public, residing at Rexburg, Idaho
My commission expires June 25, 1971.
(Seal)

Signed [signature]
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO,
County of Madison, } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30th day of December, 19 69

Notary Public, residing at Rexburg, Idaho
My commission expires June 25, 1971.
(Seal)

Signed [signature]
(Signature of Any Credible Person)

[address]
(Street Address, City, State)

FORM DH 60-155 CL 12/3/69 nm

Madison High School, Rexburg, Idaho Diploma gives name as Zada Peterson. Dated May 11, 1934. Signed by E. S. Stucki, Superintendent of Schools. Viewed by V.S.

FEB 5 197

Family Group Record for Carl Richard Peterson and Floett Green gives childs name as Zada Peterson born Nov. 6, 1915 in Menan, ID. Father born Jan 6, 1881 and mother born September 10, 1889. Viewed by V. S.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
MAR 18 1970
Bureau of Vital Statistics

State of IDAHO,
County of Madison, } ss.

Certificate No. 34535

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Zada Peterson (Name on Original Certificate) who was born (Was Born or Died) on Nov. 6, 1915 (Date of Event)
in Menan, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Mother's maiden name	Florence Gree	Floett Green

Subscribed and sworn to before me this 16th day of March, 1970

Notary Public, residing at Rexburg, Idaho
My commission expires June 25, 1971.
(Seal)

Signed Floett Green Peterson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155 CL 3/13/70 nm

MAR 1 9 1970

- Church record from LDS Church gives child's name as Zada Petersson. Father's name as ~~XXXXXX XXXX~~ Carl Peterson and Mother's name as Floett Green. Baptised by G. M. Larson Sept. 6, 1924. Blessed by Oscar W. Gree and Confirmed by Oscar W. Green. Viewed by V. S.

Genealogical record for LDS Curch for Peterson, Carl Richard gives wife's name as Floett Green Dated De. 14, 1936. Viewed by V S.

385-2241026-643

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Rudy

No. ..... St.

Hospital .....

Registration District No. .....

Primary Registration District No. .....

File No. 34536

Registered No. 191

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F	✓		✓	yes	Nov 24 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Wm Cheeney	FULL MAIDEN NAME	Fern Fullmer
RESIDENCE	Rudy.	RESIDENCE	Rudy.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Idaho.	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 2:15 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray H Fisher

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Rigby Ida

Filed Dec 10 1915 Ray H Fisher

Registrar

Registrar

5-Y CO. 24533

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

893.203.026.113

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Jefferson

City of Roberts

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2176 File No. 34537

Primary Registration District No. 98 Registered No. 213

FULL NAME OF CHILD Laurel Darpha Hill

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
7				Yes	10-3-1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	C. E. Hill	FULL MAIDEN NAME	Hermione Jackson
RESIDENCE	Roberts	RESIDENCE	Roberts
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 1:30 a. M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. B. Bellor

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed Oct 10 1915 Ray H. Fisher

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified copy issued 2-20-1941. dp

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

433.126102 6-318

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Lewisville.

No. ..... St.

Hospital .....

Registration District No. 78 File No. 34538

Primary Registration District No. 2176 Registered No. 212

FULL NAME OF CHILD JOSEPH RAY McCandlass.

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M				Yes.	Oct 26 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Joseph Henry McCandlass.	FULL MAIDEN NAME	Donna Taylor.
RESIDENCE	Lewisville.	RESIDENCE	Lewisville
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 4:55 a. M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray H. Fisher

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Rigby

Filed Nov 10 1915 Ray H. Fisher

Registrar

Registrar

S-Y CO. 24655

JAN 21 1942

JAN 22 1942

JAN 24 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. FEB [illegible]
County of Jefferson }

Certificate No. 34538

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Nathan Jasper McCandless (NAME ON ORIGINAL CERTIFICATE) who was (WAS BORN OR DIED) on Oct. 26th 1915 (DATE OF EVENT)
in (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Family Record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on at time of birth (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	Nathan Jasper McCandlass	Joseph Ray McCandless
name of father	Joe McCandlass	Joseph Henry McCandless

Subscribed and sworn to before me this 4th
day of February, 1942.
George M. Larsen
Notary Public, residing at Menan, Idaho.
My commission expires Dec. 12, 1945
(SEAL)

Signed Joseph Henry McCandless
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
Menan, Idaho.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Jefferson }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4th
day of February, 1942.
George M Larsen
Notary Public, residing at Menan, Idaho
My commission expires Dec. 12, 1943
(SEAL)

Signed W. W. Selck
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
Menan, Idaho.
(STREET ADDRESS, CITY, STATE)

Received for filing on FEB 5 1942 By
(REGISTRAR'S SIGNATURE)

JAN 0 1967

622.126 02 [illegible]

PLACE OF BIRTH

County of Jefferson

City of Rigley RD. 2

No. ..... St.

Hospital .....

[illegible]

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 34539

Primary Registration District No. 2176 Registered No. 211

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	\		\	Yes.	Oct 26th 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Geo. Osborn	FULL MAIDEN NAME	Bessie O. Brown.
RESIDENCE	Rigley RD 2.	RESIDENCE	Rigley RD. 2.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Ark.	BIRTHPLACE	Mont.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 10.45 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Palmer.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Rigley

Filed Nov 10 1915 Ray H. Fisher

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

253-205-026-381

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Jefferson

City of Rigby RD 7.

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 34540

Primary Registration District No. 2176 Registered No. 209

FULL NAME OF CHILD Elaine Keller.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
F			Yes.	Nov 5th 1915 (Month) (Day) (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ernest Keller.	Amy V. Thatcher.
RESIDENCE	Rigby RD 7	Rigby RD 7
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	33	32
BIRTHPLACE	Idaho.	Utah
OCCUPATION	Farmer	Housewife.

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 7.30 a. M
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Palmer

(Physician or midwife)

Address Rigby

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Nov 10 1915 Ray H. Fisher Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 26 1942

SEP 12 1947

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

818-205-026-339

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Jefferson

City of Rigby

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34541

Registration District No. 98 File No. .....

Primary Registration District No. 2176 Registered No. 208

FULL NAME OF CHILD Blanche I Hayes

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F	—		—	Yes	Oct 15 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Fred Hayes.	FULL MAIDEN NAME	Harriet Clifford
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Utah	BIRTHPLACE	Ida.
OCCUPATION	Carpenter	OCCUPATION	Housewife.

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 5 a. M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ann. Palmer

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed Nov 10 1915 Ray H Fisher

Registrar

Registrar

S-Y CO. 24655

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

346.107.026.617

PLACE OF BIRTH

County of Jefferson

City of Annis.

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34542

Registration District No. 98 File No. .....

Primary Registration District No. 2176 Registered No. 172

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	—	—	Yes	Nov 7 1915

FATHER		MOTHER	
FULL NAME	Frank Suffain	FULL MAIDEN NAME	Kate Watson
RESIDENCE	Annis	RESIDENCE	Annis.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Nevada.	BIRTHPLACE	Utah.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7.20 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ann. Talmage.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed Nov 10 1915 Ray H. Funke
Registrar

S-Y CO. 24655

Amended 11-29-60

PLACE OF BIRTH

296-21-02378

County of Jefferson

City of Grant

No. ____ St.

Hospital ____

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 34543

Primary Registration District No. 2176 Registered No. 170

FULL NAME OF CHILD Afton Brown
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.			Yes	Oct. 21, 1915

What bactericidal solution was used in eyes? ____

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME: Joseph N. Brown	FULL MAIDEN NAME: Orial Taylor
RESIDENCE: Grant	RESIDENCE: Grant
COLOR: W.	COLOR: W.
AGE AT LAST BIRTHDAY: 26 (Years)	AGE AT LAST BIRTHDAY: 25 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Idaho
OCCUPATION: Farmer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 9:50 A. M. on the date above stated.

(Signature) A. M. Palmer

Physician
(Physician or midwife)

Address Rigby, Idaho

Filed Nov. 10, 1915 Ray H. Fisher
Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

- Give names added from a supplemental report.

...., 192.....

.....
Registrar.

Documents listed on back -

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Jefferson }

Certificate No. 34543

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Brown (Name on Original Certificate) who was born (Was Born or Died) on Oct. 21, 1915 (Date of Event)
in Grant, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Afton Brown
Full Name of Father	Jos. N. Brown	Joseph N. Brown

Subscribed and sworn to before me this 28th day of October, 1960.

Notary Public, residing at Rigby, Idaho
My commission expires 8-31-62
(Seal)

Signed Grace I. Brown
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Ucon, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Jefferson }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28th day of October, 1960.

Notary Public, residing at Rigby, Idaho
My commission expires 8-31-62
(Seal)

Signed Grace I. Clement
(Signature of Any Credible Person)

Rigby, Idaho
(Street Address, City, State)

FORM DH 60.155

CL 9-9-60. one copy pd. receipt #04782.

L.D.S. Church Cert. of Baptism and Confirmation for Bonnie Mae Brown, born Mar. 19, 1931 at Bybee, Idaho and Baptized on April 1, 1939 gives full name of parents as Joseph Norman Brown and Orial Bryant Taylor - viewed by V.S.

L.D.S. Church Cert. of Blessing for Glen Brown, born May 14, 1921 at Milo, Idaho; Blessed on July 3, 1921 gives full name of parents as Joseph N. Brown and Orial Taylor - viewed by V.S.

Uniform Transcript of Credit, Joint Class A School District Number 251 Jefferson County, Idaho gives full name of student as Afton Brown, born Oct. 12, 1916; entered Rigby High School on Sept. 1, 1930 - viewed by V.S.

Certified Copy of Page from Family Record Book gives full name of mother as Orial Bryant Taylor, born Nov. 19, 1890 at Grant, Idaho; full name of father as Norman Joseph Brown and one child's full name as Afton Brown, born Oct. 21, 1915 - viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

249-220-026-381

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

Amended 10/19/78

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34544

County of Jefferson

City of Rigby

No. ..... St.

Hospital .....

Registration District No. 98

File No. .....

Primary Registration District No. 2176

Registered No. 169

FULL NAME OF CHILD Mary Burton

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F	+		—	Yes	Oct 20 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	W. S. Burton	FULL MAIDEN NAME	Cora Chandler
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Co. Supt Schools.	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 5.15 P. M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ann Palmer

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Rigby

Filed Nov 10 1915

Ray H Fisher
Registrar

Registrar

S-Y CO. 24658

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
AUG
VITAL STATISTICS
AUG 8 33 AM '78

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Bonneville }

Certificate No. 34544

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Burton (Female) (Name on Original Certificate) who was born (Was Born or Died) on Oct 20, 1915 (Date of Event)
in Rigyb, Idaho (Jefferson) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Church records (Bible Record, Insurance Policy, Etc.) prepared on July 23, 1978 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Mary Burton

Subscribed and sworn to before me this 7th day of July, 1978

Donna R. Tucker

Notary Public, residing at Idaho Falls, Idaho

My commission expires Life

(Seal)

Signed Paula B. Newman
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

RR 1 box 267 Idaho Falls Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bonneville }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7th day of July, 1978

Donna R. Tucker

Notary Public, residing at Idaho Falls, Idaho

My commission expires Life

(Seal)

Signed Rose Shelton
(Signature of Any Credible Person)

279 West 18th St. Idaho Falls
(Street Address, City, State)

FORM DH 60-155

CL 6/14/78

letter from LDS Church gives name as Mary Burton Shelton born OCt 20, 1915 to Willard Burton and Cora Chandler. Blessed Dec 5, 1915 and Baptized Nov 24, 1923. viewed by V. S.

OCT 20 1978

Child's own birth certif from Idaho (51-10829) gives name as K. Lynn Shelton born Sept 26, 1951 in Shelley, Idaho. Father's name as Ross Raymond Shelton. and mother's name as Mary Burton. viewed by V. S.

15K-125-226-213

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Jefferson

City of Garfield

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 34545

Primary Registration District No. 2176 Registered No. 168

FULL NAME OF CHILD Marvin Frank Andrus

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
M	—	—	Yes	Oct 25 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Wm Andrus	FULL MAIDEN NAME	Rose Bateman
RESIDENCE		RESIDENCE	
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at 3:30 a M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ann Palmer

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Rigby

Filed Nov 10 1915 Ray H Fisher

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
MAR 13 10 38 AM '78

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 34545

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Andrus (Name on Original Certificate) who was born (Was Born or Died) on October 25, 1915 (Date of Event)
in Garfield (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
childs name	omitted	Marvin Frank Andrus

Subscribed and sworn to before me this 10 day of March, 19 78.

Notary Public, residing at Boise, Idaho

My commission expires 11-10-78

(Seal)

Signed ..... (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

..... (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed ..... (Signature of Any Credible Person)

..... (Street Address, City, State)

FORM DH 60-155

Correction corresp. 10-6-77 (A) 1 copy pd fc

Certif of Baptism and confirmatjon from the LDS Church gives name as Marvin Frank Andrus son of William S. Andrus and Rose Bateman. Born Oct 25, 1915 at Garfield, Idaho. Baptized July 5, 1924. viewed by V. S.

Certif of Ordination to the office o Deacon in the LDS Church gives name as Marvin Frank Andrus son of Wm. Andrus and Rosa Bateman. born Oct. 25, 1915 at Garfield , Idaho. ordained Oct. 16, 1928. viewed by V. S.

391-1281026-669

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Jefferson

City of Rigby-RD2.

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34546

Registration District No. 98

File No. ~~[illegible]~~ 10.

Primary Registration District No. 2176

Registered No. ~~214~~ 214

FULL NAME OF CHILD Baby Crawford. (died)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	—		—	Yes.	Nov 28 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Joseph K. Crawford	FULL MAIDEN NAME	Christie Ford.
RESIDENCE	Rigby. RD2.	RESIDENCE	Rigby. RD2.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Utah	BIRTHPLACE	Utah.
OCCUPATION	Farmer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth ~~5~~

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 3P. M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. A. Anderson

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Rigby.

Filed Dec 10 1915 Ray H Fisher

Registrar

Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted] 16-219

[redacted]

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Bridge

No. ..... St.

Hospital .....

Registration District No. 119 File No. 34548

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Geneva Olean Hawkins

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
female	—		—	Yes	Aug. 30 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Eddie T. Hawkins	FULL MAIDEN NAME	Mary Edith Barnes
RESIDENCE	Bridge Ida.	RESIDENCE	Bridge Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Bridge	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Farming

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 8 PM on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Barbara Williams

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Gray Idaho

Filed Apr 1915 C. I. Sales

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

11B 2[illegible] 6-2 49

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Carrie

City of Elba

No. ..... St.

Hospital home

Registration District No. 119 File No. 34549

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Ora Jacobsen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
girl		yes	Sept 13 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Lawrence Jacobsen	FULL MAIDEN NAME	Gertrude Smith
RESIDENCE	Elba	RESIDENCE	Elba
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Salt Lake City utah	BIRTHPLACE	Willard city utah
OCCUPATION	farmer	OCCUPATION	farmers wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 2 M on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs N Leavitt

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Elba Idaho

Filed Sept. 19 15 C. S. Salter

Registrar Registrar

S-Y CO. 24655

K

APR 10 1963

DECEASED

689-209-016-849

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Elba

No. ..... St.

Hospital .....

Registration District No. 119 File No. 34550

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Ora Amelia Whitaker

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
female	2	yes	Oct 9 1915

FATHER		MOTHER	
FULL NAME	Joseph Whitakes	FULL MAIDEN NAME	Rosetta Hurd
RESIDENCE	Elba	RESIDENCE	Elba
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Elba Idaho	BIRTHPLACE	Snowville utah
OCCUPATION	farmer	OCCUPATION	farmers wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at ..... M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs N Leavitt

Elba Idaho (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed Nov 30 1915 C J Satie Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 14 1949

155-117-016-713

PLACE OF BIRTH

County of Cassia

City of Malta

No. — St.

Hospital —

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

CERTIFICATE OF BIRTH

Registration District No. 119 File No. 34551

Primary Registration District No. Died Registered No.

FULL NAME OF CHILD —

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	Nov 17 1915

FATHER

FULL NAME Claude Jensen

RESIDENCE Heglar, Ida.

COLOR White AGE AT LAST BIRTHDAY 32 (Years)

BIRTHPLACE Nebraska

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Elsie Tomea Palmer

RESIDENCE Heglar Ida

COLOR White AGE AT LAST BIRTHDAY 17 (Years)

BIRTHPLACE Indiana

OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth None

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8 P M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. J. Salen M.D.

(Physician or midwife)

Address Malta Ida

Given names added from a supplemental report.

..... 19....

C. J. Salen
Registrar

Filed Nov. 19 15 C. J. Salen
Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

17

419-119-016-731

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Cassia

City of Sublett

No. —— St.

Hospital ——

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

34552

Registration District No. 119 File No.

Primary Registration District No. Registered No.

FULL NAME OF CHILD ROSS MARCUS

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	✓		✓	yes	Nov. 19 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Walter Frank Marcus	FULL MAIDEN NAME	Coral Emily Platts
RESIDENCE	Sublett Idaho	RESIDENCE	Sublett Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Texas	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11:45 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C I Sater MD

(Physician or midwife)

Given names added from a supplemental report.

C I Sater 19

Registrar

Address

Filed Nov. 30 1915

C I Sater

Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

5/1/91 Z.J.

AFFIDAVIT OF BIRTH

- Parent or Older Relative
Physician or Midwife

RECEIVED
APR 25 1941

STATE OF Utah }
COUNTY OF Weber } s.s.

ROSS MARCUS

now residing at 554 Rockdale Drive, San Francisco, California

first being duly sworn, on oath deposes and says:

1. I was born at Sublett, Idaho on the

19th day of November 1915

2. I am the * SON of CORAL MARCUS

He was born on the Nov. 19th, 1915 (date) in Sublett (town or city)

Cassia (county) Idaho (state)

3. This statement is made on my best ~~memory~~, information, and belief and is verified by **

I am the mother of Ross Marcus,

The records kept by the Latter Day Saint Church are available

if necessary. Walter Frank Marcus (Father)

who is now deceased.

Coral O. Marcus
(signature)

Subscribed and sworn to before me, a duly qualified Notary Publi

at ~~Ogden, Utah~~ this 21st day of January 1941

Ella O. Fowles
(Notary Public)

My Commission Expires 2-25-44

* Give relationship to person in whose behalf affidavit is executed.

** If record from family Bible, School, Physician's account book, or other document is available, so state in this space.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11—25m-9-8-15

PLACE OF BIRTH

259.125 59

County of Latah

City of Potlatch

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 65 File No. 34553

Primary Registration District No. 2145. Registered No. .....

FULL NAME OF CHILD ~~Eric Berg~~ ERICK EDWIN BERG

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	✓		✓	yes	Nov. 25 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Eric Berg.	FULL MAIDEN NAME	Regina Berg.
RESIDENCE	Potlatch	RESIDENCE	Potlatch
COLOR	white	COLOR	white.
AGE AT LAST BIRTHDAY (Years)	33.	AGE AT LAST BIRTHDAY (Years)	28.
BIRTHPLACE	Sweeden.	BIRTHPLACE	Sweeden.
OCCUPATION	Laborer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 2nd Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive. (Born alive or stillborn) at 3.25 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. W. Thompson

M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Potlatch Idaho.

Filed Nov. 29 1915. Dr. J. W. Thompson

Registrar

S-Y-CO. 38071

Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Latah }

Certificate No. 34553

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Erik Edwin Berg (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Nov. 25, 1915 (DATE OF EVENT)
in Potlatch Ida. (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Nov. 25, 1915 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Eric	Erick Edwin Berg

Subscribed and sworn to before me this 11th
day of December, 19 42.

Notary Public, residing at Potlatch, Ida.
My commission expires Feb. 1, 1944
(SEAL)

Signed Regina Berg Mother
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD: OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING DEATH RECORD: OR OTHER CREDIBLE PERSON.)
730 Spruce St. Potlatch Ida.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Latah }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11
day of December 19 42.

NOTARY PUBLIC for the State of Idaho
Notary Public, residing at Residing at Potlatch, Idaho
My commission expires My Commission Expires Dec. 3, 1944
(SEAL)

Signed Danny E. Osterlund
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
Potlatch Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

DEC 15 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

269-21-029-293

PLACE OF BIRTH

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Potlatch

Registration District No. 65 File No. 34554

No. _____ St.

Primary Registration District No. 2145 Registered No. _____

Hospital _____

FULL NAME OF CHILD Claire Louise Norweike

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Nov 21 1915

FATHER		MOTHER	
FULL NAME	John Norweike	FULL MAIDEN NAME	Ethel Kitsmiller
RESIDENCE	Potlatch	RESIDENCE	Potlatch
COLOR	white	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Oregon
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3rd

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn) at 2 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. Jas Thompson. M D.
(Physician or midwife)

Address Potlatch

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Nov 23 1915.

D. J.M. Thompson Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

755-205-019818

PLACE OF BIRTH

County of Latah.

City of Potlatch

No. _____ St.

Hospital _____

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 65 File No. 34555

Primary Registration District No. 2145 Registered No. _____

FULL NAME OF CHILD Nevma. Pewsley.

Sex of Child Female. | Twin, Triplet or other? ✓ | Number in order of birth ✓ (To be answered only in event of plural births) | Legitimate? yes. | Date of Birth Nov 5 (Month) (Day) 1915 (Year)

FATHER

FULL NAME D. F. Pewsley.

RESIDENCE Potlatch

COLOR white. AGE AT LAST BIRTHDAY 36 (Years)

BIRTHPLACE Wisconsin

OCCUPATION Laborer.

MOTHER

FULL MAIDEN NAME Vita Hayes.

RESIDENCE Potlatch

COLOR white. AGE AT LAST BIRTHDAY 28 (Years)

BIRTHPLACE Wisconsin

OCCUPATION Housewife.

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1.4. M. on the date above stated.

(Signature) D. Jr. Thompson M.D.

(Physician or midwife)

Address Potlatch Idaho

Filed Nov 12 19 15 D. Jr. Thompson Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____ Registrar

S-Y-CO. 38071

753-D1-029-698

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Potlatch

No. Country St.

Hospital

Registration District No. 65

File No. 34556

Primary Registration District No. 2145

Registered No.

FULL NAME OF CHILD Melvin Hope Pettichord

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Sept 21 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	W. D. Pettichord	FULL MAIDEN NAME	Geneva Fry
RESIDENCE	Palouse Wash R.F.D.	RESIDENCE	Palouse Wash R.F.D.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Iowa	BIRTHPLACE	Wisconsin
OCCUPATION	Farmer	OCCUPATION	Home Manager

Number of child of this mother, including present birth 8th

Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11:45 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. Boyd

M. D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Palouse Wash

Filed Oct 18 1915 Dr. J. W. Thompson

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 3 1943

563.207.029.699

Form V. S. No. 11-C—25m-1-1-18

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Latah

City of Potlatch

No. Country St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 65. File No. 34557

Primary Registration District No. 2145 Registered No.

FULL NAME OF CHILD Winnifred Nolan

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem.			Yes	Oct 7 1915

FATHER		MOTHER	
FULL NAME	P P Nolan	FULL MAIDEN NAME	Mary Wright
RESIDENCE	Garfield R.F.D.	RESIDENCE	Garfield R.F.D.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	48	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Ill.	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6. Number of children of this mother now living, including present birth 6.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2.30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo T Boyd M.D.
(Physician or midwife)

Address Palouse. Wash.

Given names added from a supplemental report.

Winnifred Nolan 19 19

Dr. J.M. Thompson
Registrar

Filed Oct 16th 1915

Dr. J.M. Thompson
Registrar

S-V CO. 24898

948 20-029-133

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of .....

City of .....

No. ..... St.

Hospital .....

Registration District No. 65 File No. 34558

Primary Registration District No. 2145 Registered No. .....

FULL NAME OF CHILD Not Named

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Female		2	Yes	Nov 10 1913 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME Sidney A Ruhl	FULL MAIDEN NAME Laura Fern Allen
RESIDENCE Princeton Idaho	RESIDENCE Princeton Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 27 (Years)	AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Iowa	BIRTHPLACE Indiana
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 2nd

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 9.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. C. Clark

Princeton Idaho
(Physician or midwife)

Given names added from a supplemental report,

..... 19.....

..... Registrar

Address .....

Filed Nov. 15th 1913 J. W. Thompson
Registrar

S-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

NOV 28 1967

DECEASED

134.120'029-691

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Salah

City of Palouse

Registration District No. 65.

File No. 34559

No. ..... St.

Primary Registration District No. 2145.

Registered No. .....

Hospital .....

FLOYD LOUIS ALDEN

FULL NAME OF CHILD Not named (See below)

Sex of Child	~~Twin~~ ~~Triplet~~ or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Nov 20 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	James Walter Alden	FULL MAIDEN NAME	Florence France
RESIDENCE	Salah Co	RESIDENCE	Salah Co
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Ark
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth: 4

Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D B Harrison MD

(Physician or midwife)

Given names added from a supplemental report.

Floyed Louis Alden 1915

J. W. Thompson M.D.
Registrar

Address Palouse Wash

Filed Nov 25th 1915

D. J. W. Thompson
Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Clearwater } ss.

Certificate No. 34559

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Floyd Louis Alden (Name on Original Certificate) who was born (Was Born or Died) on Nov 20 1915 (Date of Event)
in Potlatch (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on Nov 26 1915 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Floyd Louis Alden
Floyd Louis Alden	—	

Subscribed and sworn to before me this 27
day of August, 1943

Notary Public, residing at Orofino, Ida

My commission expires 3/28/46
(Seal)

Signed
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires.
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

Aug 1943

DEC 10 1971

AUG 31 1943

Amended 7/21/75

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 34560
Local Reg. No.
Reg. Dist. No. 65

1. PLACE OF BIRTH

a. COUNTY: Latah

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Potlatch

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Latah

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Potlatch

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Glen b. (Middle): Elbert c. (Last): Wood

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF BIRTH	(Month)	(Day)	(Year)
Male	SINGLE ____ TWIN ____ TRIPLET ____	1st ____ 2nd ____ 3rd ____		Nov.	17,	1915

FATHER OF CHILD

7. FULL NAME a. (First): James b. (Middle): c. (Last): Wood

8. AGE (At time of this birth)	9. BIRTHPLACE (State or foreign country) (City or Town)	10. USUAL OCCUPATION	11. KIND OF BUSINESS OR INDUSTRY
22 YEARS	Nebr.	Laborer	

MOTHER OF CHILD

12. FULL MAIDEN NAME a. (First): Pearl b. (Middle): c. (Last): Whitney

13. AGE (At time of this birth)	14. BIRTHPLACE (State or foreign country) (City or Town)	15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?	c. How many children were stillborn (born dead after 20 wks. pregnancy?)
19 YEARS	Oregon			

16. INFORMANT'S SIGNATURE OR NAME (Relationship)

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE J. S. LaPard

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Potlatch, Ida.

20. DATE SIGNED

21. DATE REC'D BY LOCAL REG.: Nov. 25, 1915

22. REGISTRAR'S SIGNATURE: Dr. J. W. Thompson

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS WEIGHT AT BIRTH ____ LBS ____ OZS. TIME: 8 PM

RACE OR COLOR OF FATHER: W RACE OR COLOR OF MOTHER: W

METHOD OF DELIVERY

Was 1% Silver Nitrate Used to prevent blindness? YES ____ NO ____

BIRTH INJURY TO INFANT ____ YES IF YES, DESCRIBE ____ NO

CONGENITAL MALFORMATIONS OF INFANT ____ YES IF YES, DESCRIBE ____ NO

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
JUL 15 1 13 PM '75

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Latah } ss.

Certificate No. 34560

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Glen Lazel Wood (Name on Original Certificate) who was born (Was Born or Died) on Nov. 17, 1915 (Date of Event)
in Potlatch, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's middle name	Lazel	Elbert

Subscribed and sworn to before me this 5 day of June, 1974

Notary Public, residing at Moscow

My commission expires 1/4/75

(Seal)

Signed X Pearl Wood
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Latah } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5 day of June, 1974

Notary Public, residing at Moscow

My commission expires 11/9/75

(Seal)

Signed Nettie Coffman
(Signature of Any Credible Person)

Potlatch Idaho
(Street Address, City, State)

FORM DH 60-155

CL 5/10/74 nm

National Service Life Ins. from Veterans Administration gives name as Glen Elbert Wood dated March 1, 1942. Certif. No. N-1 463 346. viewed by V. S.

Family Bible record gives name as Glenn Elbert Wood born Nov. 17, 1915. viewed by V. S.

154-10-29-346

PLACE OF BIRTH

County of Latah.

City of Potlatch

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-9-8-15

CERTIFICATE OF BIRTH

Registration District No. 65 File No. 34561

Primary Registration District No. 2145 Registered No. _____

FULL NAME OF CHILD RODERIC ALEX Anderson -

Sex of Child	Twin / Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male.	✓	✓	yes.	10 8 1915

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Martin A. Anderson.	FULL MAIDEN NAME	Elena C. Tufts.
RESIDENCE	Potlatch	RESIDENCE	Potlatch.
COLOR	white.	COLOR	white.
AGE AT LAST BIRTHDAY (Years)	25.	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Idaho.	BIRTHPLACE	Minn.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2. Number of children of this mother now living, including present birth 2.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn) at 10 45 P. M. on the date above stated.

(Signature) D B Harrison MD

Palouse Wash.
(Physician or midwife)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed Dec. 11 1915 D. J. M. Thompson Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Latah }

NOV 4 1941

Certificate No. 34561
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for (Name on original certificate) who was born (Was born or died) on Oct. 8, 1915 (Date of event)
in Latah County, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Anderson	Roderic Anderson
		Roderic Alex Anderson

Subscribed and sworn to before me this 1
day of November, 19 41

Notary Public, residing at Potlatch, Idaho

My commission expires December 10, 1943
[SEAL]

Signed (Mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

R#3 Palouse, Wash.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
[SEAL]

Signed
(Signature of any credible person other than the previous affiant.)

(Street Address, City, State)

Received for filing on By
(Registrar's signature)

FEB 7 1985

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

133 101 · 029 · 268

PLACE OF BIRTH

County of Latah.

City of Potlatch.

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-9-8-15

CERTIFICATE OF BIRTH

Registration District No. 65 File No. 34562

Primary Registration District No. 2145 Registered No. _____

FULL NAME OF CHILD The Albert David Allen.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male.				yes.	Dec 1 1915

FATHER		MOTHER	
FULL NAME	Fred Allen.	FULL MAIDEN NAME	Susie Boyer.
RESIDENCE	Potlatch.	RESIDENCE	Potlatch
COLOR	White.	COLOR	White.
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	29. (Years)
BIRTHPLACE	Iowa.	BIRTHPLACE	Ohio.
OCCUPATION	Rancher.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 3rd Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn) at 9 A. M. on the date above stated.

(Signature) D. Jr. Thompson
M.D.
(Physician or midwife)

Address Potlatch.

Filed Dec 1st 1915 D. Jr. Thompson
Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO. 38071

SEP 24 1942

653-110-028-859

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene

No. 1625 - 5th St.

Hospital

Registration District No. 29 File No. 34564

Primary Registration District No. 1050 Registered No. 6

FULL NAME OF CHILD Vincent Nelson Feldhausen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Nov. 10th 1915

FATHER		MOTHER	
FULL NAME	Vincent Nelson Feldhausen	FULL MAIDEN NAME	Ethel Henber
RESIDENCE	Fernwood	RESIDENCE	Fernwood
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	(Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Wis.	BIRTHPLACE	Wis.
OCCUPATION	Mill Worker	OCCUPATION	House Wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alexander Edens M. D.

(Physician or midwife)

Address 611 Garden Ave Coeur d'Alene Ida.

Given names added from a supplemental report

.....19.....

Filed Nov 30 1915 Max A. Worland
Registrar

.....
Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

CERTIFICATE OF BIRTH 1965

655 · 215 · 028-294

~~CERTIFICATE~~ OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34565

County of

City of

No. St.

Hospital

Registration District No. 29 File No. 4

Primary Registration District No. 1050 Registered No. 7

FULL NAME OF CHILD VERDIE ALICE OVERCASH

Sex of Child	~~Twin, Triplet~~ or other?	and Number in order of birth	Legitimate	Date of Birth (Month) (Day) (Year)
Female	1	1	yes	Nov. 15 1915

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Fred P. Overcash	Mary B. Brugger
RESIDENCE	Post Falls	Post Falls. Ida
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	24	23
BIRTHPLACE	Potlatch - Idaho.	Garfield Wash.
OCCUPATION	Laborer	No - wife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. F. Campbell M.D.

(Physician or midwife)

Address

Given names added from a supplemental report

19

Registrar

Filed Nov 30 1915 Mary A. Dorland

Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon } ss.
County of Lane

OCT 29 1941

Certificate No. 31565

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for Verdie Alice Overcash (Name on original certificate) who was born (Was born or died) on November 15 1915 (Date of event)
in Post Falls Idaho (Place of event) ~~are erroneous or~~ were omitted; and that, to the best of ~~his~~ her knowledge, the
true facts as shown by (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Overcash	Verdie Alice Overcash

Subscribed and sworn to before me this 28th day of October, 1941.

Notary Public, residing at Eugene Oregon

My commission expires July 11-1944

[SEAL]

Signed Mary Brugger Overcash
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

RR 2, Box 280 Eugene, Oregon
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Lane

[This affidavit MUST also be executed. (See Chapter 189, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28th day of October, 1941.

Notary Public, residing at Eugene, Oregon

My commission expires June 1, 1943

[SEAL]

Signed Henry Brugger
(Signature of any credible person other than the previous affiant.)

1064 Pinehurst, Eugene, Oregon
(Street Address, City, State)

Received for filing on By
(Registrar's signature)

NOV 8 1961

753-124-028-256

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34566

County of Kootenai

City of ©

No. ..... *St.*

Hospital .....

Registration District No. 29 **File No.** 4

Primary Registration District No. 1050 **Registered No.** 8

FULL NAME OF CHILD Lester Martin Peterson

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Male	Single	2	Yes	Nov (Month) 24 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Perry C. Peterson	FULL MAIDEN NAME	Edith Elizabeth Keough
RESIDENCE	Coeur d'Alene Ida	RESIDENCE	Coeur d'Alene Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Ireland
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4 P. M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Dwyer

Phys.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Coeur d'Alene Ida

Filed Nov 30 1915 M. A. Leland

Registrar

Registrar

S-Y CO. 24695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

499-228-228-331

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Kootenai

City of Coeur d'Alene

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34567

Registration District No. 29 File No. 4

Primary Registration District No. 1050 Registered No. 9

FULL NAME OF CHILD Not named - Died 10 hours after birth

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Female	Single	3	Yes	Nov. 28 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Solomon Driscoll	FULL MAIDEN NAME	Enola Clayton
RESIDENCE	Marshfield Oreg.	RESIDENCE	Marshfield, Oregon
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Texas
OCCUPATION	Salesman	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3:30 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Dwyer Phys (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Coeur d'Alene Ida

Filed Nov 30 1915 Max A. Dorland Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

D

419-209 008-25 3

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

34569

County of Boise

City of McCall

Registration District No. 15

File No. 34569

No. ____ St.

Primary Registration District No. ____

Registered No. 47

Hospital ____

FULL NAME OF CHILD Ina Greene

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
girl			3	yes	Nov 9 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Melvin Darkwood	Ora Beck
RESIDENCE	Donnelly	Donnelly
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	39	29
BIRTHPLACE	Indianna	Arkansas
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at ____ M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. J. L. McCall

Nurse (Physician or midwife)

Address McCall, Idaho

Given names added from a supplemental report

....., 19.....

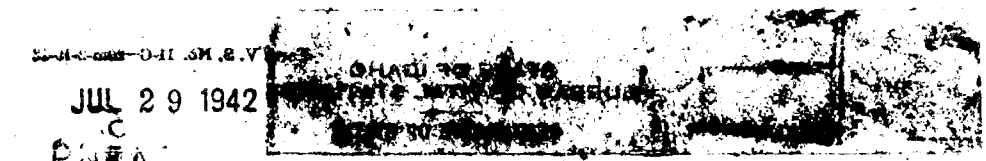
Filed Nov. 29, 1915 Ruth McDonald Dept. Registrar

.....
Registrar

8-Y CO. 20174

PERMANENT RECORD

U. S. Bureau of Census ... of each birth ... of each ... of each ... of each


JUL 29 1942

319-215-025-413

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-2m-2-15-12

County of Idaho

City of McCall

No. ..... St.

Hospital .....

Registration District No. 13 File No. 34570

Primary Registration District No. ..... Registered No. 48

FULL NAME OF CHILD Gay MacLeay Carrey

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		yes	Nov (Month) 15 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Thomas Jefferson Carrey	FULL MAIDEN NAME	Jennie Hay MacLeay
RESIDENCE	Warren	RESIDENCE	Warren
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Scotland
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 7-15 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs J. L. McFall
Nurse
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address McCall, Ida

Filed Nov. 29, 1915 Ruth McDonald
Registrar

S-Y CO. 20174

WRITE IN FULL ... PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

359.127.035.863

PLACE OF BIRTH

Form V. S. No. 1-C—25m-1-1-13

[redacted] IDAHO
[redacted] AL STATISTICS

[redacted] RTIFICATE OF BIRTH

34571

County of Nez-Perce

City of Summit, Ida.

Registration District [redacted] 2

File No. 3

No. _____ St.

Primary Registration District No. 2170

Registered No. 37

Hospital _____

FULL NAME OF CHILD Joseph Chermak

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		yes	Oct 27th 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Joseph Chermak	FULL MAIDEN NAME	Rosia Hocek
RESIDENCE	Summit, Idaho	RESIDENCE	Summit Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Bohemia	BIRTHPLACE	Bohemia
OCCUPATION	Farmer	OCCUPATION	House-Wife

Number of child of this mother, including present birth One

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Living at 4 49 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J J Herrington, M.D.

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Gifford Idaho

Filed 12-2 1916 E. E. Watts

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

236-107-035-366

PLACE OF BIRTH

County of Nez-Perce

City of Gifford, Ida,

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34572

Registration District No. 92 File No. 3

Primary Registration District No. 2170 Registered No. 36

FULL NAME OF CHILD ROBERT WILLIAM STOREY

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Sept. 7th, 191 3

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ira. E. Storey	Viola E offie
RESIDENCE	Gifford Ida,	Gifford. Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	33.	22
BIRTHPLACE	Washington	Michigan
OCCUPATION	Farmer.	Domestic Home Wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Living male (Born alive or stillborn) at 7:20 a.m. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) J. H. Kennington M.D.

(Physician or midwife)

Address Gifford, Idaho

Filed 12-2 1913 E. E. Watts Registrar

S-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 34572

County of Nez Perce } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)

for ..... (NAME ON ORIGINAL CERTIFICATE) who ..... (WAS BORN OR DIED) on ..... (DATE OF EVENT)

in ..... (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Robert William
Surname	Story	Storey

Subscribed and sworn to before me this 23rd.

day of Feb. 19 46

[signature]

Notary Public, residing at Lewiston Ida.

My commission expires April 1st. 1946

(SEAL)

Signed [signature]

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Myrtle Idaho

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.

County of .....

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....

day of ....., 19 .....

Notary Public, residing at .....

My commission expires .....

(SEAL)

Signed .....

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

.....

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....

(REGISTRAR'S SIGNATURE)

843205-029-619

PLACE OF BIRTH

County of Latah

City of Juliaetta

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF [redacted]STICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

34573

Registration District No. 68 File No. _____

Primary Registration District No. 2148 Registered No. _____

FULL NAME OF CHILD Jewel Evangeline Hutchison

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem	—	—	yes.	Oct 5 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	George H. Hutchison	Blanche G. Farnell
RESIDENCE	near Juliaetta Ida	near Juliaetta, Ida.
COLOR	White.	White
AGE AT LAST BIRTHDAY (Years)	23	19
BIRTHPLACE	Idaho	Louisiana
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7 30 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S A Roe M D
(Physician or midwife)

Address Juliaetta, Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Oct 5 19 15 S A Roe Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 13 1951

JAN 22 1988

914.2041035235

V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF ID[redacted]
BUREAU OF VITAL S[redacted]

CERTIFICATE OF [redacted]

County of Nez Perce

near City of Spalding

No. _____ St.

Hospital _____

Registration District No. _____ File No. 34574

Primary Registration District No. _____ Registered No. _____

FULL NAME OF CHILD _____

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Fem	—		—	Yes	Oct 4 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John Ramsey	FULL MAIDEN NAME	Katherine Stevens
RESIDENCE	near Spalding.	RESIDENCE	near Spalding
COLOR	Indian	COLOR	Indian
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Idaho,	BIRTHPLACE	Idaho,
OCCUPATION	Farmer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 20 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S A Roe

M D (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Juliaetta Ida.

Filed Oct 5 1915 S A Roe Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

735-2041035-243

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34575

County of Nez Perce

City of Juliaetta, R.F.D. # 2

Registration District No. ..... File No. .....

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Margaret Francis Glenn

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem			yes.	Nov. 4 191.5

FATHER		MOTHER	
FULL NAME	David L. Glenn	FULL MAIDEN NAME	Minnie F. Buchanan
RESIDENCE	Juliaetta, Ida.	RESIDENCE	Juliaetta, Ida.
COLOR	White	COLOR	White.
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Nor. Car.	BIRTHPLACE	Nor Car.
OCCUPATION	Carpenter	OCCUPATION	Housewife.

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 1 15 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A A Roe M D
(Physician or midwife)

Address Juliaetta Ida

Given names added from a supplemental report.

..... 19.....

Filed Nov 5 19 15 A A Roe
Registrar

..... Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 2 6 1945

795-210-029-266

PLACE OF BIRTH

County of Latah

City of Juliaetta

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form [illegible] 25m-1-1-18

34,576

Registration District No. ..... File No. .....

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Fem	—		—	Yes.	Nov. 10 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Miles B. Pierce	FULL MAIDEN NAME	Bertha M. Bowers
RESIDENCE	Juliaetta, Ida.	RESIDENCE	Juliaetta, Ida.
COLOR	white	COLOR	W.
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Idaho.	BIRTHPLACE	Indiana
OCCUPATION	Hardware Dealer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11.50 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S.A. Roe

M.D. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Juliaetta, Ida.

Filed 11/11 1915 S.A. Roe Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

293-119-029-814

Form V. S. No. 11-C-Rom-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34577

County of Latah

City of Juliaetta R.F.D. #1

No. _____ St.

Registration District No. 68 File No. _____

Primary Registration District No. 2148 Registered No. _____

Hospital _____

FULL NAME OF CHILD John Layton Kite

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	—		—	yes.	Nov. 19 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John A Kite.	FULL MAIDEN NAME	Eeffie S. Hammond
RESIDENCE	Juliaetta, Ida.	RESIDENCE	Juliaetta, Ida
COLOR	White. AGE AT LAST BIRTHDAY 23 (Years)	COLOR	White. AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE	Washington —	BIRTHPLACE	Idaho.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10 P. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S A Roe

M D
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Juliaetta, Ida.

Filed Nov. 20 1915 S A Roe
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 10 1942

258-130-029-735

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Juliaetta

No. _____ St.

Hospital _____

Registration District No. 68 File No. 34578

Primary Registration District No. 2148 Registered No. _____

FULL NAME OF CHILD Arthur Frederick SEYMOUR

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	—		—	yes.	Nov. 30 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Arthur Seymour	FULL MAIDEN NAME	Nannie Glenn
RESIDENCE	Juliaetta Ida.	RESIDENCE	Juliaetta Ida.
COLOR	White. AGE AT LAST BIRTHDAY 27. (Years)	COLOR	White. AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE	Wash.	BIRTHPLACE	Nor. Car.
OCCUPATION	Laborer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2 15 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S A Roe

M D
(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Address Juliaetta, Ida.

Filed Nov. 30 1915 S A Roe
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 22 1941

JAN 21 1942

6/9/41 L. B.

Amended 1/5/72

815-214-041-123

PLACE OF BIRTH

County of Leton

City of Bates

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. [redacted]

34579

Registration District No. 20 File No. .....

Primary Registration District No. 2012 Registered No. .....

FULL NAME OF CHILD Gladys Hanson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	11 (Month) 14 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Alma Hanson	FULL MAIDEN NAME	Marie Aslagsen
RESIDENCE	Bates Idaho	RESIDENCE	Bates Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Hyrum Utah	BIRTHPLACE	Stavanger Norway
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 9 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Benj. F. Roseman M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19...

Address Driggs Idaho

Filed Dec 4 1915 Geo W Chailers
Registrar

S-Y CO. 24655

[redacted]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Amended 1/5/72

MARITAL STATUS AT TIME OF CONCEPTION OF THIS CHILD

NEVER MARRIED | MARRIED | DIVORCED | WIDOWED

DO NOT RESERVE

IF A DEPARTMENT RECORD IS AMENDING ANY ITEM ON THIS CERTIFICATE, THE AMENDMENT SHALL BE ENTERED ON THE BACK OF THIS CERTIFICATE.

NOTE: In case of plural births, use a separate certificate for each child.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
DEC 16 1971
Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 34579

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Gladys Hansen (Name on Original Certificate) who was born (Was Born or Died) on Nov. 14, 1915 (Date of Event)
in Bates, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Church Records (Bible Record, Insurance Policy, Etc.) prepared on Jan 2-1916 and Nov 25-1915 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Last Name	Hansen	Hanson
Father's Last Name	Hansen	Hanson
Mother's Full Maiden Name	Not Given	Marie Aslagsen

Subscribed and sworn to before me this 13TH day of December, 1971

Notary Public, residing at Idaho Falls Idaho
My commission expires 6/20/72
(Seal)

Signed Alvina Hanson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
159 College W. Idaho Falls Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bonneville }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13th day of December, 1971

Notary Public, residing at Idaho Falls, Idaho
My commission expires 6/20/72
(Seal)

Signed Karen D. Hanson
(Signature of Any Credible Person)
1967 Melody Dr.
(Street Address, City, State)
Idaho Falls, Idaho

FORM DH 60-155 CL 7-16-64. nm

JAN 5 1972

Certificate of Blessing from LDS Church gives name as Gladys Hanson daughter of Alma Hanson and Marie Aslagsen, Born No. 14, 1915 at Bates, Idaho . Was Blessed Jan. 2, 1916. Viewed by V. S.

Certif. of Baptism and Confirmation from LDS Church dated Dec. 2, 1923 gives name as Gladys Hansen daughter of Alma Hansen, Sr. and Marie Aslagsen. Born Nov 14, 1915 at Bates, Idaho. Was Baptized Nov. 25, 1923 and Confmed Dec. 2, 1923. Viewed by V. S.

Certif. of Blessing from LDS Church dated June 28, 1910 gives name as Alma Hanson son of Alma Hanson and Marie Aslagsen. Born Aug. 11, 1906. Was Blessed Oct. 7,1906. Viewed by V. S.

Certificate of Baptism and Confirmation dated April 6, 1941 gives name as Lewis Grant Neal son of Lewis Neal and Gladys Hanson. Born March 3, 1933. Was Baptized March 30, 1941 and Confmd. April 6, 1941. Viewed by V. S.

666-114 041-334

Form V. S. No. -C—25m-1-1-18

PLACE OF BIRTH

County of Teton

City of Victor

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34580

Registration District No. 20 File No. _____

Primary Registration District No. 2012 Registered No. _____

FULL NAME OF CHILD Le Roy Edward Woolstenhulme

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	11 (Month) 14 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Geo Woolstenhulme	FULL MAIDEN NAME	Elenor Cluff
RESIDENCE	Victor Idaho	RESIDENCE	Victor Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Cannonas Utah	BIRTHPLACE	Summit County Utah
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10 20 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. F. Roseman M.D.

(Physician or ~~midwife~~)

Given names added from a supplemental report.

_____ 19__

Address Driggs Idaho

Filed Dec 4 1915 Geo D Charlier
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

285·217·041-385

Form V. S. No. 11-C—2m-1-1-18

PLACE OF BIRTH

County of Teton

City of Victor Idaho

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 20 File No. 34581

Primary Registration District No. 2012 Registered No. .....

FULL NAME OF CHILD Golda Mae Sherman

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	11 (Month) 17 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Pleasant Sherman	FULL MAIDEN NAME	Aretha M Cheney
RESIDENCE	Victor Ida	RESIDENCE	Victor Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Harper Co Kansas	BIRTHPLACE	Huntington Utah
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 9:07 a M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Benj F Roseman M D

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Driggs Idaho

Filed Dec 4 1915 Geo D Charlene

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 2 1970

731-712 1044-212

Form F. S. No. 11-C—[illegible]

PLACE OF BIRTH

[redacted]y of Washington

City of Goodrich

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 88 File No. 34582

Primary Registration District No. 2164 Registered No. .....

FULL NAME OF CHILD Harold Edward Glascock

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Nov 12 1915

FATHER		MOTHER	
FULL NAME	Lyde H Glascock	FULL MAIDEN NAME	Lyla Mae Baston
RESIDENCE	Goodrich	RESIDENCE	Goodrich Idaho
COLOR	W	COLOR	[illegible]
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Idaho	BIRTHPLACE	Oregon
OCCUPATION	Rancher	OCCUPATION	House wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 30 PM on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C E Schmutz

MD (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Cambridge Idaho

Filed Nov 26 1915 C E Schmutz Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

OCT 12 1956

DECEASED

759.130-0468 V3

Amended 2-29-68

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 34583
Local Reg. No.
Reg. Dist. No. 88

1. PLACE OF BIRTH
a. COUNTY: Washington
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Cambridge
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Washington
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Cambridge
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME *(Type or print)*
a. (First): Frank
b. (Middle): D.
c. (Last): Perkins

4. SEX: Male
5a. THIS BIRTH: SINGLE X TWIN ___ TRIPLET ___
5b. IF TWIN OR TRIPLET (This child born): 1st ___ 2nd ___ 3rd ___
6. DATE OF BIRTH (Month) (Day) (Year): Nov. 30, 1915

FATHER OF CHILD

7. FULL NAME
a. (First): Orvil
b. (Middle):
c. (Last): Perkins

8. AGE (At time of this birth): 24 YEARS
9. BIRTHPLACE (State or foreign country) (City or Town): Mo.
10. USUAL OCCUPATION: Rancher
11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Mary
b. (Middle):
c. (Last): Hutchison

13. AGE (At time of this birth): 19 YEARS
14. BIRTHPLACE (State or foreign country) (City or Town): Idaho
15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 0
b. How many OTHER children were born alive but are now dead? 0
c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0
16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: C. E. Schmitz, M.D.
18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ___ OTHER (Specify) ___
19. ADDRESS: Cambridge, Idaho
20. DATE SIGNED:
21. DATE REC'D BY LOCAL REG.: Dec. 1, 1915
22. REGISTRAR'S SIGNATURE: C.E. Schmitz
23. DATE ON WHICH GIVEN NAME ADDED BY ___ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ___ NO ___ DATE ___

Was a standard serological test for syphilis performed? YES ___ NO ___ APPROXIMATE DATE ___

LENGTH OF PREGNANCY ___ WEEKS ___ WEIGHT AT BIRTH ___

...NK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the ...AR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address ...DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

FEB 29 1968

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
JAN 29 1968
Vital Statistics

State of ..... } ss.
County of .....

Certificate No. 34583

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Perkins (Name on Original Certificate) who was born (Was Born or Died) on Nov. 30, 1915 (Date of Event) in Cambridge (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Unnamed	Frank D. Perkins
Father's First Name	Orville	Orvil

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed Orvil Perkins
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Midvale, Idaho 83620
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Washington

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th day of January, 1968

Notary Public, residing at Cambridge, Idaho
My commission expires Sept. 8, 1968
(Seal)

Signed Ida M. Wilson
(Signature of Any Credible Person)

Cambridge, Ida 83610
(Street Address, City, State)

FORM DPH 55.155

1 copy paid

Child's Birth Cert. on file: (Idaho Birth) #231924 gives full name of father as Frank Derrill Perkins - viewed by V.S.

Cert. of Marriage, Aug. 30, 1934 at Weiser, Idaho Baptist Church gives full name of groom as Frank D. Perkins and full name of bride as Marie E. Ross-viewed by V. S.

Chattel and Crop Mortgage, #13293, dated Dec. 20, 1926, The Peoples Bank - County of Washington, State of Idaho gives full names as Orvil and Mary Perkins - viewed by V.S.

Idaho Mutual Benefit Association, Insurance, No. GB1466-7, dated April 27, 1942 gives full name as Orvil Perkins - viewd by V.S.

799-102-044-366

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Midvale

No. _____ St.

Hospital _____

Registration District No. 88

File No. 34584

Primary Registration District No. 2164

Registered No. _____

FULL NAME OF CHILD William Edward Pritchett

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Dec 2 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Sidney Pritchett	FULL MAIDEN NAME	Fae Offield
RESIDENCE	Midvale	RESIDENCE	Midvale
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Kansas
OCCUPATION	Rancher	OCCUPATION	House wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (born alive or stillborn) at 7 45 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O E Schmutz

MD (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Cambridge Idaho

Filed Dec 4 1915 O E Schmutz Registrar

_____ Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

DEC 31 1941

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

DEC 26 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Midvale
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home: Private Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Midvale
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 1 1/2 yr

3. RESIDENCE OF FATHER (city, state) Tillicum Wash at Pregn. Midvale at his whos child.

4. FULL NAME OF CHILD William Edward Pritchett

5. Date of Birth of Child (Month, day, year) December 1915

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 months

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Sidney Elmer Pritchett
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Saltlake Utah U.S. (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Fae Elbina Coggield.
17. Color or Race White
18. Age at time of THIS birth 21 yrs
19. Birthplace Thayer Kansas. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Washington
County of Pierce } ss.

AFFIDAVIT to be completed when the attendant does not sig in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appear in Item 4, above, that I am now 47 years of age, that I have known this person for Since birth years, and tha Charles Schmitz (First name) Schmitz (Last name) MD's brothers, who attended this birth Do not Know (Is now deceased) or (Cannot be located) I further state th the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded und Chapter 139, 1937 Session Laws.

Fae Elbina Pritchett Signatu
Tillicum Washington P. O. Addr

Subscribed and sworn to before me this 22 day of December, 1941

(SEAL) [signature] Notary Public, residing at Jacoma Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 26 1941 by ....., Regist

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

355-203-044-355

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Cambridge

No. ..... St.

Hospital .....

Registration District No. 88 File No. 34585

Primary Registration District No. 2165 Registered No. .....

FULL NAME OF CHILD Marjorie Tendle

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Dec 3 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Fred Tunnell	FULL MAIDEN NAME	Jennie Deefer
RESIDENCE	Cambridge Ida	RESIDENCE	Cambridge Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Norway	BIRTHPLACE	Scotland
OCCUPATION	Rancher	OCCUPATION	House wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C E Schmidt

M D

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Cambridge Ida

Filed Dec 4 1915 C E Schmidt Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

312-114-044-419

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Cambridge RFD

Registration District No. 88

File No. 34586

No. ..... St.

Primary Registration District No. 2164

Registered No. .....

Hospital .....

FULL NAME OF CHILD Bernard Edgar Cable

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			yes	Oct 14 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Elmer W Cable	Glenola Martin
RESIDENCE	Cambridge RT 1	Cambridge RFD 1
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	33	29
BIRTHPLACE	Mo	Mo
OCCUPATION	Farmer	H W

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 5 35 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

..... Registrar

(Signature) Simeon Hoffman

~~Cambridge Ida~~ MD
(Physician or midwife)

Address Cambridge Ida

Filed Dec 3 1915 O E Edmunds Registrar

8-Y CO. 24655

3/26/41 Z.J.

231-226-045-212

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Washington

City of Cambridge

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 88 File No. 34587

Primary Registration District No. 2164 Registered No. _____

FULL NAME OF CHILD _____

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F M		yes	Oct (Month) 26 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Edw. W Blank	FULL MAIDEN NAME	Bertha Bassinger
RESIDENCE	Cambridge	RESIDENCE	Cambridge
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Or	BIRTHPLACE	Ida
OCCUPATION	Farmer	OCCUPATION	Hw

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 12 M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Simeon Hopper

M D
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Cambridge Ida

Filed Dec 3 1915 C E Schmitz
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

31-[illegible]-032-365

Form V. S. No. 11-C-15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lincoln

City of Jerome

Registration District No. 23

File No. 34589

No. ____, ____ St.

Primary Registration District No. 1017-2017

Registered No. ____

Hospital ____

FULL NAME OF CHILD Rudy Marion Tate

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Oct 11, 1915

FATHER		MOTHER	
FULL NAME	George Tate	FULL MAIDEN NAME	Ginie Lovingood
RESIDENCE	Jerome	RESIDENCE	Jerome
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	87	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Tennessee	BIRTHPLACE	North Carolina
OCCUPATION	farmer	OCCUPATION	[illegible]

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn) at 7 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John F. Schnurershall MD

(Physician or Midwife)

Given names added from a supplemental report

____, 19____

Address Jerome

Filed Dec 6 1915 E. D. Piper

Registrar

Registrar

S-Y CO., 16670

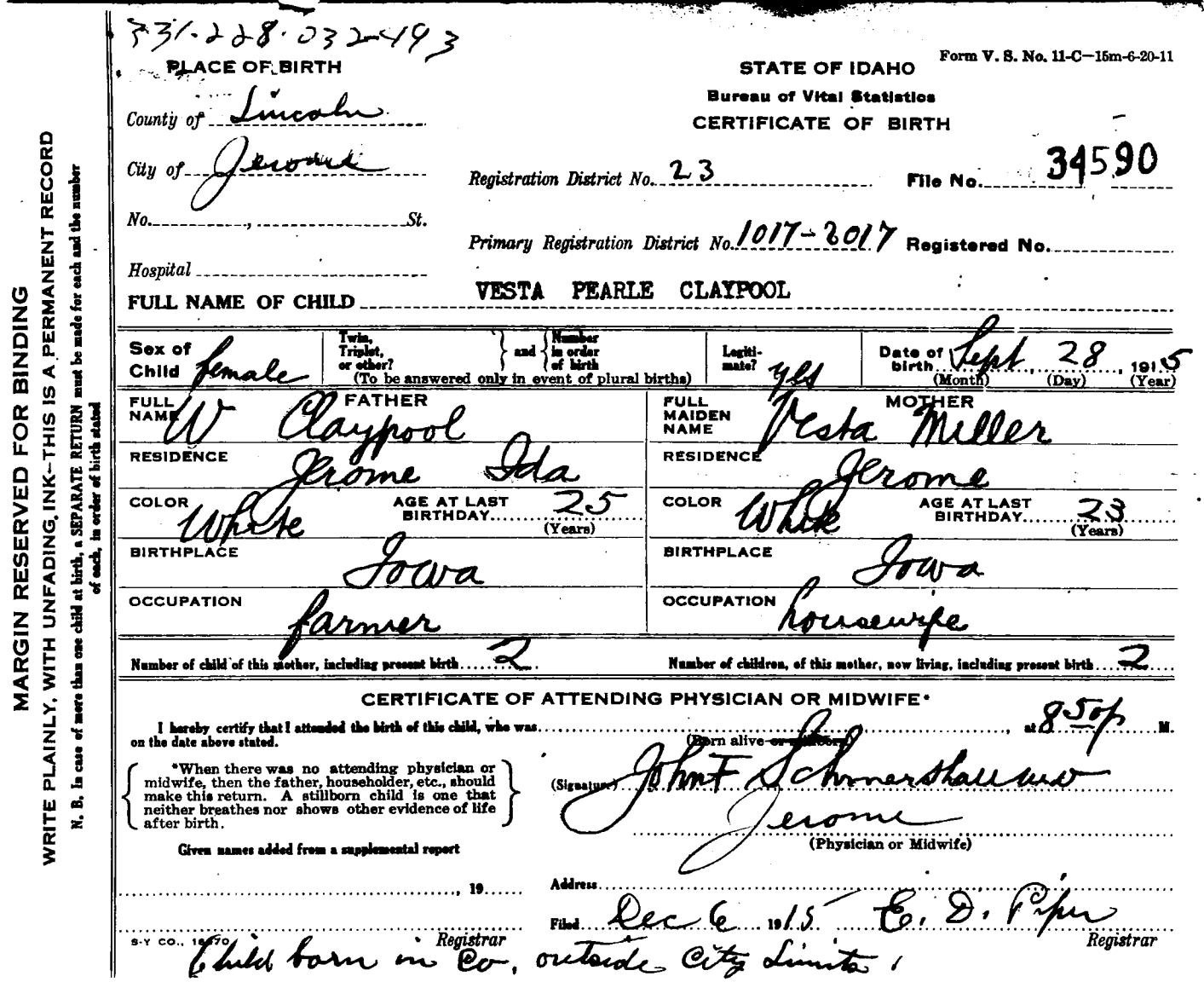
Child born in County - outside city limits.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

2 cppies 2/6/41 L. P.



331-228-032-493

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Lincoln

City of Jerome

No. ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 23 File No. 34590

Primary Registration District No. 1017-2017 Registered No. .....

FULL NAME OF CHILD VESTA PEARLE CLAYPOOL

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
female		yes	Sept 28 1915

FATHER		MOTHER	
FULL NAME	W Claypool	FULL MAIDEN NAME	Vesta Miller
RESIDENCE	Jerome Ida	RESIDENCE	Jerome
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 2 Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~) at 8 50 p M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John F Schmershall MD

Jerome (Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Registrar

Filed Dec 6 1915 E. D. Piper Registrar

S-Y CO., 16470

Child born in Co. outside City Limits.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Named from card 1/19/43 Z.J.

JAN 1 0 1943

OCT 2 9 1970

519.205.032-562

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lincoln

City of Jerome

No. ....., ... St.

Hospital .....

Registration District No. 23 File No. 34591

Primary Registration District No. 1017-2017 Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) Oct (Day) 5 (Year) 1915
female		yes	

FATHER		MOTHER	
FULL NAME	Ned Carsman	FULL MAIDEN NAME	Gladys Noble
RESIDENCE	Jerome	RESIDENCE	Jerome
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Missouri	BIRTHPLACE	Idaho
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 2a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John F Schmarshall MD

(Physician or Midwife)

Given names added from a supplemental report

..... 19.....

Address Jerome

Filed Dec 6 1915 E. D. Piper

Registrar Registrar

S-Y CO. 16670

Child born in County. — outside City limits

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

266-223-032-258

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Lincoln

City of Jerome

No. ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 23 File No. 34592

Primary Registration District No. 1017-2017 Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
female		yes	Oct 23, 1915

FATHER		MOTHER	
FULL NAME	Charles Bowers	FULL MAIDEN NAME	Katherine Nehrer
RESIDENCE	Jerome	RESIDENCE	Jerome
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Penna	BIRTHPLACE	Penna
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 6 30 p M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John F. Schmeisbach M.D.

..... (Physician or Midwife)

Given names added from a supplemental report

..... 19.....

Address Jerome

Filed Dec 6 1915 E. D. Piper

..... Registrar Registrar

S-Y CO., 16670

Child born in County - outside village limits.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

683-204-032-316

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lincoln

City of Jerome

No. ....., ... St.

Hospital .....

Registration District No. 23 File No. 34593

Primary Registration District No. 1017-2017 Registered No. .....

FULL NAME OF CHILD DORIS MAXINE WYCKOFF

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
female		yes	Nov 4, 1915

FATHER		MOTHER	
FULL NAME	Fred Wyckoff	FULL MAIDEN NAME	Pearl Lafarge
RESIDENCE	Jerome	RESIDENCE	Jerome
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Kansas	BIRTHPLACE	Oregon
OCCUPATION	Farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 11 10 p M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Schmerdaeuer

(Physician or Midwife)

Given names added from a supplemental report

..... 19.....

Address Jerome

Filed Dec 6 1915 E. Dr Piper

Registrar Registrar

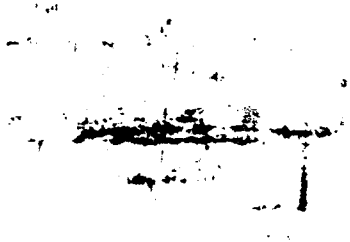
Child born in County outside City limits

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



MAR 4 1952

993 [redacted] 014-249

[redacted] BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of [redacted]

City of Payette

No. _____ St.

Hospital _____

Registration District No. 4 File No. 34594

Primary Registration District No. 1008 Registered No. 73

FULL NAME OF CHILD Clarence Edward Rice

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	✓	3	Yes	Nov 1 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Roy B Rice	FULL MAIDEN NAME	Mary A. Burggin
RESIDENCE	Payette	RESIDENCE	
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Iowa, Van Buren Co
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 11.25 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J E Crouch M.D.
(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Address Payette Idaho

Filed Nov 12 1915 J C Woodward
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

914-496

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of [redacted]

City of Payette

No. _____ St.

Hospital _____

Registration District No. 4 File No. 34595

Primary Registration District No. 1008 Registered No. 74

FULL NAME OF CHILD Catherine Alice Edwards

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	2	Yes	Nov 18 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Harry Edwards	Blaine Broubaugh
RESIDENCE	Payette Idaho	Payette Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	21	22
BIRTHPLACE	Kansas	Iowa
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 4:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that, neither breathes nor shows other evidence of life after birth.

(Signature) J. O. Crouch M.D.

(Physician or midwife)

Address Payette, Idaho

Filed Nov 26 1915 J C Woodward Registrar

Given names added from a supplemental report.

_____ 19____

_____ Registrar

S-Y CO. 24668

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
BUREAU OF
VITAL STATISTICS
AUG 24 11 27 AM '75

State of Oregon } ss.
County of Union

Certificate No. 34595

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Edwards (female) (Name on Original Certificate) who was born (Was Born or Died) on Nov. 18, 1915 (Date of Event)
in Payette, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on year 1925 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	omitted	Catherine Alice Edwards

Subscribed and sworn to before me this 20 day of August, 1975.

Notary Public, residing at La Grande, Oregon

My commission expires 23 July 1978

(Seal)

Signed Catherine Alice Edwards
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1612 Foley Street, La Grande, Ore.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

CL 5/23/75 lcc pd.

Certif. of Membership to the Order of Gregg Artisits gives name as Catherine Edwards. viewed by V. S. appeass to be quite old.

SEP 3 1975

High school Diploma from LaGrande High School gives name as Catherine Alice Edwards. dated June 2, 1933. viewed by V. S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

356-222 162

PLACE OF [redacted]

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Benewah

City of DeSmet

Registration District No. 31

File No. 34596

No. ..... St.

Primary Registration District No. .....

Registered No. .....

Hospital .....

FULL NAME OF CHILD Aurelia Teresa Victor Leo

Sex of Child female

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? yes

Date of Birth Nov. 22 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Victor Leo	FULL MAIDEN NAME	Teresa Marie Pierre Joseph
RESIDENCE	DeSmet	RESIDENCE	DeSmet
COLOR	Indian	COLOR	Indian
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Reservation	BIRTHPLACE	Reservation
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Mary Madelaine Pierre Joseph

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address DeSmet, Idaho

Filed Nov. 28 1915 John Post, Asst.

Registrar

Registrar

S-Y-CO 38071

BIRTH

265-104-005-593

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Benewah

City of DeSmet

No. ..... St.

Hospital .....

Registration District No. 31

File No. 34597

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Samuel Bonamatsi

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Sept. 4, 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Bonamatsi	FULL MAIDEN NAME	Christine Victor
RESIDENCE	Reservation	RESIDENCE	Reservation
COLOR	Indian	COLOR	Indian
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Reservation	BIRTHPLACE	Reservation
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Isabelle Peone

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address DeSmet, Idaho

Filed Nov. 11 1915

John Post, Asst

Registrar

S-Y-CO 38071

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

253-130-005-314

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Benewah

City of DeSmet

No. ..... St.

Hospital .....

Registration District No. 31

File No. 34598

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Herman Seltise

Sex of Child male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of Birth Oct 30 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Joseph Seltise	FULL MAIDEN NAME	Lucy Camille
RESIDENCE	DeSmet	RESIDENCE	DeSmet
COLOR	Indian	COLOR	Indian
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Reservation	BIRTHPLACE	St. Ignatius, Mont.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Louis Camille

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address St. Ignatius, Mont.

Filed Nov. 7 1915 John Post Asst.

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

975-127-005-595

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Benewah

City of DeSmet

No. ..... St.

Hospital .....

Registration District No. 31

File No. 34599

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD William John Ignace

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Oct. 27 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Ignace	FULL MAIDEN NAME	Lizzie Vincent
RESIDENCE	DeSmet	RESIDENCE	DeSmet
COLOR	Indian	COLOR	Indian
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Reservation	BIRTHPLACE	Reservation
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at ..... M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Josette Vincent

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address DeSmet, Idaho

Filed Nov. 5 1915 John Post, Asst. Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

613-220-020-

PLACE OF BIRTH

Form V. S. No. 11-C—[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34600

County of Elmo[redacted]

City of Glenn's Ferry

Registration District No. 35

File No.

No. St.

Primary Registration District No. 2021

Registered No.

Hospital

FULL NAME OF CHILD Virginia Allean Walker

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Female	Single	3	yes	Oct. 20th 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Gilbert Walker	FULL MAIDEN NAME	Lena Hertert
RESIDENCE	Cold Springs Creek	RESIDENCE	Cold Springs Creek
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	America	BIRTHPLACE	America
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive Oct. 20th at 7 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Davis M. D.

Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Address Glenn's Ferry Idaho

Filed Nov. 25th 1915 J. W. Davis

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 8 1942

319-119-020-512

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34601

County of Elmore

City of Glenn's Ferry

No. _____ St.

Hospital _____

Registration District No. 35

Primary Registration District No. 2021

File No. _____

Registered No. _____

FULL NAME OF CHILD Fernando Zanondo.

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	Single	1	yes	Oct. 19 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Hilario Zanondo	FULL MAIDEN NAME	Marie Gastinagi
RESIDENCE	Glenn's Ferry	RESIDENCE	Glenn's Ferry
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Spain	BIRTHPLACE	Spain
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Nov. 19th 1915 at 9 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Davis M.D.

Physician
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Glenn's Ferry Idaho

Filed Nov. 25 1915 J. W. Davis
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

751-128-020-819

PLACE OF BIRTH

County of Elmore

City of Glenn's Ferry

Registration District No. 35

No. ____ St.

Hospital ____

Form V. S. No. 11-C—35m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34602

File No. ____

Primary Registration District No. 2021

Registered No. ____

FULL NAME OF CHILD Frederick Henry Peak

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	Single	1	yes	Nov. 28th 1915

FATHER		MOTHER	
FULL NAME	Alonzo A. Peak	FULL MAIDEN NAME	Mabel Hartsock
RESIDENCE	Glenn's Ferry Idaho	RESIDENCE	Glenn's Ferry Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	America	BIRTHPLACE	America
OCCUPATION	Millman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) on the date above stated. Nov. 28th 1915 at 7:30 A M

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Davis M. D.

Physician (Physician or midwife)

Address Glenn's Ferry Idaho

Given names added from a supplemental report.

..... 19....

..... Registrar

Filed Nov. 30th 1915 J. W. Davis Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 17 1952

331-19-002-355

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Adnas

City of

No. St.

Hospital

Registration District No.

Primary Registration District No.

File No. 34603

Registered No.

FULL NAME OF CHILD Thomas Jefferson Clay

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	one	second	yes	Aug (Month) Sunday (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Henry Thomas Clay	FULL MAIDEN NAME	Katie Onetta Levengood
RESIDENCE	Meadows Ida	RESIDENCE	Meadows
COLOR	light	COLOR	light
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Meadows Ida	BIRTHPLACE	Anaconda Mont
OCCUPATION	Farmer	OCCUPATION	Farmer wife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8 o'c P. M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report.

19

Address N. Meadows Ida

Filed Aug 19 15

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DWP 81915-386-14 + 136024

814-223 - 051-964

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34605

County of Adams

City of New Meadows

Registration District No. _____ File No. _____

No. _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD ~~Dorothy Irene Hammer~~ NORMA GERTRUDE HAMMER

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	7 (Month) 23 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Ezra C. Hammer	FULL MAIDEN NAME	Stella Ronne
RESIDENCE	New Meadows Ida	RESIDENCE	New Meadows Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Nebraska
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 6th

Number of children of this mother now living, including present birth 5th

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9:30 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. S. Whiteman M.D.

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address New Meadows Idaho

Filed July 19 15

_____ Registrar

_____ Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 1 0 1943

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 34605

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Dorothy Irene Hammer (Name on Original Certificate) who was born (Was Born or Died) on July 23, 1915 (Date of Event)
in New Meadows, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Dorothy Irene Hammer	Norma Gertrude Hammer

Subscribed and sworn to before me this 12th. day of July, 1943

Notary Public, residing at Parma, Idaho

My commission expires May 1. 1944
(Seal)

Signed E C Hammer
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Washington } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4th. day of June, 1943

Notary Public, residing at Weiser.

My commission expires March 15 1945
(Seal)

Signed Ira P. Romine
(Signature of Any Credible Person Other Than Previous Year)

752 East Park Weiser. Idaho
(Street Address, City, State)

MAR 19 1975

JUL 20 1943

JUN 27 19

235-124-002-279

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Adams

City of Meadows

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34606

Registration District No. _____ File No. _____

Primary Registration District No. _____ Registered No. _____

FULL NAME OF CHILD Fred Willard Steckman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy				June 24 Thursday 1915

FATHER	MOTHER
FULL NAME William Henry Steckman	FULL MAIDEN NAME Sarah Ellen Spraston
RESIDENCE Meadows Idaho	RESIDENCE Meadows
COLOR	COLOR
AGE AT LAST BIRTHDAY 31 (Years)	AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE Fairfort Iowa	BIRTHPLACE Hamlet Mercer Co Illinois
OCCUPATION Butcher	OCCUPATION

Number of child of this mother, including present birth Five

Number of children of this mother now living, including present birth Five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6:00 P. M. on the date above stated.

(Normative or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Steckman M.D.

(Physician or midwife)

Address N. Meadows Ida

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed June 19 15

_____ Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE
BUREAU OF
CENSUS

FEB 17 1943

119-125-002-268

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Adams.

City of New Meadows

Registration District No. _____ File No. 34607

No. _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Charles Douglas Mairs.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes.	Nov. 25 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Charles Mairs	FULL MAIDEN NAME	Minnie Bohn.
RESIDENCE	New Meadows Ida	RESIDENCE	New Meadows Ida
COLOR	White. AGE AT LAST BIRTHDAY 29 (Years)	COLOR	White. AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE	Milan. Missouri	BIRTHPLACE	New York City.
OCCUPATION	School teacher.	OCCUPATION	Housewife

Number of child of this mother, including present birth 2nd. Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive 10:30 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. W. McTeneau M.D.

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address N. Meadows Ida

Filed Dec 1915

_____ Registrar

State Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

dup of 1915-35737 + 1915-175315

235-124-002791

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Adams

City of New Meadows

Registration District No. _____ File No. 34608

No. _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Randall Herbert Steed.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes.	Oct. 14 1915.

FATHER		MOTHER	
FULL NAME	Ralph Steed.	FULL MAIDEN NAME	Vira Gray.
RESIDENCE	Meadows - Idaho.	RESIDENCE	Meadows Idaho.
COLOR	White.	COLOR	White.
AGE AT LAST BIRTHDAY (Years)	22.	AGE AT LAST BIRTHDAY (Years)	19.
BIRTHPLACE	Farmington Utah	BIRTHPLACE	Sioux City. Iowa
OCCUPATION	Rancher.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9:45 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) R. W. Whiteman M.D.

(Physician or midwife)

Address New Meadows Ida

Filed Nov. 1 1915.

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

8-15-41.

OCT 30 1942

JAN 23 1969

754-109-023-847

PLACE OF BIRTH

County of Elmore

City of Suit

No. _____ St.

Hospital _____

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34609

Registration District No. 13 File No. _____

Primary Registration District No. _____ Registered No. _____

FULL NAME OF CHILD William Earl Curran

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy		yes	10 9 1915

FATHER		MOTHER	
FULL NAME	William Curran	FULL MAIDEN NAME	Hattie E. Hughes
RESIDENCE	Suit Idaho	RESIDENCE	Suit Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Home Wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1-30 P.M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. Vadney M.D

(Physician or midwife)

Address Suit Idaho

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed Nov 11 1915 E Vadney Registrar

S-Y CO. 24698

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 15 1940

714-[illegible]-023-391

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34610

County of Jem

City of Ola

Registration District No. _____ File No. 9

No. _____ St.

Primary Registration District No. _____ Registered No. 17

Hospital _____

FULL NAME OF CHILD ORVILLE JASPER ~~[illegible]~~ Paddock

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		yes	Nov 9 (Month) Tue (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	William Paddock	FULL MAIDEN NAME	Verna M. Cramer Vienna Claimor
RESIDENCE	Ola	RESIDENCE	Ola
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	House Keeper

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 1 P.M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. H. E. Whittock

Midwife (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Ola Idaho

Filed 11-30 1915 E. Vadner Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

JUN 9 1941

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Washington } ss.
County of Snohomish }

Certificate No. 34610

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for (Name on original certificate) who Born (Was born or died) on Nov. 9, 1915 (Date of event)
in Ola (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true
facts as shown by Bible record (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.	FROM (As on original)	TO (The correct facts)
name	John Paddock	Orville Jasper Paddock

Subscribed and sworn to before me this 7 day of June, 1941

Notary Public, residing at Arlington

My commission expires June 27, 1942

[SEAL]

Signed Mrs Verna Paddock
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

R 3 Arlington Wash.
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of Washington } ss.
County of Snohomish }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7 day of June, 1941

Notary Public, residing at Arlington

My commission expires June 27, 1942

[SEAL]

Signed [illegible] Paddock
(Signature of any credible person other than the previous affiant)

R 3 Arlington, Wash
(Street Address, City, State)

Received for filing on by
(Registrar's signature)

63 032-863

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Lincoln

City of Dietrich

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34611

Registration District No. _____ File No. _____

Primary Registration District No. _____ Registered No. _____

FULL NAME OF CHILD Ruth Henrietta Oldenburg

Sex of Child	Twin Triplet or other	and Number in order of birth	Legitimate?	Date of Birth
F	other	4th	yes	Aug 25 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Henry Oldenburg	FULL MAIDEN NAME	Ida Holcomb
RESIDENCE	Dietrich	RESIDENCE	Dietrich
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 11 35 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. F. Fehler
M.D.
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address _____

Filed Dec 7th 1915 J. L. Farley Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

13 102 [illegible] 769

Form V. S. No. 11—10m-6-80-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County Lincoln

City of Shoshone

Registration District No. _____ File No. 34612

No. _____, _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Antonio Alverdi

Sex of Child	Twin, Triplet, or other?	Number in order of birth	Legitimate?	Date of birth
M.	other	1st		Sept. 2, 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Antonio Alverdi	FULL MAIDEN NAME	Juvana Goitiandia
RESIDENCE	Spain	RESIDENCE	Shoshone, Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Spain	BIRTHPLACE	Spain
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2 a. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. F. Zeller

M. D.

(Physician or Midwife)

Given name added from a supplemental report

_____, 19____

Address _____

Filed Dec 7th 1915 J. L. Turner Registrar

Registrar

S-Y CO., 16669

Days of 1915. 222350,

N

314.228.232.212

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lincoln

City of Shoshone

Registration District No. ..... File No. 34613

No. ....., ... St.

Primary Registration District No. ..... Registered No. .....

Hospital Home

FULL NAME OF CHILD Ruth Campbell

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.	None	1st.	yes	Sept. 28, 191[illegible]

FATHER		MOTHER	
FULL NAME	George W. Campbell	FULL MAIDEN NAME	Georgia E. Baker
RESIDENCE	Shoshone	RESIDENCE	Shoshone Ida.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Idaho.	BIRTHPLACE	Kansas
OCCUPATION	Tailor	OCCUPATION	Housework

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

(Signature) Chas. F. Zeller

M.D.

(Physician or Midwife)

....., 19.....

Registrar

Address .....

Filed Dec 7 1915 J. L. Faulkner Registrar

9-Y CO., 10000

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 1 7 1975

JAN 1 5 1953

465-203-032-418

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lincoln

City of Shoshone

No. ....., ... St.

Hospital .....

Registration District No. ..... File No. 34614

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Lucia Maria Moe

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
F	other	1st	yes	Nov. (Month) 3 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Peter Moe	FULL MAIDEN NAME	Alice May
RESIDENCE	Shoshone, Ida.	RESIDENCE	Shoshone, Ida.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Norway	BIRTHPLACE	England
OCCUPATION	City Marshall	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. F. Teller

M. D.

(Physician or Midwife)

Given name added from a supplemental report

..... 19.....

Address .....

Filed Dec 7 1915 J. L. Freeman Registrar

..... Registrar

S-Y CO., 16669

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

NOV 6 1970

168-208-032-864

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lincoln

City of Marley Idaho

Registration District No. 2016

File No. 34615

No. ____, ____ St.

Primary Registration District No. 1016

Registered No. ____

Hospital ____

FULL NAME OF CHILD Baby Johnson, Verna Ella

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
F.	other	3rd	yes	Nov. (Month) 8 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Vern Johnson	FULL MAIDEN NAME	Nina M. Young
RESIDENCE	Marley, Ida.	RESIDENCE	Marley, Ida.
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1:15 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. F. Tiller

M. D.

(Physician or Midwife)

Given name added from a supplemental report

Address ____

____, 19____

Filed Dec 7, 1915 J. L. Fuller

Registrar

Registrar

S-Y CO., 18669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUL 28 1987

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated

864-112-032-319

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11—10m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

34616

County of Lincoln

City of Dietrich

Registration District No. ..... File No. .....

No. ....., ... St.

Primary Registration District No. ..... Registered No. .....

Hospital Home

FULL NAME OF CHILD Baby Houston, Robert John

Sex of Child	Twin, Triplet, or other (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	other	3rd	yes	Nov. 12, 191.5

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John E. Houston	Anna Carlson
RESIDENCE	Dietrich	Dietrich
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	33	35
BIRTHPLACE	Nebraska	Sweden
OCCUPATION	Merchant	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1 05 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. F. Zillen

M. D.

(Physician or Midwife)

Address .....

Given name added from a supplemental report

....., 19.....

Registrar

Filed Dec 7 1915

J. L. Fuller

Registrar

6-Y CO., 18669

FEB 6 1942

849-21 981

PLACE OF BIRTH

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[redacted] BIRTH

Form V. S. No. 11-C—15m-6-20-11

County of Bear Lake

City of Montpelier

Registration District No. 52

File No. 34617

No. ....., ... St.

Primary Registration District No. 2136

Registered No. .....

Hospital .....

FULL NAME OF CHILD Cecilia Cathleen Hurley

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
Female	1	7	yes	11 (Month) 19 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Daniel Hurley	FULL MAIDEN NAME	Catherine Ryan
RESIDENCE	Montpelier Ida	RESIDENCE	Montpelier Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	57 (Years)	AGE AT LAST BIRTHDAY	42 (Years)
BIRTHPLACE	Ireland	BIRTHPLACE	U S.
OCCUPATION	Bridge Building Foreman O.S.S.	OCCUPATION	Housewife

Number of child of this mother, including present birth 7th

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. F. Guyon MD

Montpelier Idaho

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed 12/1/ 1915 H S Ring MD

Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

K

JUN 23 1961

OCT 19 1951

755.117.804-255

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Paris

No. ..... St.

Hospital .....

Registration District No. 53 File No. 34618

Primary Registration District No. 2432 Registered No. 147

FULL NAME OF CHILD Joseph Beecher Pendrey

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	X		X	Yes	Nov 17 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Joseph R Pendry	FULL MAIDEN NAME	Zina Beecher
RESIDENCE	Paris Ida	RESIDENCE	Paris
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Paris	BIRTHPLACE	Elba
OCCUPATION	Leveryman	OCCUPATION	H. W

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 11 30 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R J Sutton

MD (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Paris Ida

Filed 12-6-1915 R J Sutton Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 14 1942

245-127-004-345

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Paris

No. ..... St.

Hospital .....

Registration District No. 53 File No. 34619

Primary Registration District No. 2132 Registered No. 146

FULL NAME OF CHILD Ruby Anna Kunz

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy		Yes	Aug 21 1915

FATHER		MOTHER	
FULL NAME	John Kunz	FULL MAIDEN NAME	Julia Tueller
RESIDENCE	Paris	RESIDENCE	Paris
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Sheep Creek	BIRTHPLACE	Paris
OCCUPATION	Laborer	OCCUPATION	Wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 69 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo F Ackley

Montpelier (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed 12-6-1915 R. J. Sutton Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
SEP 12 194

A F F I D A V I T.

STATE OF UTAH
SS.
County of Cache

Julia Tueller Kunz, also miscorrectly called Jula Tuller Kunz, being first duly sworn deposes and says: That she is a resident of Logan, Cache County, Utah, and at all times hereinafter mentioned, she was and now is the wife of John H. Kunz, also known as Jack Kunz; that on the 21st day of August, 1915, she gave birth to a female child at Paris, Idaho, who was subsequently named Ruby Anna Kunz; that she was the second child in the family, and also the daughter of the said John H. Kunz and this affiant; that Dr. George F. Ashley was the attending physican; that the birth certificate by mistake showed said child to be a male child, but this was a mistake.

This affidavit is made for the purpose of correcting the record of the birth of said child and having the said child designated as a female instead of a male child.

Julia Kunz.

Subscribed and sworn to before me this 6th day of September, 1940.

Notary Public
Residing at Logan, Utah.

My Commission expires January 3, 1941.

299-118-004-513

PLACE OF BIRTH

Form V. S. No. 11-C-10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bear Lake

City of Paris

No. ....., ... St.

Hospital .....

Registration District No. 53

File No. 34621

Primary Registration District No. 2132

Registered No. 144

FULL NAME OF CHILD Floyd H. Bird

Sex of Child	Twin; Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
male		Yes	October 18, 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Henry Bird	FULL MAIDEN NAME	Etta Rebecca Nate
RESIDENCE	Paris, Idaho	RESIDENCE	Paris, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Paris, Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L T A Hottendorf

MD (Physician or Midwife)

Given names added from a supplemental report

....., 19....

Address PARIS, IDAHO.

Filed 12-10-1915 R. J. Sutton Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

FEB 25 1944

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Bear Lake } ss.

Certificate No. 34621

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Floyd H Bird (Name on Original Certificate) who Was born (Was Born or Died) on October 18, 1915 (Date of Event)
in Paris, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible record (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	none given	Floyd H. Bird

Subscribed and sworn to before me this 22
day of Feb, 1944.
Levi Aland
Notary Public, residing at
My commission expires
(Seal)

LEVI ALAND
NOTARY PUBLIC
MONTPELIER, IDAHO
MY COMMISSION EXPIRES
DECEMBER 15, 1945

Signed Ettie R Bird (Mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Paris, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Bear Lake } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22
day of Feb, 1944
Levi Aland
Notary Public, residing at Montpelier Ida
My commission expires Dec 15 - 1945
(Seal)

Signed John H Bird (Father)
(Signature of Any Credible Person Other Than Previous Year)
Paris, Idaho
(Street Address, City, State)

MAR 19

769-126-031-6

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of Kamiah, [redacted]

No.

Hospital

Registration District No. 4[redacted]

Primary Registration District No. 2128

File No. 34622

Registered No.

FULL NAME OF CHILD Norman Kenneth Gorsuch

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		yes	Novemb. 26 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Austin M.Gorsuch	FULL MAIDEN NAME	Hilda Olson
RESIDENCE	Kamiah, Idaho	RESIDENCE	Kamiah
COLOR	@ W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Penn	BIRTHPLACE	Wis
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. McMahan

M.D. (Physician or midwife)

Address Kamiah, Idaho.

Given names added from a supplemental report

19

Registrar

Filed 12/7/'15. 1915 W. F. McMahan Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 5 1944

395-111-0 [illegible]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls

City of Filer

No. ..... St. .....

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

CERTIFICATE OF BIRTH

Registration District No. 38

File No. 34623

Primary Registration District No. 2086

Registered No. .....

FULL NAME OF CHILD Ray William Lincoln

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy			Yes	Nov 11 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wm Lincoln	Lennie Daniels
RESIDENCE	Filer Ida	Filer Ida
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	29	29
BIRTHPLACE	Utah	Nyssa Ida
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 6 10 a M
(Born alive or Stillborn)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D A A Newberry
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed 11/11 1915 A A Newberry
Registrar

S-Y CO. 24655

10-30-41

395-106 C042-339

PLACE OF BIRTH

County of Twin Falls

City of Filer

No. _____ St.

Hospital _____

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 38 File No. 34624

Primary Registration District No. 2086 Registered No. _____

FULL NAME OF CHILD ALBERT RICHARD LINCOLN

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Bey		yes	Nov 6 1915

FATHER		MOTHER	
FULL NAME	Richard Lincoln	FULL MAIDEN NAME	Rose Clive
RESIDENCE	Filer Ida	RESIDENCE	Filer Ida
COLOR	W AGE AT LAST BIRTHDAY 28 (Years)	COLOR	W AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Nebr
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at 5 30 AM on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr A A Newberry
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address _____

Filed 11/6 1915 A A Newberry
Registrar

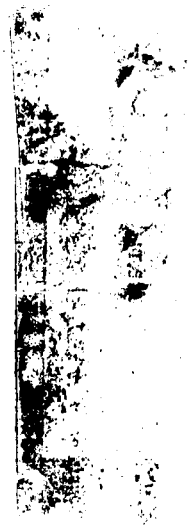
S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certificate named 11/4/41 Z.J.
from card



819-108-042-296

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls

City of Filer

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34625

Registration District No. 38 File No. .....

Primary Registration District No. 2086 Registered No. .....

FULL NAME OF CHILD William Harry HARDING

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy				Yes	Nov 8 1915

FATHER		MOTHER	
FULL NAME	Mahon Harding	FULL MAIDEN NAME	Dora Brown
RESIDENCE	Filer Ida	RESIDENCE	Filer Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Ind	BIRTHPLACE	Kas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 2:30 PM on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr A A Newberry
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed 11/8 1915 A A Newberry
Registrar

S-Y CO. 24655

MAY 14 1942

449-104 1042-215

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Filer

No. ..... St.

Hospital .....

Registration District No. 38 File No. 34626

Primary Registration District No. 2086 Registered No. .....

FULL NAME OF CHILD Bell Nolan Munger

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				yes	Nov 4 1918

FATHER	MOTHER
FULL NAME Bert Ralph Munger	FULL MAIDEN NAME Violet Maude Sanders
RESIDENCE Filer	RESIDENCE Filer
COLOR Light AGE AT LAST BIRTHDAY 28 (Years)	COLOR Light AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Grand Junction Colo	BIRTHPLACE Delta Colo
OCCUPATION General work	OCCUPATION

Number of child of this mother, including present birth 4th Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 10 30 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr A A Newberry
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed 12/14 1918 A A Newberry
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 23 1948

231-229-007-619

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Blaine

City of Moore

No. ..... St.

Hospital Home

Registration District No. 59 File No. 34627 75

Primary Registration District No. 2139 Registered No. .....

FULL NAME OF CHILD Black

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		yes	Oct. 29 1915

FATHER		MOTHER	
FULL NAME	Charles Henry Black	FULL MAIDEN NAME	Mabel ~~Black~~ Warner
RESIDENCE	Moore	RESIDENCE	Moore
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Kanosh Millard Co Utah	BIRTHPLACE	Fillmore Millard Co Utah
OCCUPATION	Farmer	OCCUPATION	Nurse

Number of child of this mother, including present birth 13 Number of children of this mother now living, including present birth 13

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 1.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

Midwife (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Sarah L. Germann

Filed Dec 1 1915 [signature] Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

S42-231-007-249

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34628

County of Blaine

City of Arco

Registration District No. 59 File No. 96

No. ..... St.

Primary Registration District No. 2139 Registered No. .....

Hospital .....

FULL NAME OF CHILD DORIS MARIAN Noble

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Oct 31, 1915

FATHER		MOTHER	
FULL NAME	Alec Noble	FULL MAIDEN NAME	Selina Smith
RESIDENCE	Arco Idaho	RESIDENCE	Arco Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Scotland	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4 P M. on the date above stated.

(Signature) E W Fox M.D.
(Physician or midwife)

Address Arco Idaho

Filed Oct 31 1915 E W Fox
Registrar

*When there was no attending physician or midwife, then the father, householder, etc, should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

S-Y-CO 38071

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of IDAHO
County of BUTTE } ss.

Certificate No. 34628

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of BIRTH (Birth or Death)
for DORIS MARIAN NOBLE (Name on Original Certificate) who BORN (Was Born or Died) on OCTOBER 31, 1915 (Date of Event)
in ARCO, IDAHO (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by FAMILY RECORD (Bible Record, Insurance Policy, Etc.) prepared on DATE OF EVENT (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Doris Marian Noble

Subscribed and sworn to before me this 27TH
day of MAY, 1942.

Notary Public, residing at ARCO, IDAHO
My commission expires May 23 1946
(Seal)

Signed Sabina Noble
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO
County of BUTTE } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27TH
day of MAY, 1942.

Notary Public, residing at ARCO, IDAHO,
My commission expires May 23-1946
(Seal)

Signed Ruby B. Garnett
(Signature of Any Credible Person Other Than Previous Year)

Arco Idaho
(Street Address, City, State)

JUN 2 1942

154-211-697-893

PLACE OF BIRTH

County of Blaine

City of Arco

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

34629

Registration District No. 59

File No. 97

Primary Registration District No. 2139

Registered No. .....

FULL NAME OF CHILD UTAHNA ELIZABETH Andreason

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Nov 11 1915

	FATHER	MOTHER
FULL NAME	John Andreason	Agnes E. Mifield
RESIDENCE	Arco Idaho	Arco, Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	32	32
BIRTHPLACE	Ephraim, Utah	Denmark
OCCUPATION	Pastures Contractor	House wife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) on the date above stated., at 2 A. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E W Fox

(Physician or midwife)

Address Arco, Idaho

Filed Nov 15 1915 E W Fox

Registrar

Given names added from a supplemental report.

..... 19.....

.....

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of IDAHO }
County of BUTTE } ss.

Certificate No. 34629

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of BIRTH (Birth or Death)
for (Name on Original Certificate) who BORN (Was Born or Died) on NOV. 11, 1915 (Date of Event)
in ARCO, IDAHO (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by FAMILY RECORD (Bible Record, Insurance Policy, Etc.) prepared on DATE OF EVENT (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Utahna	Utahna Elizabeth Andreason

Subscribed and sworn to before me this 29TH day of FEBRUARY, 19 42

Notary Public, residing at ARCO, IDAHO

My commission expires MAY 23RD, 1946.
(Seal)

Signed John O Andreason
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

FATHER

ARCO, IDAHO
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

OCT 6 1942

415-221-007-855

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34630

County of Blaine

City of Moore

No. ..... St.

Hospital .....

Registration District No. 59

File No. 98

Primary Registration District No. 2139

Registered No. .....

FULL NAME OF CHILD Esther Anna Lydia Wanstrom

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Nov 21 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Antone Wanstrom	FULL MAIDEN NAME	Christina Henderichsen
RESIDENCE	Moore Idaho	RESIDENCE	Moore Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Sweden
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 7 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. W. Fox

M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Arco, Ida

Filed Nov 21 1915

E. W. Fox
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

695-222-007-259

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34631

County of Blaine

City of Berenice

No. ..... St.

Hospital .....

Registration District No. 09 File No. 99

Primary Registration District No. 2139 Registered No. .....

FULL NAME OF CHILD Finck

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Nov 22 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Peter Ben Finck	FULL MAIDEN NAME	Clara Snider
RESIDENCE	Berenice, Idaho	RESIDENCE	Berenice, Idaho
COLOR	White	COLOR	~~34~~ White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 12-30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

M. D. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Arco Idaho

Filed Nov 22 1915 [signature] Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

239-127-018-269

[redacted]

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

[redacted]E OF IDAHO

[redacted] of Vital Statistics

CERTIFICATE OF BIRTH

County of Clearwater

City of Elk River

Registration District No. 91 File No. 34633

No. ....., ... St.

Primary Registration District No. 2168 Registered No. .....

Hospital .....

FULL NAME OF CHILD Ettore Victoria Strodiotto

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
male		yes	Nov. 27th 1915

FATHER		MOTHER	
FULL NAME	Pete Strodiotto	FULL MAIDEN NAME	Louise Bordegnon
RESIDENCE	Elk River	RESIDENCE	Elk River
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Italy	BIRTHPLACE	Italy
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4th. Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2:15 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Dimon M.D.

Elk River Idaho

(Physician ~~or Midwife~~)

Given names added from a supplemental report

....., 19.....

Address .....

Filed Dec. 2nd 1915 Mrs. J. Dimon

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

115-127-042-434

Form V. S. No. 11-C—20m-3-15-12

PLACE OF BIRTH

County of Twin Falls

City of Kimberly

No. ..... St.

Hospital Home

STATE OF IDAHO
[redacted] STATISTICS
[redacted]FICATE OF BIRTH

Registration District No. 56 File No. 34634

Primary Registration District No. 2083 Registered No. 15

FULL NAME OF CHILD Benjamin Howard Jansen

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Nov 27 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Benjamin F. Jansen	Halie E. McMaster
RESIDENCE	Hunderly Idaho	Kimberly Idaho
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	25	25
BIRTHPLACE	Alton Iowa	Bedford Iowa
OCCUPATION	Farmer	Hsw

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Davis M.D.

(Physician or midwife)

Address Kimberly Idaho

Given names added from a supplemental report

..... 19.....

Filed Nov 30 1915 [redacted]

..... Registrar

..... Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 17 1974

893-22-0426 62

Form V. S. No. 11-C—20m-2-15-42

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Twin Falls

City of Kimberly

No. ..... St.

Hospital Home

Registration District No. 36 File No. 34635

Primary Registration District No. 2083 Registered No. 14

FULL NAME OF CHILD Dorothy Marion Hillegas

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Nov 22 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Jas. Hillegas	Bettie B. Foster
RESIDENCE	Kimberly Idaho	Kimberly, Idaho
COLOR	W	W.
AGE AT LAST BIRTHDAY (Years)	30	22
BIRTHPLACE	Henry Co Mo	St Clair Co. Mo.
OCCUPATION	Farmer	Hse

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 3:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jas Davis, M.D.

(Physician or midwife)

Address Kimberly, Idaho.

Given names added from a supplemental report

..... 19.....

Filed Nov 27 1915 Jas Davis
Registrar

..... Registrar

8-Y CO. 20174

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

213-214-042-545

Form V. S. No. 11-C—20m-8-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Kimberly

No. ..... St.

Hospital Home

Registration District No. 36 File No. 34636

Primary Registration District No. 2083 Registered No. 13

FULL NAME OF CHILD Willa Eden Bacon

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Nov (Month) 14 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Fred J Bacon	FULL MAIDEN NAME	Teresa Willa Eden
RESIDENCE	Murtaugh, Idaho	RESIDENCE	Murtaugh, Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Kans	BIRTHPLACE	W. Va.
OCCUPATION	Farmer	OCCUPATION	HW

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 10:10 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J N Davis MD

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Kimberly Idaho

Filed Nov 24 1915 J N Davis Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

MAY 9 1975

367-104-005-383

PLACE OF BIRTH

STATE OF [redacted]
BUREAU OF VITA[redacted]
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

County of Benewah

City of Plummer

No. ..... St.

Hospital .....

Registration District No. 32

Primary Registration District No. 2049

File No. 34637

Registered No. .....

FULL NAME OF CHILD Tyler, Benjamin, Coplen.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Oct (Month) 4 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Chester, Harvey, Coplen.	FULL MAIDEN NAME	Grace, Ester, Tyler
RESIDENCE	Plummer, Idaho.	RESIDENCE	Plummer, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Latah, Washington	BIRTHPLACE	St Louis, Missouri.
OCCUPATION	R.R. Station Agent	OCCUPATION	Housewife.

Number of child of this mother, including present birth Two

Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 3-35 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. A. Herrington, D.C.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Plummer, Idaho

Filed Oct 11 1915 H. L. Markaty Registrar

Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued Feb. 13, 1941. E.W.

JAN 14 1970

432-2/21003-762 [redacted]

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bonneville

City of St Joe

No. ..... St.

Hospital .....

Registration District No. 32 File No. 34638

Primary Registration District No. 2049 Registered No. .....

FULL NAME OF CHILD Carrie McKinley

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	yes	10-12 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Harry McKinley	FULL MAIDEN NAME	Etta Posey
RESIDENCE	St Joe	RESIDENCE	St Joe
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Texas	BIRTHPLACE	Arkansas
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10:45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. N. Leete

St Joe Idaho
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed Nov. 5 1915 H. S. Mulcahy
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

MAY 8 1968

SEP 29 1953

791-107-005-[redacted]

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bennah

City of St Joe Idaho

Registration District No. 32

File No. 34639

No. ..... St.

Primary Registration District No. 2049

Registered No. .....

Hospital .....

FULL NAME OF CHILD ~~Baby~~ Pray Xenophony Harold Pray

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	yes	10 (Month) – 7 (Day) – 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Wm Pray	FULL MAIDEN NAME	Verna Rummerfield
RESIDENCE	St Joe	RESIDENCE	St Joe
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Maine	BIRTHPLACE	Mich
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. N. Leete

St Joe Idaho (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed Nov. 5 1915 H. S. Mulcahy Registrar

Registrar

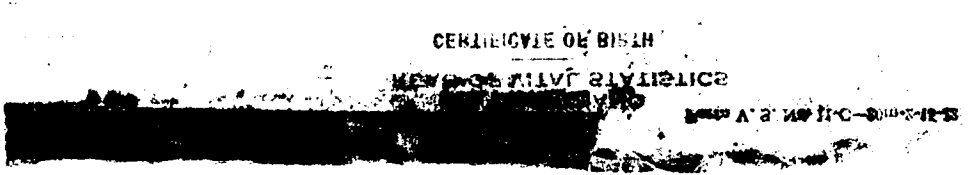
B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Nov 8 1948



291-2191005-55

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

CERTIFICATE OF BIRTH

County of Benewah

City of Plummer

No. ..... St.

Hospital Kathryn

Registration District No. 32 File No. 34640

Primary Registration District No. 2049 Registered No. .....

FULL NAME OF CHILD Loraine Brace

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Nov (Month) 19th (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Earl Ellsworth Brace	FULL MAIDEN NAME	Georgia Marion Nelson
RESIDENCE	Plummer Idaho	RESIDENCE	Plummer Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Elkheart Indiana	BIRTHPLACE	Starbuck Wash.
OCCUPATION	R.R. Signal Man	OCCUPATION	Housewife

Number of child of this mother, including present birth Two

Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2:20 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. A. Herrington, D.C.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Plummer, Idaho

Filed Nov 29 1915 H. F. Mulcahy Registrar

Registrar

8-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

293-104-005-493

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Benewah

City of Plummer

No. ..... St.

Hospital .....

Registration District No. 32 File No. 3464 L

Primary Registration District No. 2049 Registered No. .....

FULL NAME OF CHILD James, Leonard, Bittle.

Sex of Child Male | Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of Birth Oct (Month) 4th (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Jephtey, Lewis, Bittle	FULL MAIDEN NAME	Versal, Iness, Mitchael
RESIDENCE	Plummer, Idaho	RESIDENCE	Plummer Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Birmingham, Alabama	BIRTHPLACE	Sulphur Springs, Arkansas
OCCUPATION	Teamster	OCCUPATION	Housewife

Number of child of this mother, including present birth Fifth Number of children of this mother now living, including present birth Five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 9-45 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. A. Herrington, D.C.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Plummer, Idaho.

Filed Oct 11 1915 H. L. Mulcahy
Registrar

Registrar

8-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

719-201-031-842

PLACE OF BIRTH

County of Lewis

City of Reubens

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATI[redacted]

No. 11-C—25m-1-1-18

CERTIFICATE OF BIRTH

34642

Registration District No. 48 File No. .....

Primary Registration District No. 2127 Registered No. 36

FULL NAME OF CHILD Eleanor Florence Garber

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Nov. 1st 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Philip Thomas Garber	FULL MAIDEN NAME	Florence Rachel Hubler
RESIDENCE	Reubens	RESIDENCE	Reubens
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Washington (State)
OCCUPATION	Publisher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11-45 p. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. A. Busey
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Reubens, Idaho

Filed 11-19- 1915 Ellen P. Rogers
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

319-202-031 636

PLACE OF BIRTH

County of Lewis

City of Winchester

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 48 File No. 34643

Primary Registration District No. 2127 Registered No. 37

FULL NAME OF CHILD (dead)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	11-2-1915

FATHER		MOTHER	
FULL NAME	Walter S. Canner	FULL MAIDEN NAME	Minnie C Canner
RESIDENCE	Winchester	RESIDENCE	Winchester
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Kansas
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elton B. Rogers

Physician (Physician or midwife)

Address Winchester

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 11-2- 1915 Elton B. Rogers Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

17

962-105-031-693

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of Forest

No. ..... St.

Hospital .....

Registration District No. 48

File No. 34644

Primary Registration District No. 2127

Registered No. 38

FULL NAME OF CHILD Elton Earl Roberts

Sex of Child Male

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? yes

Date of Birth 11-5-1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Jno F. Roberts	FULL MAIDEN NAME	Ruth Wilks
RESIDENCE	Forest	RESIDENCE	Forest
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Minn	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elton B. Rogers

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Winchester

Filed 11-11-1915 Elton B. Rogers Registrar

..... Registrar

S-Y CO. 24655

AUG 28 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

432-022-031-493

PLACE OF BIRTH

County of Lewis

City of Winchester

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 248 File No. 34646

Primary Registration District No. 2127 Registered No. 40

FULL NAME OF CHILD Edna L. McKenzie

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate	Date of Birth (Month) (Day) (Year)
Female			yes	11-22-1915

FATHER

FULL NAME Angel McKenzie

RESIDENCE Winchester

COLOR White AGE AT LAST BIRTHDAY 25 (Years)

BIRTHPLACE Wash.

OCCUPATION Saw Mill Laborer

MOTHER

FULL MAIDEN NAME Effie Miles

RESIDENCE Winchester

COLOR White AGE AT LAST BIRTHDAY 22 (Years)

BIRTHPLACE Va

OCCUPATION Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated. at 2A M

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edna B. Rogers

Physician (Physician or midwife)

Address Winchester

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 11-27-1915 Edna B. Rogers Registrar

9-Y CO. 24688

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 34646

Date Filed .....

MAR 22 11 04 AM '77

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed McKenzie (female) (Name on Original Certificate) who was born (Was Born or Died) on Nov 22, 1915 (Date of Event) in Winchester, Idaho (lewis) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	omitted	Edna Lavene McKenzie

Subscribed and sworn to before me this 15th day of March, 1977

Sally B. Hanft

Notary Public, residing at 8619 67th Ave NE Salem, Or

My commission expires 8-31-80

(Seal)

Signed Elsie L. McKenzie

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

..... (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Marion }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15th day of March, 1977

Sally B. Hanft

Notary Public, residing at Salem, OR

My commission expires 8-31-80

(Seal)

Signed Eleanor M Eckersley

(Signature of Any Credible Person)

1640 Summer NE Salem Ore 97303

(Street Address, City, State)

FORM DH 60-155

CL 3/9/77 RUSH

Marrige Certif from Washington gives nameas Edna Lavene McKenzie and the groom's name as Lorin Nelson (name was not written to clearly). dated August 20, 1932. viewed by V. S.

APR 26 1977

Certif of Membership (tranfer) ~~xxxxxx~~ from the ~~Fix~~ First Christian Church of Lewiston to First Christian Church of Salem,Oregon gives nameas Edna McKenzie Lane. dated May 5, 1957. viewed by VS

144-12 031-785

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Lewis

City of Winchester

No. _____ St.

Hospital _____

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 48 File No. 34647

Primary Registration District No. 2127 Registered No. 41

FULL NAME OF CHILD Alton Tyer Judd

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	11-22-1915

FATHER

FULL NAME Herbert B. Judd

RESIDENCE Winchester

COLOR White AGE AT LAST BIRTHDAY 34 (Years)

BIRTHPLACE Iowa

OCCUPATION Laborer

MOTHER

FULL MAIDEN NAME Della M. Tyer

RESIDENCE Winchester

COLOR White AGE AT LAST BIRTHDAY 27 (Years)

BIRTHPLACE Wash.

OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elsie B. Rogers

Physician
(Physician or midwife)

Address Winchester

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 11-23-1915 Elsie B. Rogers Registrar

8-Y CO. 24688

FEB 2 1943

345-23-031-494

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Lewis

City of Winchester

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 48 File No. 34648

Primary Registration District No. 2127 Registered No. 42

FULL NAME OF CHILD _____

Sex of Child female | Twin, Triplet or other? (To be answered only in event of plural births) | and Number in order of birth | Legitimate? Yes | Date of Birth 11-23-1910 (Month) (Day) (Year)

FATHER

FULL NAME John J. Duncan

RESIDENCE Winchester

COLOR White AGE AT LAST BIRTHDAY 40 (Years)

BIRTHPLACE Ky

OCCUPATION Laborer

MOTHER

FULL MAIDEN NAME Rosa Liddick

RESIDENCE Winchester

COLOR White AGE AT LAST BIRTHDAY 38 (Years)

BIRTHPLACE Ore

OCCUPATION Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elmer P. Rogers

Physician (Physician or midwife)

Address Winchester

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed 11-23-1910 Elmer P. Rogers Registrar

8-Y CO. 24688

635·225·031-442

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of Reubens

No. ..... St.

Hospital .....

Registration District No. 48 File No. 34649

Primary Registration District No. 2127 Registered No. 43

FULL NAME OF CHILD Elaine Mildred Fleming

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Nov. 25 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Clyde McKinley Fleming FLEMING	FULL MAIDEN NAME	Ruth Mildred Muster
RESIDENCE	Reubens	RESIDENCE	Reubens
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Washington	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 3 40 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. McLaughlin
- Physician -
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

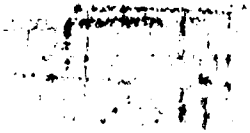
Address Reubens, Idaho.

Filed 12-4- 1915 Elton B. Moser
Registrar

Registrar

S-Y CO. 24655

MAR 31 1944



962-227-025-249

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

34650

County of Idaho

City of Grangeville

No. _____ St.

Hospital _____

Registration District No. 103 File No. _____

Primary Registration District No. 1001 Registered No. 74

FULL NAME OF CHILD — Nona Wanda Robertson

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female		2nd	yes	Nov 27 1915

FATHER		MOTHER	
FULL NAME	Lee Robertson	FULL MAIDEN NAME	Eva L. Smith
RESIDENCE	Grangeville Ida	RESIDENCE	Grangeville Ida
COLOR	white — AGE AT LAST BIRTHDAY 40 (Years)	COLOR	white — AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	South Dakota
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. W. Slusser M.D.

(Physician or ~~midwife~~)

Given names added from a supplemental report

_____ 19__

Address Grangeville Ida

Filed Dec 8 1915 G S Stockton, Registrar

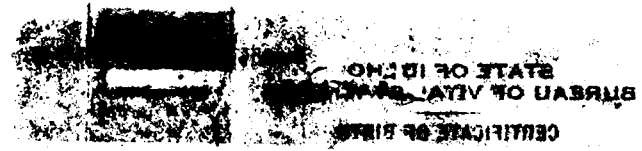
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



JUN 26 1981

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss. Certificate No. 34650

County of ..... JAN 14 1936 ... Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Robertson (female) (Name on Original Certificate) who was born (Was Born or Died) on Nov. 27, 1915 (Date of Event)

in Grangeville, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts are shown by School Report Cards (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Nona ~~Wanda~~ Robertson

OFFICIAL SEAL
C. L. CONOVER
NOTARY PUBLIC ... CALIFORNIA
PRINCIPAL OFFICE IN
SAN JOAQUIN COUNTY
My Commission Expires August 17, 1977

Subscribed and sworn to before me this 14th day of January, 1974

Signed Eva R Hadden (Mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at 445 E. Yosemite

My commission expires Aug 17, 1977
(Seal)

729 Virginia St. Manteca, CA. 95336
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of CALIFORNIA } ss.
County of SAN JOAQUIN

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14th day of January 1974

Signed Kenneth N. Robertson (Brother)
(Signature of Any Credible Person)

OFFICIAL SEAL
C. L. CONOVER
NOTARY PUBLIC ... CALIFORNIA
PRINCIPAL OFFICE IN
SAN JOAQUIN COUNTY
My Commission Expires August 17, 1977

Notary Public, residing at 445 E. Yosemite

My commission expires Aug 17, 1977
(Seal)

1192 E. North St, Manteca CA. 95336
(Street Address, City, State)

FORM DH 60-155

CL 12/26/73 nm

Family Record dated September 27, 1926 gives name as Nona Robertson daughter Of Mr. & Mrs. T. L. Robertson
Viewed by V.S.

JAN 3 0 1974

Teacher's Report to Parents gives name of child as Nona Robertson Grade 3 District 60. Teacher - Mrs. Ricketts. Record obviouly old.
Viewed by V.S.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 34650

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Robertson (Name on Original Certificate) who born (Was Born or Died) on Nov. 27, 1915 (Date of Event)

in Grangeville (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Unnamed	Nona Wanda Robertson

Subscribed and sworn to before me this 23rd day of JUNE, 1981

Signed Viola M. Standish (Guest) X
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at MARTINEZ, CALIF
My commission expires APRIL 22, 1981
(Seal) witness my hand and official seal
Terrence W. Andrews

115½ Myrtle Ave. Willard Ohio
(Street Address, City, State)

OFFICIAL SEAL
TERRENCE W. ANDREWS
NOTARY PUBLIC - CALIFORNIA
NAPA COUNTY
My Commission Expires April 22, 1985

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of CALIFORNIA } ss.
County of NAPA

[This Affidavit MUST Also be Executed. See Chapter 139, 1937 Idaho Session Laws.]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge. Nona Wanda Robertson June 19 1981

Subscribed and sworn to before me this 23rd day of JUNE, 1981

Signed Kenneth N. Robertson (Brother)
(Signature of Any Credible Person)

Notary Public, residing at MARTINEZ, CA
My commission expires APRIL 22, 1985
(Seal) witness my hand and offical seal
Terrence W. Andrews

727 Virginia St Manteca Calif.
(Street Address, City, State)

FORM DPH 55.155

NNCL 4-16-58 nm

School Record issued by the Yakima County Schools District # 90, gives name of child as Nona Wanda Robertson, grade 4, term beginning September 27, 1926. Teacher Miss Pettyjohn.
Viewed by V.S.

Report card issued by the Butte Public Schools gives name as Nona Robertson grade 6, in 1930 Abbie Riley, Teacher.
Viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

813-2-4-035-954

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Idaho

City of Fall Creek via Resort

Registration District No. 103 File No. 34651

No. ..... St.

Primary Registration District No. 2181 Registered No. 73

Hospital .....

FULL NAME OF CHILD Erma Eleanore Hackett

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		yes	Sept 24 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Herbert Haley Hackett	FULL MAIDEN NAME	Clara Dorthory Inman
RESIDENCE	Fall Creek via Resort Ida	RESIDENCE	Fall Creek via Resort Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Louisville Ky.	BIRTHPLACE	Boone Co. Ark.
OCCUPATION	Mining	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 ch. Number of children of this mother now living, including present birth 4 ch.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Robt Dunn
(~~Physician~~ or midwife)

Address Fall Creek Ida.

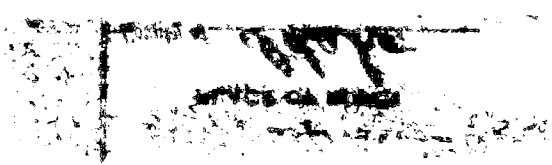
Given names added from a supplemental report

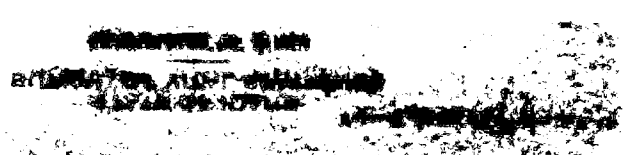
..... 19.....

Filed Dec 1 1915 G S Stockton
Registrar

S-Y CO. 20174

FEB 27 1958





195-229-025-693

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Grangeville

No. ..... St.

Hospital .....

Registration District No. 103 File No. 34652

Primary Registration District No. 1001 Registered No. 72

FULL NAME OF CHILD Betty Arnold

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	Nov 29 1915

FATHER		MOTHER	
FULL NAME	Chester G Arnold	FULL MAIDEN NAME	Mildred A Williamson
RESIDENCE	Grangeville	RESIDENCE	Grangeville
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Wisconsin	BIRTHPLACE	Iowa
OCCUPATION	Plumber	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3-35 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G S Stockton

(Physician or midwife)

Address Grangeville Ida

Given names added from a supplemental report

..... 19.....

Filed Dec 1 19 15 G S Stockton

Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C-9

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

819.120-025-451

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Grangeville

No. ..... St.

Hospital .....

Registration District No. 103 File No. 34653

Primary Registration District No. 1001 Registered No. 71

FULL NAME OF CHILD Merwyn Mahol Hart

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	Nov 20 1915

FATHER		MOTHER	
FULL NAME	John F Hart	FULL MAIDEN NAME	Wauneta M Meade
RESIDENCE	Grangeville	RESIDENCE	Grangeville
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Colorado	BIRTHPLACE	Kansas
OCCUPATION	Photographer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G S Stricklin
(Physician ~~or midwife~~)

Given names added from a supplemental report

..... 19.....

Address Grangeville Ida

Filed Dec 1 1915 G S Stricklin
Registrar

S-Y CO. 20174

FEB 1

666.120-025-234

Form V. S. No. 11-C—20m-8-15-12

PLACE OF BIRTH

County of Idaho

City of Grangeville

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 103 File No. 34654

Primary Registration District No. 1001 Registered No. 70

FULL NAME OF CHILD Frank Ellsworth Wood

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	Nov 20 1913

FATHER		MOTHER	
FULL NAME	Frank E Wood	FULL MAIDEN NAME	Dorothy D Sturhoff
RESIDENCE	Grangeville	RESIDENCE	Grangeville
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Idaho	BIRTHPLACE	Ohio
OCCUPATION	Dentist	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12 50 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G S Stricklin

(Physician or midwife)

Address Grangeville Ida

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Dec 1 1913 G S Stricklin Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

799-212-025-493

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Winona

No. ..... St.

Hospital .....

Registration District No. 103 File No. 34655

Primary Registration District No. 2181 Registered No. 69

FULL NAME OF CHILD ~~Clo Greer~~ CLOE ESTHER GRIER

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes	Nov 12 1915

FATHER		MOTHER	
FULL NAME	Robert F Greer GRIER	FULL MAIDEN NAME	Rosa E Mitchell
RESIDENCE	Winona	RESIDENCE	Winona
COLOR	W AGE AT LAST BIRTHDAY 47 (Years)	COLOR	W AGE AT LAST BIRTHDAY 38 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Illinois
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11.40 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G S Stockton
(Physician ~~or midwife~~)

Address Grangeville Ida

Filed Dec 1 1915 G S Stockton
Registrar

Given names added from a supplemental report

..... 19.....

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss. Certificate No. 34655

County of Okanogan } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of ~~Clo Esther Grier~~ birth (Birth or Death)

for Cloe Esther Grier (Name on Original Certificate) who was born (Was Born or Died) on Nov. 12, 1915 (Date of Event)

in Winona, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Surname	Greer	Grier
Name	Clo	Cloe Grier
		(Cloe Esther Grier)

Subscribed and sworn to before me this 14th day of December, 1942

J. S. Allen

Notary Public, residing at Tacoma

My commission expires Dec. 7, 1943

(Seal)

Signed Rosa E. Grier mother

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Wash } ss.

County of King }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st day of August, 1942

[illegible]

Notary Public, residing at Seattle

My commission expires 5 [illegible] 1943

(Seal)

Signed [illegible] Grier Simon

(Signature of Any Credible Person Other Than Previous Year)

2703 E. 43 Seattle Wash.

(Street Address, City, State)

FEB 8 1943

457-208025-219

[redacted] Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

34656

County of Idaho

City of Grangeville Registration District No. 103 File No.

No. St. Primary Registration District No. 1001 Registered No. 68

Hospital

FULL NAME OF CHILD Zelva Lois DeGowin

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	Nov 8 1915

FATHER		MOTHER	
FULL NAME	John H DeGowin	FULL MAIDEN NAME	Laura E Barber
RESIDENCE	Grangeville	RESIDENCE	Grangeville
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	New York	BIRTHPLACE	Ontario, Can
OCCUPATION	Section Boss C.P.R.R.	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5-42 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G S Stockton

(Physician or ~~Midwife~~)

Address Grangeville Ida

Given names added from a supplemental report

.....19.....

.....
Registrar

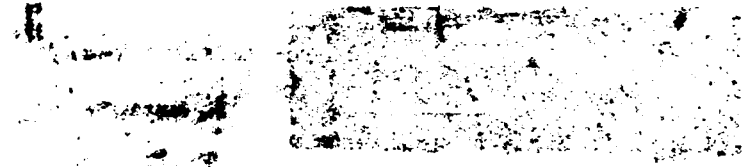
Filed Dec 1 1915 G S Stockton
Registrar

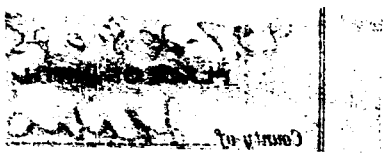
S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.





SEP 8 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

34657

City of Moscow

Registration District No. 61

File No.

No. St.

Primary Registration District No. 2141

Registered No. 153

Hospital

FULL NAME OF CHILD Jerome Mara

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Nov. (Month) 26 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Lenox Cottrell	FULL MAIDEN NAME	Hazel M. Smith
RESIDENCE	viola	RESIDENCE	
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Neb.	BIRTHPLACE	Washington
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 3 a. M. on the date above stated.

(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Clarke

(Physician or ~~midwife~~)

Given names added from a supplemental report

..... 19.....

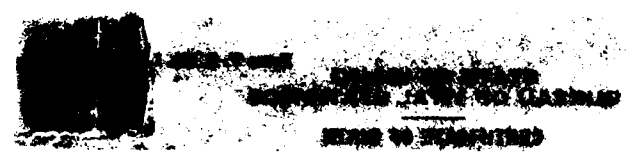
Address Moscow

Filed Dec 8 1915 D F Rae

Registrar

Registrar

S-Y CO. 20174



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

219-130-029-955

PLACE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. [illegible]

34658

Registration District No. 61

File No. .....

Primary Registration District No. 2141

Registered No. 143

FULL NAME OF CHILD Kenneth Barnett

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
M			Yes	Nov 30 (Month) (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Fred A. Barnett	FULL MAIDEN NAME	Elsie B. Reeder
RESIDENCE	Near Moscow	RESIDENCE	Moscow
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Minn.	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	H. W.

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) on the date above stated, at 7 P M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Joseph Cosgrave M.D.

(Physician or midwife)

Address Moscow Idaho

Given names added from a supplemental report

..... 19.....

Filed Dec 1 1915 D. F. Rae

S-Y CO. 20174

Registrar

Registrar

SEP 17 1941

249-101-029-893

PLACE OF BIRTH

County of Latah

City of Moscow

No. _____ St.

Hospital _____

[redacted]

IDAHO
AL STATISTICS
OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

Registration District No. _____ File No. 34659

Primary Registration District No. 2144 Registered No. 1445

FULL NAME OF CHILD La Verne George Smith

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate	Date of Birth
Male				Yes	Dec 1 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	George E Smith	Signa Hillsbrom
RESIDENCE	Moscow	Near Troy
COLOR	Wh	Wh
AGE AT LAST BIRTHDAY (Years)	23	23
BIRTHPLACE	N Dak	Troy Idaho
OCCUPATION	Carpenter	Domestic

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Oliver (Born alive or stillborn) at 7.40 P. M. on the date above stated.

(Signature) D F Rankin

(Physician or midwife)

Address Moscow

Filed Dec 2 1915 D F Rankin

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

_____ 19____

_____ Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified copy issued 2-4-1941. D.P.

DEC 1 1942

445-125-029-168

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 61 File No. 34660

Primary Registration District No. 2141 Registered No. 146

FULL NAME OF CHILD Raymond Milroy Dumm

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male			Yes	Nov 25 (Month) (Day) 1915 (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Geo M Dumm	Manda Johnson
RESIDENCE	Near Moscow	Near Moscow
COLOR	Wh	Wh
AGE AT LAST BIRTHDAY (Years)	69	41
BIRTHPLACE	Canada	Illinois
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 8

Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 10 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D F Rae MD

(Physician or midwife)

Address Moscow

Given names added from a supplemental report

..... 19.....

Filed Dec 2 1915 D F Rae

..... Registrar

..... Registrar

S-Y CO. 20174

366-118-029-718

Form V. S. No. 11-C—20m-8-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital S.E. Hospital

Registration District No. 61 File No. 34661

Primary Registration District No. 1011 Registered No. 1535

FULL NAME OF CHILD Edward Gaylord Cook

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Nov 18 1915

FATHER	MOTHER
FULL NAME Lurin Wycliffe Cook	FULL MAIDEN NAME Mary Gaylord
RESIDENCE Moscow Ida.	RESIDENCE Moscow - Ida.
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 34 (Years)	AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE Ill.	BIRTHPLACE Kansas
OCCUPATION Instructor at U of I.	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W H Carruthers

(Physician or midwife)

Address Moscow - Idaho

Given names added from a supplemental report

..... 19.....

Filed Dec 8 19 15 S. F. Rae

..... Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 1 1968

AUG 27 1946

493-210-029-393

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Idaho

City of Moscow

No. ..... St.

Hospital Inland Emp.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 61 File No. 34662

Primary Registration District No. 1011 Registered No. 154

FULL NAME OF CHILD Agnes Vienna Mickey. (Died)

Sex of Child F.	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes.	Date of Birth Nov. 10" 1915 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME Martin Samuel Mickey	FULL MAIDEN NAME Elizabeth Lydia Lillibridge.
RESIDENCE Moscow, Idaho. (Rural)	RESIDENCE Moscow, Id. (Rural)
COLOR White AGE AT LAST BIRTHDAY 22 (Years)	COLOR White AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Kansas.	BIRTHPLACE Iowa.
OCCUPATION Farmer.	OCCUPATION Housekeeper.

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 13° P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Carithers M. D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Moscow, Idaho.

Filed Dec 8 1915 D. F. Rau

Registrar Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

17

743-206-029-168

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Moscow

No. 939 E. 6th St.

Hospital

Registration District No. 61 File No. 34663

Primary Registration District No. 1011 Registered No. 147

FULL NAME OF CHILD Victorica Gustava

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Nov. 6, 1915

FATHER	MOTHER
FULL NAME: A. F. A. Nelson	FULL MAIDEN NAME: Tilda Johnson
RESIDENCE: Moscow, Idaho	RESIDENCE: Moscow, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 44 (Years)	AGE AT LAST BIRTHDAY: 38 (Years)
BIRTHPLACE: Sweden	BIRTHPLACE: Minnesota
OCCUPATION: Deputy Clerk	OCCUPATION: Housewife

Number of child of this mother, including present birth: seven

Number of children of this mother now living, including present birth: seven

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7:00 P M on the date above stated.

(Signature) C. L. Gritman, M.D.

(Physician or midwife)

Address Moscow, Idaho

Filed 11-8-15 19 15

J. F. Rae
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

S-Y CO. 24488

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

APR 25 1972

DECEASED

464-114-029-419

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Moscow

No. 720 So. Main St.

Hospital Gritman

Registration District No. 61

File No. 34664

Primary Registration District No. 1011

Registered No. 149

FULL NAME OF CHILD John Cephas Dodd

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Nov. 14, 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John A. Dodd	FULL MAIDEN NAME	Elsie C. Martin
RESIDENCE	Moscow, Idaho	RESIDENCE	Moscow, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Washington, Pa.	BIRTHPLACE	Shelby, Ohio
OCCUPATION	Physician and Surgeon	OCCUPATION	Housewife

Number of child of this mother, including present birth one

Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 10:20 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. L. Gritman
C
(Physician or midwife)

Given names added from a supplemental report.

19

Address Moscow, Idaho

Filed Nov 15 1915

D. F. Rae
Registrar

Registrar

8-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

c.c. 6/12/41. w.h.

382-020-029-382

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-I-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34665

PLACE OF BIRTH

County of Latah

City of Moscow

No. 770 So Main St.

Hospital Gritman

Registration District No. 61

Primary Registration District No. 1011

File No.

Registered No. 150

FULL NAME OF CHILD Nadene Elizabeth Lybecker

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Nov. 20 1915

FATHER

FULL NAME	Wesley Lybecker
RESIDENCE	Pullman, Wash
COLOR	White
AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	California
OCCUPATION	Farmer

MOTHER

FULL MAIDEN NAME	Lulu Lybecker
RESIDENCE	Pullman, Wash.
COLOR	White
AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Illinois
OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7:00 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. L. Gritman
M

(Physician or midwife)

Address Moscow, Idaho

Given names added from a supplemental report.

.....19.....

Filed Nov 25 1915

D F Rae
Registrar

.....
Registrar

S-Y CO. 24655

MAY 8 1974

Amended May 9, 1952

PLACE OF BIRTH

553-128-029-759

County of LATAH

City of MOSCOW

No. ____ St.

Hospital ____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 61 File No. 34666

Primary Registration District No. 1011 Registered No. 151

FULL NAME OF CHILD EVERETT RICHARD NELSON

(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male				yes	Nov. 28, 1915

What bactericidal solution was used in eyes? ____

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	ANDREW J. NELSON	FULL MAIDEN NAME	LYDIA CHRISTINA PERSSON
RESIDENCE	MOSCOW, IDAHO	RESIDENCE	MOSCOW, IDAHO
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	59 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	SWEDEN	BIRTHPLACE	WISCONSIN
OCCUPATION	FARMER	OCCUPATION	HOUSEWIFE

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was BORN ALIVE (Born alive or stillborn), at 9:00 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... 192....

..... Registrar.

(Signature) JOHN A. DODD, M.D.

(Physician or midwife)

Address MOSCOW, IDAHO

Filed NOV. 30 1915 D.F.RAE Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Latah } ss.

Certificate No. 34666

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Walter Nelson (Name on Original Certificate) who was Born (Was Born or Died) on Nov 28, 1915 (Date of Event)
in Moscow (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Church Records (Bible Record, Insurance Policy, Etc.) prepared on 31st December, 1915 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Walter Nelson	Everett Richard Nelson

Subscribed and sworn to before me this 25 day of April, 1952

Notary Public, residing at Moscow, Ida
My commission expires Sept 23 1952
(Seal)

Signed Harold V Nelson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

721 E 9th Moscow Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon
County of Wasco } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28th day of April, 1952

Notary Public, residing at The Dalles, Oregon
My commission expires 5/25/55
(Seal)

Signed David F. DeBoer
(Signature of Any Credible Person)

900 Washington St., The Dalles, Oregon
(Street Address, City, State)

1 c. pd.

A CHURCH RECORD WAS SENT INTO THIS
OFFICE, AS PROOF OF THE NAME TO BE CHANGED
ON THE BIRTH CERTIFICATE.
(May 9, 1952)

419-230-029-962

Form V. S. No. 11-C—20m-3-15-12

PLACE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 61 File No. 34667

Primary Registration District No. 1011 Registered No. 152

FULL NAME OF CHILD Irene Isadora Marner

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Nov. 30 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Will Marner	FULL MAIDEN NAME	Charlotte Robbins
RESIDENCE	Moscow	RESIDENCE	Moscow
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Ill.	BIRTHPLACE	Ill.
OCCUPATION	Laborer	OCCUPATION	

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~) at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Clarke

(Physician or ~~midwife~~)

Given names added from a supplemental report

..... 19.....

Address Moscow

Filed Dec 8 1915 D F Rice

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 23 1943

PLACE OF BIRTH

County of

466-219-029-255

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34668

Registration District No. 61 File No. .....

Primary Registration District No. 1011 Registered No. 144

FULL NAME OF CHILD Mary Eleanor

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes	Nov. 19 1915

FATHER		MOTHER	
FULL NAME	Pren Moore	FULL MAIDEN NAME	Mary Emma Bennett
RESIDENCE	Moscow	RESIDENCE	Moscow
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Ill.	BIRTHPLACE	Mo
OCCUPATION	Teacher	OCCUPATION	H W

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 8 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Joseph Aspray MD

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Moscow Ida

Filed Nov 24 1915 D F Rae

Registrar Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

635-105-029-319

[redacted] V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of 8 mile east of Moscow

Registration District No. 61

File No. 34669

No. ..... St.

Primary Registration District No. 2141

Registered No. 148

Hospital .....

FULL NAME OF CHILD Glenn Fleiger (dec)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	Yes	Nov. 5 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Charles Fleiger	FULL MAIDEN NAME	Anna Carlson
RESIDENCE	Moscow, Idaho	RESIDENCE	Moscow Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Minnesota
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 7:15 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Curtis

M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Moscow Idaho

Filed Nov 10 1915 D. F. Rae

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

D

281-223.007-295

PLACE OF BIRTH

STATE OF IDAHO — Form V. S. No. 11-C—20m-2-15-12

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34670

County of Blaine

City of Hailey

No. ..... St.

Registration District No. 21. File No. .....

Primary Registration District No. 2022. Registered No. 88

Hospital .....

FULL NAME OF CHILD Alice Shaffer (dead)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth
F				Yes	Nov 23 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Thos. W. Shaffer	FULL MAIDEN NAME	Bessie Quigbury
RESIDENCE	Hailey	RESIDENCE	Hailey
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Laundry	OCCUPATION	H W.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1 15 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E W Kleinman

(Physician or ~~midwife~~)

Address .....

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Nov 24 19 15 Robert H. Wright Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V.S. No. 11-C—20-1-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34670

File No. .....

Registration District N .....

County of .....

City of .....

No. ..... St. .....

PLACE OF BIRTH

REGISTRATION

553-21-007-493

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Blaine

City of Hailey

No. ..... St.

Hospital .....

Registration District No. 21 File No. 34671

Primary Registration District No. 2022 Registered No. 89

FULL NAME OF CHILD PHYLLIS LOUISE Clara Agnes Nelson

Sex of Child Female | Twin Triplet or other? (To be answered only in event of plural births) | and Number in order of birth | Legitimate? Yes | Date of Birth Nov 21 (Month) (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Jack Alfred Nelson	FULL MAIDEN NAME	Alice Naoma Mills
RESIDENCE	Hailey Idaho	RESIDENCE	Hailey Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	41	COLOR	White	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Sweden	BIRTHPLACE	Bellevue Ida
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Robert H. Wright M.D.
(Physician or midwife)

Address Hailey Idaho

Given names added from a supplemental report

..... 19.....

Filed Nov 21 19 15 Robert H. Wright
Registrar

..... Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Blaine }

Certificate No.....
Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Clara Agnes Nelson (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Nov. 21, 1915 (DATE OF EVENT)
in Hailey, Idaho. (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible Record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared ~~on~~ shortly after her birth. (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Clara Agnes Nelson	Phyllis Louise Nelson

Subscribed and sworn to before me this 23
day of December, 19 42

R. X. McCoy
Notary Public, residing at Hailey, Idaho.
My commission expires March 31, 1943
(SEAL)

Signed Mrs Alice Nelson
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Hailey Idaho.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Blaine }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23
day of December, 19 42

R. X. McCoy
Notary Public, residing at Hailey, Idaho.
My commission expires March 31, 1943
(SEAL)

Signed [illegible]
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Hailey, Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on..... By .....
(REGISTRAR'S SIGNATURE)

DEC 30 1942
JAN 4 1943

799-112-007-468

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Blaine

City of Hailey

No. ..... St.

Hospital .....

Registration District No. 21 File No. 34672

Primary Registration District No. 2022 Registered No. 87

FULL NAME OF CHILD ~~Not Named~~ Edward John Price

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Boy	✓	4	Yes	Nov (Month) 12 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Rube Price	FULL MAIDEN NAME	Mary Doyle
RESIDENCE	Haily, Idaho	RESIDENCE	Haily, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	49	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Utah	BIRTHPLACE	Colorado
OCCUPATION	Farmer & Stock grower	OCCUPATION	House wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ~~Born alive~~ (Born alive or stillborn) at 4 38 a. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. J. Allen MD

Bellevue, Idaho
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed Nov 12 1915 Robert H. Wright
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED MAY 13 1965

State of ..... } ss.
County of ..... }

Certificate No. 34672

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Price (boy child) (Name on Original Certificate) who was born (Was Born or Died) on Nov. 12, 1915 (Date of Event)

in Hailey, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Edward John Price

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of [illegible] } ss.
County of [illegible] }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7th day of [illegible], 1965

[illegible]

Notary Public, residing at [illegible] Idaho

My commission expires [illegible]

(Seal)

Signed Mrs. Howard Allred Mary Price Allred

(Signature of Any Credible Person)

P.O. Box 12, Hailey, Idaho.

(Street Address, City, State)

FORM DH 60-155 CL 4-29-65. one copy pd. rec. #13058.

Baby Book, appears very old and unaltered gives full name of child as Edward John Price - viewed by V.S.

MAY 20 1965

Better Babies Standard Score Card, issued by the Better Babies Bureau gives full name of child as Edward John Price, age 10 months, father-R.Price, mother Mary Doyle, born in Hailey, Idaho - card dted Sept. 21, 1916 - viewed by V.S.

OCT 2 1973

813 210-061-599

[redacted]ACE OF BIRTH

amend 3-19-82

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of

No. St.

Hospital Residence

Registration District No. 117

File No. 34673

Primary Registration District No. 2196

Registered No. 428

FULL NAME OF CHILD Helen Hale

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Nov 10 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Isaac Grant Hale	FULL MAIDEN NAME	Hilda Ericksen
RESIDENCE	Burley	RESIDENCE	Burley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	50 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Boonville Mo	BIRTHPLACE	Sweden
OCCUPATION	Farmer	OCCUPATION	House Work

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 4 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Minter
Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Address

Registrar

Filed Dec 9th 1915

Dr. J. C. Patterson
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 19 1942

3-9-82

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
MAR 17 8 59 AM '82

State of Utah
County of Weber } ss.

Certificate No. 34673
Date Filed 12/9/1915

The undersigned does solemnly swear that certain facts on the certificate of birth

for Emma Hellen Hale (Name on Original Certificate) who was born (Was Born, Died, etc.) on 11-10-15 (Date of Event)

in Cassia County (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Emma Hellen Hale	Helen Hale
fathers name	Ira Grant Hale	Isaac Grant Hale

Subscribed and sworn to before me this 15th day of March, 1982

Notary Public, Alice B. Foulter
Residing at Ogden, Weber County, Utah
My commission expires 1-16-86
(Seal)

X Helen Hale McMullen
Signature of Applicant

3290 Van Buren #54 Ogden, Utah 84403
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed __)
(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19__.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

MAR 1 9 1982

Mortgage dated Jan. 1, 1916 gives Isaac G Hale and Hilda S Hale as names listed as owners of property. Viewed by V.S.

Receipt from Dept of the Interior General Land Office gives Isaac G Hale of Burley was given the receipt on 12-12-08. Viewed by V.S.

Declaration of Homestead for Isaac G Hale gives a daughter Helen Hale age 6. Declaration dated 11-26-21. Viewed by V.S.

Marriage License from State of Utah County of Weber gives Robert A McMullen and Helen Hale were married 5-23-45. Viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

016-366

CE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho

No. ..... St.

Hospital .....

Registration District No. 17 File No. 34674

Primary Registration District No. 296 Registered No. 429

FULL NAME OF CHILD Jennie Clare Payne

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth 4	Legitimate?	Date of Birth (Month) Oct (Day) 16 (Year) 1915
			Yes	

FATHER		MOTHER	
FULL NAME	Shelton Kyle Payne	FULL MAIDEN NAME	Jennie Marie Cook
RESIDENCE	Albion	RESIDENCE	Albion
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Fallester Cal	BIRTHPLACE	Albion
OCCUPATION	Farmer	OCCUPATION	Home Wife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3 P M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Musser

Physician

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed Dec. 9th 1915 Reg. Patterson

Registrar

S-Y CO. 24655

MAY 5 1960

493-104-016-689

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital Residence

Registration District No. 117 File No. 34675

Primary Registration District No. 2196 Registered No. 427

FULL NAME OF CHILD Henry Edward Miller

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
	5	Yes	Nov. 4 1915

FATHER		MOTHER	
FULL NAME	John Miller	FULL MAIDEN NAME	Mary Whitsel
RESIDENCE		RESIDENCE	Burley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Iowa	BIRTHPLACE	Illinois
OCCUPATION	Livery man	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was B. F. Born Alive (Born alive or stillborn) at 8 4 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Miller

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed Dec 4th 19..... Dr. J. C. Patterson Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Nov. 25, 1940

JUL 3 1 1970

434-120-016-445

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital Residence

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 117 File No. 34676

Primary Registration District No. 2196 Registered No. 426

FULL NAME OF CHILD Wayne Pierce McMullin

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		6	yes	Nov 2 1915

FATHER	MOTHER
FULL NAME Alfonzo McMullin	FULL MAIDEN NAME Mary Elizabeth MUNNS
RESIDENCE Burley	RESIDENCE Burley
COLOR White — AGE AT LAST BIRTHDAY 33 (Years)	COLOR White — AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE Ideber Idah	BIRTHPLACE Lehi Utah
OCCUPATION Laborer.	OCCUPATION Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 6 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John W. Winters

(Physician or midwife)

Given names added from a supplemental report. ..... 19....

Address .....

Filed Dec 9 19 15 Dr. J. C. Patterson

S-Y CO. 24655

Registrar

Registrar

614-202-016-281

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital Residence

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34677

Registration District No. 17 File No. .....

Primary Registration District No. 2196 Registered No. 425

FULL NAME OF CHILD Maxine Pearl Faure

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		1	yes	Nov 2 1915

FATHER		MOTHER	
FULL NAME	Joseph Faure.	FULL MAIDEN NAME	Katie Sharp
RESIDENCE	Burley	RESIDENCE	Burley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	France	BIRTHPLACE	Virginia
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) J. H. Mueller

(Physician or midwife)

Address .....

Filed Dec. 9th 1915

Dr. J. C. Patterson Registrar

S-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 1 1975

296-120-016-318

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 34678

County of Cassia

City of Burley

No. ..... St.

Hospital Residence

Registration District No. 47 File No. .....

Primary Registration District No. 2196 Registered No. 424

FULL NAME OF CHILD Boyd Brenson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male	3	Yes	Oct 20 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Lucian Edwin Brenson	FULL MAIDEN NAME	Ruth Taylor
RESIDENCE	Burley	RESIDENCE	Burley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Huntsville Utah	BIRTHPLACE	Almo Ida
OCCUPATION	House Sheepman Work	OCCUPATION	House Work

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 6 am on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Mintz

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed Dec 9th 1915 Dr. J. C. Patterson Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

45-126-016-268

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34679

Registration District No. 17 File No. 1

Primary Registration District No. 190 Registered No. 422

FULL NAME OF CHILD Herbert Meaksins

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.	Twin	1	yes.	Nov 26 1915

(To be answered only in event of plural births)

FATHER

FULL NAME H. R. Meaksins

RESIDENCE Burley, Ida.

COLOR White AGE AT LAST BIRTHDAY 33 (Years)

BIRTHPLACE Iowa

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Clara Pohl

RESIDENCE Burley, Ida.

COLOR White AGE AT LAST BIRTHDAY 30 (Years)

BIRTHPLACE Neb.

OCCUPATION

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 8:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M. D.

(Physician or midwife)

Address Burley, Ida

Given names added from a supplemental report.

..... 19....

..... Registrar

Filed Dec 1st 1915

Dr. J. C. Patterson Registrar

8-Y CO. 24655

345·205·016-313

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital Residence

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 117 File No. 34680

Primary Registration District No. 2196 Registered No. 423

FULL NAME OF CHILD ~~[illegible]~~ AFTON T. Cunningham

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of Birth
Female	3	Yes	Oct 5 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Joshua Cunningham	FULL MAIDEN NAME	Fannie Talman
RESIDENCE	Burley	RESIDENCE	Burley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	American Fork Utah	BIRTHPLACE	Marion Ida
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 11 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Minter
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed Dec 9th 1915 Dr. J. C. Patterson
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 20 1942

NOV 28 1944

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Cassia } ss.

Certificate No. 34680

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Leona Cunningham (Name on Original Certificate) who was born (Was Born or Died) on Oct. 2, 1915 (Date of Event)
in View (P.O. Burley, I (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by family record (Bible Record, Insurance Policy, Etc.) prepared on at time of birth (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Leona Cunningham	Afton T. Cunningham

Subscribed and sworn to before me this 26th
day of December, 19 44

Henry W. Fuller
Notary Public, residing at Burley, Idaho

My commission expires 6-3-46
(Seal)

Signed Minnie B Tolman Cunningham
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Mesa, Arizona
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Cassia } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th
day of November, 19 44

Henry W. Fuller
Notary Public, residing at Burley, Idaho

My commission expires 6-3-46
(Seal)

Signed Alice Robins Baynton
(Signature of Any Credible Person Other Than Previous Year)

RFD#1 Burley, Idaho.
(Street Address, City, State)

FEB 7 1966

451-126-016-268

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34681

Registration District No. 117 File No. .....

Primary Registration District No. 296 Registered No. 421

FULL NAME OF CHILD Robert Meaksma

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.	Twin	2	yes	11-26 1915

FATHER		MOTHER	
FULL NAME	H. R. Meaksma	FULL MAIDEN NAME	Clara Rohl
RESIDENCE	Burley, Ida.	RESIDENCE	Burley, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Neb.
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8.40 a. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M.D.

(Physician or midwife)

Address Burley, Ida.

Given names added from a supplemental report.

..... 19.....

Filed Dec. 1st 19 15 Dr. J. C. Patterson

Registrar

S-Y CO. 24655 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

236-119-016-843

PLACE OF BIRTH

County of Cassia

City of Burley

No. ____ St.

Hospital ____

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ____ File No. 34682

Primary Registration District No. ____ Registered No. 20

FULL NAME OF CHILD Devere Golden Scott

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			Yes.	11-19-1915

FATHER		MOTHER	
FULL NAME	Leo V. Scott	FULL MAIDEN NAME	Eva Hull
RESIDENCE	Burley, Ida.	RESIDENCE	Burley, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah.
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 9.15 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M.D.

(Physician or midwife)

Address Burley, Ida.

Given names added from a supplemental report.

....., 19.....

Filed Nov 22 1915 Dr. J. C. Patterson

Registrar

8-Y CO. 24585

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 12

APR 13 1961

395-130-016-389

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 117 File No. 34683

Primary Registration District No. 2196 Registered No. 419

FULL NAME OF CHILD Thomas Stanley Trees

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			Yes.	Nov. 30 1915

FATHER		MOTHER	
FULL NAME	L. L. Trees	FULL MAIDEN NAME	Harriet Christensen
RESIDENCE	Burley, Ida.	RESIDENCE	Burley, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	20. (Years)
BIRTHPLACE	Colo.	BIRTHPLACE	Neb.
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11.45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M. D.

(Physician or midwife)

Address Burley, Ida.

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Dec 1st 19 16 Dr. J. C. Patterson

Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

AUG 7 1944

DECEASED

142-217-016-819

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34684

Registration District No. 117 File No. .....

Primary Registration District No. 29 Registered No. 418

FULL NAME OF CHILD Ruby Geneva Adkins

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes.	11-17-15 191...

FATHER		MOTHER	
FULL NAME	C. F. Adkins	FULL MAIDEN NAME	Hazel Harris
RESIDENCE	Burley, Ida.	RESIDENCE	Burley, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Ill.	BIRTHPLACE	Colo.
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 6-30 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19...

..... Registrar

(Signature) Dr. J. C. Patterson M. D.

(Physician or midwife)

Address Burley, Ida.

Filed Nov. 20 1915 Dr. J. C. Patterson Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 2 1 1976

713-213-016-2 69

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34685

Registration District No. 11-7 File No. .....

Primary Registration District No. 2196 Registered No. 417

FULL NAME OF CHILD Lydia Agnes Gallogly

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.			Yes	Nov. 13 1915

FATHER

FULL NAME F. F. Gallogly

RESIDENCE Burley, Ida.

COLOR White AGE AT LAST BIRTHDAY 25 (Years)

BIRTHPLACE Neb.

OCCUPATION Laborer

MOTHER

FULL MAIDEN NAME Florence Bowen

RESIDENCE Burley Ida.

COLOR White AGE AT LAST BIRTHDAY 22 (Years)

BIRTHPLACE Conn.

OCCUPATION .....

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 9.45P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M.D.

(Physician or midwife)

Address Burley, Ida.

Given names added from a supplemental report.

..... 19.....

Filed Nov. 15 1915 Dr. J. C. Patterson Registrar

..... Registrar

S-Y CO. 24655

DEC 1 8 1968

255-111-016-219

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Cassia

City of Idahome

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 117 File No. 34686

Primary Registration District No. 2196 Registered No. 416

FULL NAME OF CHILD Loren E. Benjamin

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M.		yes.	Nov. 11 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	W. E. Benjamin	FULL MAIDEN NAME	Mabel Barnes
RESIDENCE	Idahome, Ida.	RESIDENCE	Idahome, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Minn.	BIRTHPLACE	Minn.
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2-05P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson

M. D.

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Burley, Ida.

Filed Nov 15th 1915 Dr. J. C. Patterson

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 2 1950

713-202-016-613

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 117 File No. 34687

Primary Registration District No. 216 Registered No. 415

FULL NAME OF CHILD Georgia J. Patterson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.				yes	Nov 2 1915

FATHER		MOTHER	
FULL NAME	J. C. Patterson	FULL MAIDEN NAME	Olive Walch
RESIDENCE	Burley, Ida.	RESIDENCE	Burley, Ida
COLOR	White	COLOR	white
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Utah.
OCCUPATION	Physician	OCCUPATION	

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10.45 a. m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M. D. (Physician or midwife)

Address Burley, Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Nov. 4 1915 Dr. J. C. Patterson Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 2 7 1942

847.202.016-652

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. _____ St.

Hospital _____

Registration District No. 111 File No. 34688

Primary Registration District No. 2126 Registered No. 1414

FULL NAME OF CHILD Virginia Elizabeth Huggard

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
F.			yes	Nov. 2 (Month) (Day) 191 5 (Year)

FATHER		MOTHER	
FULL NAME	L. Huggard	FULL MAIDEN NAME	Myrtle West
RESIDENCE	Burley, Ida.	RESIDENCE	Burley, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Laborer	OCCUPATION	

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M. D.
(Physician or midwife)

Address Burley, Ida.

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed March 4 1915 Dr. J. C. Patterson Registrar

8-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

L.D.S. Church Certificate of Birth, entered on record Nov. 2, 1919 gives full name as Virginia Elizabeth Huggard, born Nov. 2, 1915 at Burley, Idaho to Leland Huggard and Mirth – viewed by V.S.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 34688

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Huggard (female child) (Name on Original Certificate) who was born (Was Born or Died) on Nov. 2, 1915 (Date of Event) in Burley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	X Virginia Elizabeth Huggard
	Vivian Elizabeth Huggard	

Subscribed and sworn to before me this 8 day of November, 1962

Margaret M. Reed

Notary Public, residing at Provo, Ut

My commission expires June 18, 1965

(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Mrs Gilbertie May Harrison Ladd

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Arizona } ss.
County of Pima }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19 day of November, 1962

E. H. Clark Jr

Notary Public, residing at .....

My commission expires My Commission Expires July 22, 1963

(Seal)

Signed X Mrs Virginia Elizabeth Blue

(Signature of Any Credible Person)

P.O. Box 782 Ajo, Arizona

(Street Address, City, State)

FORM DH-60-155 CL 9-20-62. one copy pd. rec. #11501.

Affidavit by parent's gives full name of child as Virginia Elizabeth Huggard, born November 2, 1915 at Burley, Idaho - viewed by V.S.

JUL 27 1964

Statement from Mount St. Joseph's (Roman Catholic Orphan Asylum), San Francisco 24, California, dated June 20, 1964 states "Virginia Huggard, daughter of Leland Huggard, was admitted as a student at Mount St. Joseph's on September 7, 1925. At that time her age was given as nine years and nine months, birth date November, 1915 (day of month not given) and birth place Idaho." - statement has been written and signed by Sister Mary Rose, Sisters of Charity of St. Vincent de Paul - viewed by V.S.

891-205-016-699

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Cassia

Pella

No Burley Idaho

Registration District No 117

File No. 34689

Hospital

Primary Registration District No. 2196

Registered No. 413

FULL NAME OF CHILD Angeleen Hiatt

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	Nov 5th 1915

FATHER		MOTHER	
FULL NAME	Leslie Frank Hiatt	FULL MAIDEN NAME	Avilla B Wright
RESIDENCE	Pella	RESIDENCE	Pella
COLOR	AGE AT LAST BIRTHDAY 22 (Years)	COLOR	AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Nov 5th at 10 A.M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ellen A Hiatt

Midwife (Physician or Midwife)

Given names added from a supplemental report

, 19

Address Burley Idaho

Filed Dec 1st 1915

R.F.D. 43

Dr. J. C. Patterson Registrar

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

MARGIN RESERVED FOR BINDING

ONLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

413-119-016-154

PLACE OF BIRTH

County of Lemhi

City of Bundy

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34690

Registration District No. 117 File No. .....

Primary Registration District No. 216 Registered No. 412

FULL NAME OF CHILD George Matthews

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	Single		yes	Nov. 19 1915

FATHER		MOTHER	
FULL NAME	George Matthews	FULL MAIDEN NAME	Nell Anderson
RESIDENCE	Marshfield Ida	RESIDENCE	Marshfield Ida
COLOR	White	COLOR	
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Oakley Ida	BIRTHPLACE	Grantsville Utah
OCCUPATION	Stock Man	OCCUPATION	Home Wife

Number of child of this mother, including present birth one

Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ben Schultz

Physician

(Physician or midwife)

Address Bundy Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

24688

Filed 11/27 1915 Dr. J. C. Patterson

Registrar

JUN 3 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

815-120-016-613

PLACE OF BIRTH

County of Cassia

City of Burley

No. R.F.D 2 St.

Hospital Home

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 31 117 File No. 34691

Primary Registration District No. 2116 Registered No. 441

FULL NAME OF CHILD Milo Milton Hanson

Sex of Child: Boy | Twin, Triplet or other? | and | Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth: Nov 20 1915 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME: Oscar Hanson	FULL MAIDEN NAME: Ann Wallwork
RESIDENCE: Dieu Cassia Co Idaho	RESIDENCE: Dieu
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 35 (Years)	AGE AT LAST BIRTHDAY: 25 (Years)
BIRTHPLACE: American Fork Utah	BIRTHPLACE: Santaquin Utah
OCCUPATION: Farming	OCCUPATION: House Wife

Number of child of this mother, including present birth: 9

Number of children of this mother now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 10:15 a. m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alive

Mid-Wife (Physician or midwife)

Address Mrs Thomas Robinson

Given names added from a supplemental report.

..... 19....

..... Registrar

Filed Dec 1st 1915 Burley Idaho.

Dr. J. C. Patterson Registrar

8-Y CO. 24688

STATE
BUREAU OF
DEPARTMENT

962-130-016-144

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 34692

County of Cassia

City of

No. R. F. D. 2 St.

Hospital home

Registration District No. 117 File No.

Primary Registration District No. 2196 Registered No. 410

FULL NAME OF CHILD Theodore Ray Robinson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy		yes	Oct. 30 1915

FATHER		MOTHER	
FULL NAME	Roy L Robinson	FULL MAIDEN NAME	Elizabeth Judd
RESIDENCE	Burley	RESIDENCE	Burley
COLOR	White AGE AT LAST BIRTHDAY 25 (Years)	COLOR	White AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE	Elba Cassia Co.	BIRTHPLACE	Pima Arizona
OCCUPATION	Butcher	OCCUPATION	House Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at ..... M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alive Mid Wife
Mrs. Thomas Robinson
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Burley Cassia Co. Idaho

Filed Dec 1st 1915 Dr. J. C. Patterson
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

345-230-0/6-655

[redacted]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-13

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 17

Primary Registration District No. 2/96

File No. 34693

Registered No. 430

FULL NAME OF CHILD Harriet Cunningham

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.			Yes.	11-30 1915

FATHER		MOTHER	
FULL NAME	H. S. Cunningham	FULL MAIDEN NAME	Harriet Overaugh
RESIDENCE	Burley, Ida.	RESIDENCE	Burley, Ida.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Iowa	COLOR	White
OCCUPATION	Laborer	AGE AT LAST BIRTHDAY (Years)	30
		BIRTHPLACE	Iowa
		OCCUPATION	

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M. D.

(Physician or midwife)

Address Burley Ida.

Given names added from a supplemental report.

..... 19....

Filed Dec. 10th 1915 Dr. J. C. Patterson

Registrar

S-Y CO. 24655

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 3 1943

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

625 [illegible] 075-213

Form V. S. No. 11-C-[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34695

PLACE OF BIRTH

County of Nez Perce

City of Culdesac

Registration District No. 15

File No. 49

No. ..... St.

Primary Registration District No. 2152

Registered No. .....

Hospital .....

FULL NAME OF CHILD Erma Nancy O'Kelley

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	yes	Oct 31 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Loren O'Kelley	FULL MAIDEN NAME	Nancy Bales
RESIDENCE	Culdesac Ida	RESIDENCE	Culdesac Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	~~28~~ 29 (Years)	AGE AT LAST BIRTHDAY	2~~4~~ (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Kentucky
OCCUPATION	Blacksmith	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 615 a M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L F Smith M D

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Culdesac Ida

Filed Dec 8 1915 L F Smith

Registrar

Registrar

8-Y CO. 20174

MAR 26 1943

236-220-035-235

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34696

County of Nez Perce

City of Culdesac Registration District No. File No. 54

No. St. Primary Registration District No. Registered No.

Hospital

FULL NAME OF CHILD Jessie Kane Scott

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	yes	Nov 20 1915

	FATHER	MOTHER
FULL NAME	Georgr Wallace Scott	FULL MAIDEN NAME Elma F. Stevens
RESIDENCE	Culdesac Ida	RESIDENCE ~~Hillsboro~~ Culdesac
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE	Glasgow Scotland	BIRTHPLACE Hillsboro Ore
OCCUPATION	Merchant	OCCUPATION House wife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1030a M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lloyd F. Smith M D
(Physician or midwife)

Address Culdesac Ida

Given names added from a supplemental report

....., 19.....

Registrar

Filed Nov 21 1915 L F Smith
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 30 1976

JUN 27 1955

3/13/41 Z.J.

986-205-035-343

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nezperce

City of Reubens, P.O.

Registration District No. 75 File No. 5 34698

No. ..... St.

Primary Registration District No. 2152 Registered No. .....

Hospital .....

FULL NAME OF CHILD Evelyn Mae Rhodes

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Nov 5 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Frederick E. Rhodes	FULL MAIDEN NAME	Ethel Lee Lucas
RESIDENCE	Nezperce Co	RESIDENCE	Nez Perce Co
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Washington (state)
OCCUPATION	Life Insurance Agent	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 12.30 pm on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C O Busey

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Reubens, Idaho

Filed Nov 13 1915 L F Smith

Registrar Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 5 1943

315-116-035-712

Form V. S. No. 11-C—20m-8-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Culdesac

No. ..... St.

Hospital .....

Registration District No. 75 File No. 534700

Primary Registration District No. 2152 Registered No. .....

FULL NAME OF CHILD Canter

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	yes	Nov 16 1915

FATHER		MOTHER	
FULL NAME	Shober C. Canter	FULL MAIDEN NAME	Maggie Gaskill
RESIDENCE	Culdesac	RESIDENCE	Culdesac
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	North Carolina	BIRTHPLACE	Colorado
OCCUPATION	General labor	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6:30 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lloyd F. Smith M. D.
(Physician or ~~midwife~~)

Address Culdesac

Given names added from a supplemental report

..... 19.....

Filed Nov 17 1915 L. F. Smith
Registrar

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE O
BUREAU OF VIT

CERTIFICATI

MAR 26 1970

293.20

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

of Gem County

City of Emmett

No. ..... St.

Hospital .....

Registration District No. 6 File No. 34701

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Rosella Ruby Sillivan

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	11 (Month) 9 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Geo. F. Sillivan	FULL MAIDEN NAME	Charlotte Geiser
RESIDENCE	Letha Ida	RESIDENCE	Letha Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	49 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Indianna	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 62 Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 10 30 9 M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J L Reynolds
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Emmett Ida

Filed 11-18 1915 J L Reynolds
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each, in order of birth stated.

STATE OF IDAHO
DEPT. OF VITAL STATISTICS

MAR 18 19

AUG 2 8 1974

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

9.124.023862

PLACE OF BIRTH

County of Gem

City of Emmett

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 6 File No. 34702

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Takashi Kora

Sex of Child Male | Twin Triplet or other? (To be answered only in event of plural births) and Number in order of birth | Legitimate? Yes | Date of Birth 11-24 (Month) (Day) 1915 (Year)

FATHER	MOTHER
FULL NAME Nichi Kara	FULL MAIDEN NAME Sekiyo Yoshimasa
RESIDENCE Emmett	RESIDENCE Idaho
COLOR Brown	COLOR Brown
AGE AT LAST BIRTHDAY 28 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Japan	BIRTHPLACE Japan
OCCUPATION Cook	OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10-30 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) J. L. Reynolds

(Physician or midwife)

Address Emmett

Filed 11-27 19 15 J. L. Reynolds Registrar

5-Y CO. 24655

K

NOV 17 1941 (2)

FEB 11 1957

DECEASED

789-201-023-315

PLACE OF BIRTH

Form V. S. No. 11—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gem

City of Emmett Registration District No. 6 File No. 34703

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital ..... Merne Olive

FULL NAME OF CHILD ~~Constance~~ Phillips

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Female	——— (To be answered only in event of plural births)			yes	nov	1	19 15

FATHER		MOTHER	
FULL NAME	Mortimer J. Phillips	FULL MAIDEN NAME	Olive D. Tanguay
RESIDENCE	Fruitland Idaho	RESIDENCE	same
COLOR	white	COLOR	W
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Nebr.	BIRTHPLACE	Id
OCCUPATION	Barber	OCCUPATION	Hw

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 12.40 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. O. Clark MD
(Physician or midwife)

Address Emmett

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 12-11 1915 J. V. Reynolds Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 34703

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Esther Phillips	Merne Olive Phillips

Subscribed and sworn to before me this 17 day of NOV, 19 43

Notary Public, residing at Boise, Idaho

My commission expires Jan. 14 1947
(Seal)

Signed Mrs. M. J. Phillips
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19 .....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

NOV 17 1943

292-204-023-284

PLACE OF BIRTH

Form V. S. No. 11—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gem

City of Emmett Cty

No. ..... St.

Hospital .....

Registration District No. 6

File No. 34704

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD ALICE ALENE BISHOP

Sex of Child Female	Twin Triplet or other? — and Number in order of birth — (To be answered only in event of plural births)	Legitimate? Ye	Date of Birth Nov (Month) 4 (Day) 1915 (Year)

	FATHER		MOTHER
FULL NAME	Earl Bishop	FULL MAIDEN NAME	Grace Shuter
RESIDENCE	Falk Ida	RESIDENCE	Fairy
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Ida	BIRTHPLACE	Fowy
OCCUPATION	Rancher	OCCUPATION	Hw

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6 30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. C. Clark M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Emmett

Filed 12-11 1915 J. L. Reynolds Registrar

..... Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECEASED

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMENDED AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Gem }

Certificate No. 34704

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Unnamed (NAME ON ORIGINAL CERTIFICATE) Bishop who was born (WAS BORN OR DIED) on Nov 4 1916 (DATE OF EVENT)
in Emmett (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Personal facts (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Nov 30, 1942 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Alice Alene Bishop

Subscribed and sworn to before me this 30th
day of Nov, 19 42

Margaret Smoke

Notary Public, residing at Emmett Idaho

My commission expires Oct 13, 1944

(SEAL)

Signed Grace Bishop
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Emmett Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19 .....

Signed .....
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at .....

My commission expires .....
(SEAL)

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

NOV 7 1961

DEC 2 1962

464-226-023-369

Form V. S. No. 11-C-25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gem

City of Emmett

Registration District No. 4 **File No.** 34705

No. ..... *St.*

Primary Registration District No. ..... **Registered No.** .....

Hospital .....

FULL NAME OF CHILD HENRIETTA NELLE DOUGLASS ~~Nellie Henrietta Douglas~~

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	yes	Nov 26 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Lineous J Douglass	FULL MAIDEN NAME	Mary Emeline Cornwall ~~Emmaline M. Cornwall~~
RESIDENCE	Emmett	RESIDENCE	same
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Utah
OCCUPATION	Rancher	OCCUPATION	Hw

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 8.40 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B O Clark M D

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Emmett

Filed 12-11 1915 J L Reynolds
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Gem

Certificate No. 34705

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Henrietta Nelle Douglas (Name on Original Certificate) who was born (Was Born or Died) on Nov. 26, 1915 (Date of Event)
in Emmett, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by personal knowledge (Bible Record, Insurance Policy, Etc.) prepared on November 13, 1942 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Surname	Douglas	Douglass
Name	Nellie Henrietta	Henrietta Nelle
Mother's name	Emmaline M.	Mary Emeline Cornwall

Subscribed and sworn to before me this 13th
day of November, 19 42

Signed Mary E. Emeline Douglas (Mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Emmett, Idaho

My commission expires October 13, 1944
(Seal)

Montour, Idaho, Box 72
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Signed
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at

My commission expires
(Seal)

(Street Address, City, State)

NOV 17 1942

975

168-104-003-369

PLACE OF BIRTH

Form V. S. No. 11-O—Sim-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Bancroft

Registration District No. 84 File No. 34706

No. ..... St.

Primary Registration District No. 2161 Registered No. .....

Hospital .....

FULL NAME OF CHILD Grant Larnar Johnson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	Nov 4 1915

FATHER		MOTHER	
FULL NAME	Hans C. Johnson	FULL MAIDEN NAME	Millie Corbett
RESIDENCE	Bancroft	RESIDENCE	Bancroft
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Furniture Co Mgr	OCCUPATION	—

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1 30/a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr R. J. Smith (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Bancroft

Filed Nov 12 1915 Dr R. J. Smith Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

FEB 0 9 2012

[redacted]

762 103 003-314

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Bancroft

No. ..... St.

Hospital .....

Registration District No. 84

File No. 34707

Primary Registration District No. 261

Registered No. .....

FULL NAME OF CHILD ~~Dalland~~ ISAAC JAY Potter

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
m		Yes	Dec 3 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Warren Potter	FULL MAIDEN NAME	Emmeline Campbell
RESIDENCE	Lava Hot Spgs	RESIDENCE	Lava Hot Spgs
COLOR	W	COLOR	
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	—

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. R. J. Smith

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Bancroft Ida

Filed 12/11 1915 D. R. J. Smith

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certificate named from card 8/24/42 ZJ

JUL 27 1944

AUG 25 1942

79 [redacted] 940-219

[redacted] BIRTH

Form V. S. No. 11-C—25m-1-1-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace

No. _____ St.

Hospital _____

Registration District No. 122 File No. 34708

Primary Registration District No. 2200 Registered No. 105

FULL NAME OF CHILD _____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Nov 28 1915

FATHER	MOTHER
FULL NAME Charles M. Geders	FULL MAIDEN NAME Margaret Barry
RESIDENCE Wallace	RESIDENCE Wallace
COLOR W AGE AT LAST BIRTHDAY 38 (Years)	COLOR W AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE Mich	BIRTHPLACE Montana
OCCUPATION Millwright	OCCUPATION None

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5-30 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James R Bean

Physician
(Physician or midwife)

Address Wallace Ida

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed Dec 2 1915 A C Mowery Registrar

S-Y CO. 24655

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

40-653

PLACE OF BIRTH

County of Shoshone

City of Interstate mine

No. ..... St.

Hospital ——

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34709

Registration District No. 122 File No. .....

Primary Registration District No. 2200 Registered No. 104

FULL NAME OF CHILD Robert A. Biddison

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	One (To be answered only in event of plural births)	1st	Yes	Nov 26 1915

	FATHER	MOTHER
FULL NAME	Noyes A Biddison	Lydia Wells
FULL MAIDEN NAME		Lydia Wells
RESIDENCE	Interstate mine	Interstate mine
COLOR	W	W
AGE AT LAST BIRTHDAY	25 (Years)	19 (Years)
BIRTHPLACE	Idaho	Oregon
OCCUPATION	Motorman	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 1140 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Mowry

Physician

(Physician or midwife)

Address Wallace Ida

Given names added from a supplemental report.

..... 19.....

Filed Nov 30 1915 H. C. Mowry

Registrar

..... Registrar

S-Y CO. 24655

NOV 25 1942

263-220-040-168

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace

Registration District No. 122

File No. 34710

No. ——— St.

Primary Registration District No. 2200

Registered No. 103

Hospital ———

FULL NAME OF CHILD Ethel Louise Boline

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
F	one	2nd	yes	Nov 20 1910 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Chas Boline	FULL MAIDEN NAME	Emma Johnson
RESIDENCE	Wallace Ida	RESIDENCE	Wallace Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Sweden
OCCUPATION	Bartender	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 8 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Des Mowery

Physicians
(Physician or midwife)

Address Wallace, Ida

Given names added from a supplemental report.

..... 19....

..... Registrar

Filed 11/27 1915 H S Mowery Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 1 1 1967

293-112-040-466

PLACE OF BIRTH

County of Shoshone

City of Burke

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

Registration District No. 122 File No. 34711

Primary Registration District No. 2210 Registered No. 107

FULL NAME OF CHILD Percy Stanley Killian

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of Birth (Month) (Day) (Year)
M	One		y	Nov 12 1915

FATHER		MOTHER	
FULL NAME	Luther Killian	FULL MAIDEN NAME	Mildred Dowlin
RESIDENCE	Burke	RESIDENCE	~~Ark~~ Burke
COLOR	White	COLOR	W
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	N. Car	BIRTHPLACE	Ark
OCCUPATION	Motorman	OCCUPATION	House wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6a M. on the date above stated.

(Signature) Dr. Chas. A. Dittman

(Physician or midwife)

Address Burke

Filed Nov 22 19 15 H C Mowery Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

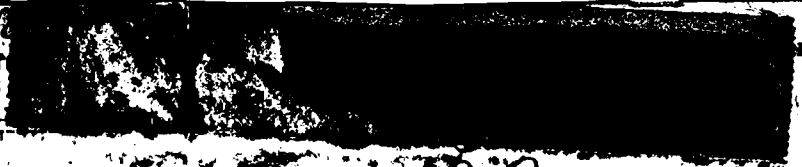
..... Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



235-210-0[redacted]

PLACE OF BIRT[redacted]

No. 11-C—20m-2-15-12

County of Stroh[redacted]

City of Burke

Registration District No. 122

File No. 34712

No. ..... St.

Primary Registration District No. 2200

Registered No. 101

Hospital

FULL NAME OF CHILD Louise Marie Stevenson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	X		X	yes	Nov 10 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Albert C. Stevenson	FULL MAIDEN NAME	Bertha Padfield
RESIDENCE	Burke	RESIDENCE	Burke
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	N. Dakota	BIRTHPLACE	Mich
OCCUPATION	Electrician	OCCUPATION	Housewife.

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7:15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L B Stockslager MD

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Burke Idaho

Filed Nov 25 1915 H C Mowery

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 22 1966

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

434202 [redacted]

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH [redacted] IDAHO

Statistics

OF BIRTH

County of Shoshone

City of Burke

Registration District No. 122 File No. 34713

No. ....., ... St.

Primary Registration District No. 2200 Registered No. 100

Hospital .....

FULL NAME OF CHILD Pearl Lorraine McDougall

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	Nov 2, 1915

FATHER		MOTHER	
FULL NAME	Pete McDougall	FULL MAIDEN NAME	Edie Hixson
RESIDENCE	Interstate	RESIDENCE	Interstate
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Portland Maine	BIRTHPLACE	Dalles, Oregon
OCCUPATION	Miner	OCCUPATION	House Wife

Number of child of this mother, including present birth .....

Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. L. Lehman M.D.

Physician

(Physician or Midwife)

Address Wallace Idaho

Given names added from a supplemental report

....., 19.....

Filed 12/4 19 15 H. O. Mowery

Registrar

.....

Registrar

S-Y CO., 16670

Camas Valley High School Diploma, Camas Valley, Oregon, May 19, 1933 gives full name as Pearl Lorraine McDougall - viewed by V.S. and Social Security Card, June 9, 1938 gives full name as Pearl Lorraine McDougall Crider - viewed by V.S. Crider is married name -

IDAHO STATE BOARD OF HEALTH

DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of .....

Certificate No. 34713

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed McDougall (Name on Original Certificate) who born (Was Born or Died) on Nov. 2, 1915 (Date of Event) in Sunset, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Pearl Lorraine McDougall

Subscribed and sworn to before me this 18th day of August, 1964.

Lenore R. Benson

Notary Public, residing at Oceanlake Ore

My commission expires November 13 1963

(Seal)

Signed Elsie Pearl Hannah Mother

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Lincoln

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18th day of August, 1964.

Notary Public, residing at Oceanlake Ore

My commission expires Nov 13 1963

(Seal)

Signed Newton F. Hannah

(Signature of Any Credible Person)

P.O. Box 1483 Redding Calif.

(Street Address, City, State)

FORM DPH 55.155 CL 5-13-60. nm

SEP 26 1990

319-102-040-695

Form V. S. No. 11-C—25m-1-1-19

PLACE OF BIRTH

County of Shoshone

City of Mullan

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 122 File No. 34714

Primary Registration District No. 2200 Registered No. 99

FULL NAME OF CHILD _____

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Oct 2nd 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wm F. Carroll	FULL MAIDEN NAME	Dorothy Fields
RESIDENCE	Mullan	RESIDENCE	Mullan
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Sou Dak	BIRTHPLACE	Alka
OCCUPATION	Miner	OCCUPATION	H W

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8:15 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James R Bean

physician
(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Address Mullan Ida

Filed 11/25 1915 H Mowery
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

386-230-040-269

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Mullan

No. ..... St.

Hospital .....

Registration District No. 122

File No. 34715

Primary Registration District No. 2200

Registered No. 98

FULL NAME OF CHILD Frances Grace Thompson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F.		Yes	Sept 30 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Joseph F. Thompson	FULL MAIDEN NAME	Agnes Swinerton
RESIDENCE	Mullan	RESIDENCE	Mullan
COLOR	W	COLOR	BV
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Montana	BIRTHPLACE	Iowa
OCCUPATION	Master Mechanic	OCCUPATION	H. W

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1:35 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James R Bean

physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed Nov 25 1915 H C Mowery
Registrar

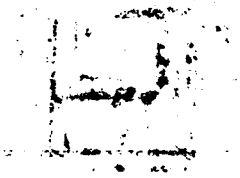
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



SEP 18 1942

469-10 [redacted] 249

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of M[redacted]

City of Rexburg

No. ..... St.

Hospital .....

Registration District No. 100 File No. 34716

Primary Registration District No. 2178 Registered No. 258

FULL NAME OF CHILD Jack D. Morris

Sex of Child M	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	Date of Birth 12 (Month) 4 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Dave Abraham Morris	FULL MAIDEN NAME	Iza Lorena Burke
RESIDENCE	Rexburg, Ida	RESIDENCE	Rexburg Ida
COLOR	W AGE AT LAST BIRTHDAY 30 (Years)	COLOR	W AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE	Ida	BIRTHPLACE	Mo
OCCUPATION	Laborer	OCCUPATION	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 6:15 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G G Espe

MD
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed 12-8 1915 — G G Espe
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Sunnydell

No. ..... St.

Hospital .....

Registration District No. 100 File No. 34717

Primary Registration District No. 2178 Registered No. 257

FULL NAME OF CHILD Robert H. Hutton

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M				Yes	11 29 1913

FATHER		MOTHER	
FULL NAME	Bert Hutton	FULL MAIDEN NAME	Christine Jansen
RESIDENCE	Sunnydell Ida	RESIDENCE	Sunnydell Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Neb.
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12:45 P.M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G G Caspe M.D

(Physician or midwife)

Address .....

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 12-6 1913 G G Caspe Registrar

S-Y CO. 24655

366-228-033-249

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Lyman

No. ..... St.

Hospital .....

Registration District No. 100

File No. 34718

Primary Registration District No. 2178

Registered No. 25-6

FULL NAME OF CHILD NOLA COOK

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		YES	11 (Month) 28 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Frank Cook	FULL MAIDEN NAME	Pearl Smith
RESIDENCE	Lyman	RESIDENCE	Lyman
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8 P M on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jos Walker

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Rexburg, Idaho

Filed 11-30 1915 G G Espe

Registrar

Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

L.D.S. Church Certificate of Baptism and Confirmation, Dec. 2, 1923 gives full name of child as Nola Cook, born Nov. 28, 1915 at Lyman, Idaho to John F. Cook and Pearl Smith - viewed by V.S.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of IDAHO
County of BANNOCK } ss.

Certificate No. 34718

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Cook (female child) (Name on Original Certificate) who was born (Was Born or Died) on Nov. 28, 1915 (Date of Event)
in Lyman, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Nola Cook

Subscribed and sworn to before me this 6th day of July, 1961

Notary Public, residing at Pocatello, Idaho
My commission expires June 20, 1964
(Seal)

Signed John Franklin Cook
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

376 Fairmont Pocatello Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of .....
County of ..... } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60. 155 CL 6-30-61. nm / copy rec'd 9-1-61

App. to Insurance Policy, Metropolitan Life Ins. Co., Issued January 18, 1956, gives name of applicant as Nola Carlile (Maiden name as Cook). Viewed by V. S.

SEP 6 1963

916-225-033-249

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 34719

Primary Registration District No. 2178 Registered No. 255

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl		Yes	11 25 1915

FATHER		MOTHER	
FULL NAME	Oscar D Raw	FULL MAIDEN NAME	Anna L Smith
RESIDENCE	Hibbard	RESIDENCE	Hibbard
COLOR	AGE AT LAST BIRTHDAY 37 (Years)	COLOR	White AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jos Walker
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Rexburg Idaho

Filed 11-30 1915 G G Espe
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

215-220-013-253

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 34720

Primary Registration District No. 2178 Registered No. 25-4

FULL NAME OF CHILD Mary Velate Kaner

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	11 20 1910

FATHER		MOTHER	
FULL NAME	Fred Kaner	FULL MAIDEN NAME	Rosie Beck
RESIDENCE	Burton Idaho	RESIDENCE	Burton Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Switz.	BIRTHPLACE	Germany
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 & 5 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G G Estes M D

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed 12-8 1910 G G Estes Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 1 2 1979

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

813.118.033-271

Form V. S. No. 11-C—25m-1-1-15

PLACE OF BIRTH

County of Madison

City of Roxburg

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 34721

Primary Registration District No. 2178 Registered No. 253

FULL NAME OF CHILD Earl Lamont Hall

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	11 18 1915

FATHER		MOTHER	
FULL NAME	Earl Hall	FULL MAIDEN NAME	Maude Spaulding
RESIDENCE	Burton Ida	RESIDENCE	Burton Ida
COLOR	W AGE AT LAST BIRTHDAY 20 (Years)	COLOR	W AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE	Mt	BIRTHPLACE	Ida
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G G Espe

M D
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed 12-8 1915 G G Espe
Registrar

S-Y CO. 24655

Own Child's Birth Cert. on file: (Idaho Birth) #31474 gives full name of father as Earl Lamont Hall - viewed by V.S. and Application to the Occidental Life Insurance Co., dated Feb. 9, 1943 gives full name as Earl Lamont Hall, age 27, born Nov. 18, 1915 at Rexburg, Idaho - app. No. 1382617, also policy no. - viewed by V.S.
L.D.S. Church Cert. of Ordinati
ordained as a Deacon, gives full name as Earl Lamont Hall, born Nov. 18, 1915 at Burton,

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho, } ss.
County of Madison.

ordained Idaho to Earl Hall and Maud Spaulding, July 9, 1929 - viewed by V.S.

Certificate No. 34721

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Hall (Name on Original Certificate) who was born (Was Born or Died) on Nov. 18, 1915 (Date of Event)
in Rexburg, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by church record (Bible Record, Insurance Policy, Etc.) prepared on July 11, 1929 (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Earl Lamont Hall

Subscribed and sworn to before me this 1st day of December, 19 60.
Ray W. Rigby
Notary Public, residing at Rexburg, Idaho.
My commission expires 1-26-63
(Seal)

Signed Earl Lamont Hall
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Route 1, Rexburg, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho, } ss.
County of Madison.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st day of December, 19 60.
Ray W. Rigby
Notary Public, residing at Rexburg, Idaho
My commission expires 1-26-63
(Seal)

Signed [signature]
(Signature of Any Credible Person)
170 S. 1st W., Rexburg, Idaho
(Street Address, City, State)

FORM DH 60-155 CL 11-25-60. nm

SEP 13 1961

319-216-033-386

Form V. S. No. 11-C—Form 1-1-18

PLACE OF BIRTH

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 34722

Primary Registration District No. 2178 Registered No. 252

FULL NAME OF CHILD Gladys Adelia Carter

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes	11 16 1915

FATHER		MOTHER	
FULL NAME	Phillip Carter	FULL MAIDEN NAME	Marguerite Thomas
RESIDENCE	Rexburg, Ida	RESIDENCE	Rexburg, Ida
COLOR	W AGE AT LAST BIRTHDAY 33 (Years)	COLOR	W AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE	Canada	BIRTHPLACE	Mont.
OCCUPATION	Painter.	OCCUPATION	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5:55 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G G Espe

M D
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

..... Registrar

Address .....

Filed 12-8 1915 G G Espe Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

5/1/41 Z.J.

STATE OF CALIFORNIA,)
(ss.
COUNTY OF ALAMEDA.)

MARGUERITE T. CARTER, being first duly sworn, deposes and says: that she is the mother of GLADYS ADELIA CARTER and that Phillip Carter is the father of the said GLADYS ADELIA CARTER.

That the said GLADYS ADELIA CARTER was born on November 16, 1915, at 6:10 A. M. of said day in Rexburg, Idaho; that Dr. George Espe was the physician in attendance; that said child was born at home.

That affiant's mother's and father's name was as follows, to-wit:

Violet Adelia Thomas
William H. Thomas

That Phillip Carter's mother's and father's name was as follows, to-wit:

Adeline Carter
Joseph Carter

Marguerite T Carter

Subscribed and sworn to before me
this 22nd day of April, 1941.

[illegible]
Notary Public in and for the County
of Alameda, State of California.

533-113-033-631

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

Registration District No. 100 File No. 34723

Primary Registration District No. 2178 Registered No. 251

FULL NAME OF CHILD Reid F. Ellsworth

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	11 13 1915

FATHER		MOTHER	
FULL NAME	Claude W. Ellsworth	FULL MAIDEN NAME	Matilda Ann Flamm
RESIDENCE	Rexburg, Ida	RESIDENCE	Rexburg, Ida
COLOR	W AGE AT LAST BIRTHDAY 33 (Years)	COLOR	W AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE	Ut	BIRTHPLACE	Ida
OCCUPATION	Laborer	OCCUPATION	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10.35 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G G Espe

M D
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed 12-10 1915 G G Espe
Registrar

S-Y CO. 24685

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 14 1948

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

384-122-033-433

PLACE OF BIRTH

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34724

Registration District No. 100 File No. .....

Primary Registration District No. 2178 Registered No. 250

FULL NAME OF CHILD VIRGIL SHEPARD CHURCH

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	11 (Month) 2 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Asa Church	FULL MAIDEN NAME	Ellen McCulloch
RESIDENCE	Contact, Nev.	RESIDENCE	Contact. Nev.
COLOR	W AGE AT LAST BIRTHDAY 37 (Years)	COLOR	W AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Ida
OCCUPATION	Saloon-keeper	OCCUPATION	

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2,20a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G G Espe

M D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 12-10 1915 G G Espe
Registrar

S-Y CO. 24658

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Ada } ss.

Certificate No. 34724

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Virgil Shepard Church (Name on Original Certificate) who was born (Was Born or Died) on Nov. 27 1915 (Date of Event)
in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	no name	Virgil Shepard Church

Subscribed and sworn to before me this 11th
day of March, 1943

Notary Public, residing at Boise Idaho

My commission expires 6-13-1944
(Seal)

Signed X A W Church
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Ada } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11th
day of March, 1943

Notary Public, residing at Boise Idaho

My commission expires 6-13-1944
(Seal)

Signed X Edwin Pickard
(Signature of Any Credible Person Other Than Previous Year)

X 405-B-Cole St
(Street Address, City, State)

MAR 2 9 1943

893-105-033-253

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

E OF IDAHO
VITAL STATISTICS
CATE OF BIRTH

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

Registration District No. 100 File No. 34725

Primary Registration Di 2178 Registered No. 249

FULL NAME OF CHILD Ross Cl Hinckley

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Sept. 5 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Silas Hinckley	FULL MAIDEN NAME	Lilly Bell
RESIDENCE	Rexburg	RESIDENCE	Rexburg
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	42 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	H.D.

Number of child of this mother, including present birth 9th

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. R. Crismon M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Rexburg, Ida.

Filed 10-15 1915 G. G. Espe

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 6 1945

MAY 19 1944

JUN 19 1941

533.120.033.714

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

Registration District No. 100 File No. 34726

Primary Registration District No. 2178 Registered No. 248

FULL NAME OF CHILD German Franklin Ellsworth

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	✓			Yes	Sept. 20 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Chas. Ellsworth	FULL MAIDEN NAME	Fanny Heddarsah Paul
RESIDENCE	Rexburg	RESIDENCE	Rexburg
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	HD

Number of child of this mother, including present birth 5th Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2:10 A. M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. A. Cusmon

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19....

Address Rexburg Idaho

Filed 10-15 1915 G. G. Espe

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 2 9 1973

OCT 1 3 1953

844.215.033-844

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Madison

City of Burton

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34727

Registration District No. 100 File No. .....

Primary Registration District No. 2178 Registered No. 247

FULL NAME OF CHILD Kathrine Humphrey

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	✓		✓	No.	Sept. 15 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Chris Obes.	FULL MAIDEN NAME	Bertha Humphrey
RESIDENCE	Antelope	RESIDENCE	Burton
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Switz.	BIRTHPLACE	Utah
OCCUPATION	Farmer.	OCCUPATION	House duties

Number of child of this mother, including present birth 1st. Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7:30 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N A Crismon MD.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Rexburg, Idaho

Filed 10-15 1915 G G Espe

Registrar Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

593-222-033-419

PLACE OF BIRTH

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34728

Registration District No. 100 File No. .....

Primary Registration District No. 2178 Registered No. 237

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	10 22 1917

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Cloy Nichols	Lillian Marler
RESIDENCE	Rexburg, Ida	Rexburg, Ida
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	33	22
BIRTHPLACE	Ut	Ut
OCCUPATION	Farmer	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2 25 P M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G G Estes

M D

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed 11—10 1917 G G Estes

Registrar

B-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

884123-033-864

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34729

County of Madison

City of Plano

No. ..... St.

Hospital .....

Registration District No. 100

File No. .....

Primary Registration District No. 2178

Registered No. 238

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	10 (Month) 23 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Milford Hymas	FULL MAIDEN NAME	Charlotte Hodgson
RESIDENCE	Plano Ida	RESIDENCE	Plano, Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Ida	BIRTHPLACE	Ida
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10:10 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G G Espe

M D
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed 10-10 1915 G G Espe
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

296-125-0333-453

Amended 8/28/69

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34730

County of Madison

City of Rexburg

Registration District No. 100 File No.

No. St.

Primary Registration District No. 2178 Registered No. 239

Hospital

FULL NAME OF CHILD ROBERT Y. BROWN

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	10 25 1915

FATHER		MOTHER	
FULL NAME	Robt. Brown	FULL MAIDEN NAME	Bertha Metzner
RESIDENCE	Rexburg Ida	RESIDENCE	Rexburg Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Penn.	BIRTHPLACE	Switzerland
OCCUPATION	Laborer	OCCUPATION	

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11.40 P.M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G G Estes

M D

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Registrar

Filed 11-10 19 15 G G Estes

Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

BE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 2 9 1969

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
AUG 26 1969
Bureau of Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Montana } ss.
County of Lake }

Certificate No. 34730

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Brown (Name on Original Certificate) who was born (Was Born or Died) on October 29, 1915 (Date of Event)
in Rexburg, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Add child's name	Unnamed	Robert Y. Brown

Subscribed and sworn to before me this 22 day of August, 19 69

Notary Public, residing at Ronan, Montana
My commission expires
(Seal)

NOTARY PUBLIC for the State of Montana
Residing at Ronan, Montana
My Commission Expires September 20, 1969

X Signed Robert Y. Brown
(Signature of parent or attendant if correcting a birth record; or attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Montana } ss.
County of Lake }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22 day of August, 1969

Notary Public, residing at Ronan, Montana
My commission expires
(Seal)

NOTARY PUBLIC for the State of Montana
Residing at Ronan, Montana
My Commission Expires September 20, 1969

Signed Donald W Leighton
(Signature of Any Credible Person)

Ronan Mont.
(Street Address, City, State)

FORM DH 60-155 CL 8/21/69 Acc. #18637

Pennsylvania Life Insurance Co. Policy gives nameas Robert Y. Brown. Dated Sept. 26, 1962. Viewed by V. S.

AUG 2 8 1969

Affidavit dated November 29, 1941 gives name as Robert Y. Brown born October 25, 1915. Signed by Mrs. Bertha Brown ~~and~~. Viewed By V.S.

313.2 & 8 D 33-195

PLACE OF BIRTH

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 34731

Primary Registration District No. 2178 Registered No. 2K0

FULL NAME OF CHILD Lola Bertha Latham

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	10 28 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wilford Latham	Bertha Arnold
RESIDENCE	Rexburg Ida	Rexburg Ida
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	29	21
BIRTHPLACE	Ida	Ida
OCCUPATION	Barber	

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5-05 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G G Espe M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed 11-10 1913 G G Espe Registrar

B-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of MONTANA }
County of BEAVERHEAD } ss.

Certificate No. 34731

Date Filed MAY 12 1942

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for un-named (Name on Original Certificate) who was born (Was Born or Died) on October 28, 1915 (Date of Event)
in Dexburg, Idaho (Place of Event), are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Marriage Certificate (Bible Record, Insurance Policy, Etc.) prepared on May 14, 1936 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Lola Bertha Latham

Subscribed and sworn to before me this 9th day of May, 1942.

Notary Public, residing at Dillon, Mont.

My commission expires Dec. 6, 1944
(Seal)

Signed Bertha Latham
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

25 Spruce St. Dillon Mont
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Montana }
County of Beaverhead } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th day of May, 1942.

Notary Public, residing at Dillon, Montana

My commission expires Dec. 6, 1942
(Seal)

Signed Mrs. Jas M. McCullam
(Signature of Any Credible Person Other Than Previous Year)

25 Spruce - Dillon, Mont.
(Street Address, City, State)

SEP 2 0 1976

595.1011033-264

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Madison

City of Archer

Registration District No. 100 File No. 34732

No. ....., ... St.

Primary Registration District No. 2178 Registered No. 241

Hospital .....

FULL NAME OF CHILD IVAN OSCAR NIELSON

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	11 1 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Oscar B Nielson	Bertha Gertrude Somers
RESIDENCE	Archer Ida	Archer Ida
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	23	21
BIRTHPLACE	Ida	Australia
OCCUPATION	Farmer	

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 6:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G G Eske

M D

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Registrar

Address .....

Filed 11-10 1915 G G Eske

Registrar

S-Y CO., 16670

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon }
County of Malheur } ss.

Certificate No. 34732

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed (Name on Original Certificate) who born (Was Born or Died) on Nov. 1, 1915 (Date of Event) in Archer, Idaho (Place of Event), are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Parents (Bible Record, Insurance Policy, Etc.) prepared on _____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Omitted	Ivan Oscar Nielson

Subscribed and sworn to before me this 11th day of March, 1942

Earl Blackaby

Notary Public, residing at Ontario Ore

My commission expires Jan 15 - 1945.
(Seal)

Signed Oscar B. Nielson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Route #1 Ontario Oregon.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon }
County of Malheur } ss.

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11th day of March, 1942

Earl Blackaby

Notary Public, residing at Ontario Ore

My commission expires Jan 15 - 1945
(Seal)

Signed William George Ross
(Signature of Any Credible Person Other Than Previous Year)

Ontario Ore
(Street Address, City, State)

155-102-033-113

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Madison

City of Sugar

No. ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 34733

Primary Registration District No. 2178 Registered No. 242

FULL NAME OF CHILD Russel Hyrum Jensen

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		Yes	11 2 1915

FATHER		MOTHER	
FULL NAME	Frank Jensen	FULL MAIDEN NAME	Maud Jacobs
RESIDENCE	Sugar Ida	RESIDENCE	Sugar Ida
COLOR	W AGE AT LAST BIRTHDAY 31 (Years)	COLOR	W AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE	Ida	BIRTHPLACE	Ida
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Cornalive (Born alive or stillborn), at 3:50 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G G Espe

M D

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed 11-10 1915 G G Espe

Registrar

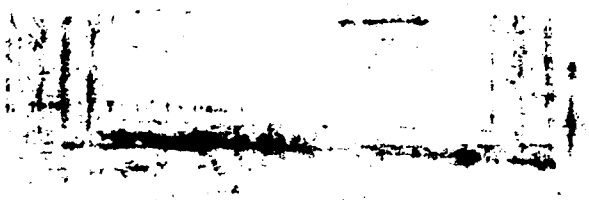
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



533-202-033-713

PLACE OF BIRTH

[redacted]

Form V. S. No. 11-C—15m-6-20-11

County of Madison

City of Sugar

Registration District No. 100

File No. 34734

No. ..... St.

Primary Registration District No. 2178

Registered No. 243

Hospital Shupe

FULL NAME OF CHILD ~~Lona Ann~~ Ann Lona Elliott

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
7		yes	11 2 1915

FATHER		MOTHER	
FULL NAME	John Thomas Elliott	FULL MAIDEN NAME	Ann Bodily Galbraith
RESIDENCE	St Anthony Ida	RESIDENCE	St Anthony Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Ida	BIRTHPLACE	Wt
OCCUPATION	Grain dealer	OCCUPATION	

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9.10 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G G Espe

M D

(Physician or Midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed 11-10 1915 G G Espe

Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

OCT 1 1 195

747.202.033-154

PLACE OF BIRTH Amended 6/27/78

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

County of Madison

City of Salem

No. ....., ... St.

Hospital .....

Registration District No. 100 File No. 34735

Primary Registration District No. 2178 Registered No. 244

FULL NAME OF CHILD Bertha Wanette Pugmire

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F		yes	11 2 1915

FATHER		MOTHER	
FULL NAME	Jesse A Pugmire	FULL MAIDEN NAME	Juanita Anderson
RESIDENCE	Salem Ida	RESIDENCE	Salem Ida
COLOR	W AGE AT LAST BIRTHDAY 23 (Years)	COLOR	W AGE AT LAST BIRTHDAY 17 (Years)
BIRTHPLACE	Ida	BIRTHPLACE	Ida
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 1 Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G G Espe

M D
(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed 11-10 1915 G G Espe
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

corrected error made on child's middle name from affidavit dated 06/27/1978 AJT

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
MAY 24 10 20 AM '78

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Ida. } ss.
County of Bing.

Certificate No. 34835

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for unnamed female Pugmire (Name on Original Certificate) who was born (Was Born or Died) on November 2, 1915 (Date of Event)
in Salem, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name of child	unnamed	Bertha Wanette Pugmire

Subscribed and sworn to before me this 22 day of May, 1978

Betty A. Kirby

Notary Public, residing at Shelley, Ida

My commission expires 2-1-81

(Seal)

Signed Vern Christensen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

570 So Park Shelley Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Ida. } ss.
County of Bing.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22 day of May, 1978

Betty A. Kirby

Notary Public, residing at Shelley, Ida

My commission expires 2-1-81

(Seal)

Signed William Gary Kelsey
(Signature of Any Credible Person)

RR 2 Box 32 Shelley Idaho 83274
(Street Address, City, State)

FORM DH 60-155

CL sent 5/18/78 nm.

Certif of Blessing from the LDS Church gives name as Bertha Wanetta Pugmire daughter of Jesie D. Pugmire and Wanetta Anderson. Born Nov 2, 1915 at Salmon, Idaho Blessed Dec 5, 1915. viewed by V. S.

JUN 2 8 1978

Salem

Certif of Baptism and Confirmation from the LDs Church gives name as Bertha Waneta Pugmire daughter of Jessie G. Purmire and Waneta Anderson. born Nov 2, 1915 at Salem, Idaho. Baptized Dec 1, 1923. viewed by V. A. S.

Membershipr record from the LDs Church gives name as Bertha Wanita Draper born Nov 2, 1915 at Salem, Idaho. father's name as Jessie L. Pugmire and mother's name as Wanita Anderson. Blessed Dec 5, 1915 and Baptized Dec 2, 1923. viewed by V. S.

JUN 1 4 2017

555-202-033-859

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Madison

City of Burton

No. ____, ____ St.

Hospital ____

Registration District No. 100 File No. 34736

Primary Registration District No. 2178 Registered No. 245

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes	11 2 1915

FATHER		MOTHER	
FULL NAME	Ruben Neeley	FULL MAIDEN NAME	Myrl Nielson
RESIDENCE	Burton Ida	RESIDENCE	Burton Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Ida	BIRTHPLACE	Ut
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G Goepfe

MD

(Physician or Midwife)

Address ____

Given names added from a supplemental report

____, 19____

____ Registrar

Filed 11-10 19 15 G Goepfe Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

389-107-033-296

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Madison

City of Rexburg

No. ....., ... St.

Hospital .....

Registration District No. 100

File No. 34737

Primary Registration District No. 2178

Registered No. 246

FULL NAME OF CHILD Jack Adna Christenson

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		yes	11 7 1915

FATHER		MOTHER	
FULL NAME	Oscar Robt. Christenson	FULL MAIDEN NAME	Eliza Ellen Tramwell
RESIDENCE	Woodrow, Ida	RESIDENCE	Woodrow, Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Sweden	BIRTHPLACE	Ut
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6.45 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G G Espe

M D

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Registrar

Address .....

Filed 11-10 1915 G G Espe

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 34737

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	unnamed	Jack Adna Christenson

Subscribed and sworn to before me this 11 day of Jan 1944

Notary Public, residing at Boise

My commission expires 1/4/47
(Seal)

Signed O R Christenson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19.....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

.....
(Street Address, City, State)

JAN 11 1944

293214-01

PLACE OF BI[illegible]

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

Hospital No.

Registration District No. 3 File N 34738

Primary Registration District No. 2005 Registered No. 184

FULL NAME OF CHILD Beulah Fayne Silbaugh

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	yes	Nov-14-1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Chas Silibaugh	FULL MAIDEN NAME	Lila Caldwell
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	N. V.	BIRTHPLACE	Ida.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr F. M. Cole

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Caldwell Ida

Filed 11-15-1915 John S. Meyers

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 19 1951

493-217 [illegible]-759

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. _____ St.

Hospital _____

Registration District No. 3 File No. 34739

Primary Registration District No. 2005 Registered No. 185

FULL NAME OF CHILD Mary Jane Miller

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
F.	S.	1	Yes	Nov. 17 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Harry Steele Miller	FULL MAIDEN NAME	Rose A. Geissel
RESIDENCE	Homedale Idaho	RESIDENCE	Homedale Id.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Cottage Grove Oregon	BIRTHPLACE	Ravinwood Mo
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2:30 A. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Gue M. D.
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Caldwell Idaho

Filed 11-18- 1915 John S. Meyer
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 16 1973

252-21-914-792

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon.

City of Caldwell

No. ____ St.

Hospital No.

Registration District No. 3 File No. 34740

Primary Registration District No. 2005 Registered No. 186

FULL NAME OF CHILD Theodore Eugene Sebree

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	yes	Nov 17 1915

FATHER		MOTHER	
FULL NAME	R. Sebree	FULL MAIDEN NAME	Maybelle Gibbens
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Ill.	BIRTHPLACE	Neb.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. H. M. Cole

(Physician or midwife)

VM.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Caldwell Ida

Filed 11-22-1915 John S. Meyer Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS APR 30 11 17 AM '75

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of California } ss.
County of Los Angeles

Certificate No. 34740

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Sebree (Male) (Name on Original Certificate) who was born (Was Born or Died) on Nov. 17, 1915 (Date of Event)

in Caldwell, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Theodore E. Sebree
		Theodore Eugene Sebree

Subscribed and sworn to before me this 21st day of April, 1975

Ada Belle Cogswell Joyce H. Thomas

Notary Public, residing at Quartz Hill, Calif.

My commission expires October 9, 1976

(Seal)

Signed Ada Belle Cogswell — SISTER

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

~~42050 - 67th Street West, Quartz Hill, Ca~~

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Lane

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28th day of April, 1975

Gordon P. Howard

Notary Public, residing at 2665 N. 26th Spfld. Oregon

My commission expires March 13, 1978

(Seal)

Signed Anita Moss

(Signature of Any Credible Person)

1393 W. 40th Eugene, Oregon

(Street Address, City, State)

FORM DH 60-155 CL 4/11/75 nm

MAY 2 2 1975

Railroad Retirement Board SSA No. 519-10-3666 , Portland, Oregon for Theodore E. Sebree born Nov. 17, 1915 Statement of Railroad Retirement Act. of 1937signed by Theodore E. Sebree July 12, 1967 and by E. C. Petersen Contact Representive

Viewed by VS

Union Pacific Railroad Company Certificate of Service No. 1798 , Omaha, Neb. Dec. 5 1952 certifies that Theodore Eugene Sebree has bee employed by Union Pacific Railroad Company from July 17, 1942 to Oct. 10, 1950 . signed by A. W. Alfred Mechanical Supt.-Car Dept. Motive Power & Machinery.
Viewed by VS

Southern Pacific Company No. 51396 Certificate of Service Portland, Oregon , June 24, 1953 . Theodore Eugene Sebree SSA # 519-10-3666 Personal record dated Sept. 23, 1952 has been employed in the capacity of carman at Eugene Oregon in Motive Power & Car Transportation Dept. of the Southern Pacific Com.from Sept. 25, 1952 to June 19, 1953. date of leaving service June 19, 1953 Resigned. signed by L. P. Hopkins , Superintendent.
Viewed by VS.

168-218-014-347

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34741

County of Canyon

City of Caldwell Id

Registration District No. 3 File No.

No. St.

Primary Registration District No. 1005 Registered No. 187

Hospital

FULL NAME OF CHILD Eloise Johnston

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
F,	S,	1	yes	11 (Month) 18 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Harold E. Johnston	FULL MAIDEN NAME	Almeda Cupp
RESIDENCE	Caldwell Id	RESIDENCE	Caldwell Id
COLOR	W,	COLOR	W,
AGE AT LAST BIRTHDAY	19 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	South Center Kans	BIRTHPLACE	Caldwell Id
OCCUPATION	Printer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 12:30 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Gee M.D.
(Physician or midwife)

Given names added from a supplemental report.

19

Address Caldwell Id

Filed 11-22- 1915 John S. Meyer
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Amended 8-23-56

PLACE OF BIRTH

819.220.014-918

County of Canyon

City of Caldwell

No. ____ St.

Hospital No

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 34742

Primary Registration District No. 1005 Registered No. 188

FULL NAME OF CHILD Carol Ruth Hart
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				yes	11-20-15 1915

What bacteriolidal solution was used in eyes? ____

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	B. R. Hart	FULL MAIDEN NAME	Fern Raymond
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Michigan
OCCUPATION	Carpenter	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8:45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

...., 192....

.... Registrar.

(Signature) Dr. F. M. Cole

M.D.
(Physician or midwife)

Address Caldwell, Idaho

Filed 11-22-15 1915 Jhon H. Meyer Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Ada } ss.

Certificate No. 34742

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of was born for ____ (Name on Original Certificate) who was born (Was Born or Died) on 11-20-15 (Date of Event) (Birth or Death) in Caldwell (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by School Record (Bible Record, Insurance Policy, Etc.) prepared on Aug. 21, 1956 Child's Birth Cert 9-9-42 Viewed by Vital Statistics (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name		Carol Ruth Hart

Subscribed and sworn to before me this 23rd day of August 1956

Kenneth R. Hall
Notary Public, residing at Boise Idaho
My commission expires March 5, 1957
(Seal)

Signed E. Mae Hart
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

114 E Logan Caldwell Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Ada } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23rd day of August, 1956

Kenneth R. Hall
Notary Public, residing at Boise Idaho
My commission expires March 5, 1957
(Seal)

Signed Vera M. Pearce
(Signature of Any Credible Person)

114 E Logan Caldwell Ida
(Street Address, City, State)

FORM DPH 55 155

284-125-014-753

Form V. S. No. 11-C—25m-1-1-18

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

Hospital No

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 34743

Primary Registration District No. 2005 Registered No. 189

FULL NAME OF CHILD. John M Shumate Jr.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	yes.	Nov 28 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	J. M. Shumate	Laura Peck.
RESIDENCE	Caldwell	Caldwell
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	45	83
BIRTHPLACE	Usa.	Iowa
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 8

Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10 29a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. M. Coe M.D.

(Physician or midwife)

Address Caldwell Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 11-26- 1915 John L. Meyer Registrar

8-Y CO. 24655

APR 4 1942

919.227.014-295

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of near Middleton Caldwell Registration District No. 3 File No. 34744

No. ____ St.

Primary Registration District No. 2005 Registered No. 190

Hospital Canyon

FULL NAME OF CHILD Wilma Maxine Monk

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.	S.	2nd	Yes	11 27 1915

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	William Jas. Monk	FULL MAIDEN NAME	Mary Celice Brewer
RESIDENCE	near Middleton Id	RESIDENCE	near Middleton Id.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Illinois	BIRTHPLACE	Tennessee
OCCUPATION	Gen'l Garage	OCCUPATION	Housewife

Number of child of this mother, including present birth (1) and (2) Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9 a.m. on the date above stated.
(Born alive or stillborn)

(Signature) J. W. Lee M. D.
(Physician or midwife)

Address Caldwell Idaho

Filed 12-6-1915 John S. Meyer
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

S-Y CO. 24655

FEB 1 1967

SEP 2 9 1975

366-138-014-557

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

Hospital .....

Registration District No. 3 File No. 34745

Primary Registration District No. 2005 Registered No. 191

FULL NAME OF CHILD GARNEY BERT COFFEY

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	11 30 1915

FATHER		MOTHER	
FULL NAME	B. E. Coffey	FULL MAIDEN NAME	Emma Combs
RESIDENCE	Caldwell	RESIDENCE	Caldwell Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Ga	COLOR	White
OCCUPATION	Farmer "	AGE AT LAST BIRTHDAY (Years)	21
		BIRTHPLACE	N. C.
		OCCUPATION	Housewife "

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 a. m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Coffey

(Physician or midwife)

Address Caldwell Idaho.

Given names added from a supplemental report.

..... 19.....

Filed 12-1- 1915 John L. Meyers
Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Gem }

Certificate No. 34745

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH) for (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on November 30, 1915 (DATE OF EVENT) in Caldwell, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Mother (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Surname	Coffee	Coffey Garney Bert Coffey

Subscribed and sworn to before me this 19th day of January, 19 42

Elsa Salakov

Notary Public, residing at Emmett, Idaho

My commission expires March 14, 1945

(SEAL)

Signed Annie Evans Coffey

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Route 1 - Emmett, Idaho

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires

(SEAL)

Signed

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on By

(REGISTRAR'S SIGNATURE)

MAR 2 1976

962-130-014-366

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34746

County of Canyon

City of Caldwell

Registration District No. 3 File No.

No. St.

Primary Registration District No. 2005 Registered No. 192

Hospital

FULL NAME OF CHILD Charles David Rosenberger

Sex of Child Male | Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth 3rd | Legitimate? Yes | Date of Birth 11-30-1915 (Month) (Day) (Year)

FATHER

FULL NAME Chas H Rosenberger

RESIDENCE Caldwell

COLOR White AGE AT LAST BIRTHDAY 42 (Years)

BIRTHPLACE Missouri

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Edna Bell Cook

RESIDENCE Caldwell

COLOR White AGE AT LAST BIRTHDAY 32 (Years)

BIRTHPLACE Kansas

OCCUPATION Housewife

Number of child of this mother, including present birth 3rd

Number of children of this mother now living, including present birth 3rd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 8:45 P M on the date above stated.

(Signature) C. M. Raley

Phys.

(Physician or midwife)

Address Caldwell Idaho

Filed 12-2-1915 John D. Meyer Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

.....19.....

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 2 3 1942

313-2011014-663

PLACE OF BIRTH Amended November 17, 1958

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

Hospital .....

Registration District No. 3 File No. 34747

Primary Registration District No. 2005 Registered No. 193

FULL NAME OF CHILD Ora B. Talbot
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	Dec. 1st 1915

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Geo. E. Talbot	FULL MAIDEN NAME	Eunice B. Folwell
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Idaho	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9:50 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. M. Cole

Physician
(Physician or midwife)

Address Caldwell, Idaho

Filed 12-2 1915 John Meyer
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

No documents giving name as Ora Bernice Talbot, all documents give name as Ora B. Talbot, Marriage licence, date June 2, 1940, viewed by V.S. Lewiston State Normal School Record, issued Sept. 1, 1937, viewed by V.S.

IDAHO STATE BOARD OF HEALTH

DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Canyon }

Certificate No. 34747

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed (Name on Original Certificate) who born (Was Born or Died) on Dec. 1st, 1915 (Date of Event)

in Caldwell, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on Sept. 6, 1958 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	~~Ora Bernice Talbot~~
		Ora B. Talbot

Subscribed and sworn to before me this 6 day of Sept., 1958

Notary Public, residing at Notus, Idaho

My commission expires 10 7 59

(Seal)

Signed Ora Bernice Talbot

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1420 Blaine, Caldwell, Ida

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Canyon }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6 day of September, 1958

Notary Public, residing at Notus Idaho

My commission expires

(Seal)

Signed Howard J. Tennyson

(Signature of Any Credible Person)

Notus Idaho

(Street Address, City, State)

FORM DPH 55.155 NNCL 8-27-58. nm

519.202.014-514

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C

CERTIFICATE OF BIRTH

County of Canyon

City of near Caldwell

Registration District No. 3

File No. 34748

No. ..... St.

Primary Registration District No. 2005

Registered No. 194

Hospital .....

FULL NAME OF CHILD Berta Helen Earner

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
F.	3.	8	yes	Dec 2 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John M. Earner	FULL MAIDEN NAME	Lucy Eames
RESIDENCE	near Caldwell Id	RESIDENCE	near Caldwell Id
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Illinois	BIRTHPLACE	Neb.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8

Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8:00 a.m. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Gue M.D. 7:30 a.m. (Y.M.G.)

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Caldwell Id

Filed 12-6-1915 John P. Meyer Registrar

Registrar

8-Y CO. 24685

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BU OF VITAL STATISTICS

CERTIFICATE O. BIRTH

PLACE OF BIRTH

Patricia
~~Erxxa~~ Helen Gayhart born October 11, 1935. File #237045 gives mothers name as Berta Helen Earner.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Canyon }

Certificate No. 34748

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Earner (female child) (Name on Original Certificate) who was born (Was Born or Died) on Dec. 2, 1915 (Date of Event)
in near Caldwell, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Berta Helen Earner

Subscribed and sworn to before me this 24th day of August, 1962.
Notary Public residing at Caldwell, Idaho
My commission expires July 7, 1963
(Seal)

Signed Lucy J. Earner (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
1314 Arthur St Caldwell Idaho (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Canyon }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th day of August, 1962.
Notary Public, residing at Caldwell, Idaho
My commission expires July 7, 1963
(Seal)

Signed Lucia Hartkopf (Signature of Any Credible Person)
1011 Arthur St Caldwell, Idaho (Street Address, City, State)

FORM DH 60-155 CL 7-24-62. nm

Statement regarding hospital record gives her name as
Lorita Helen Garner. Dated April 15, 1940. Viewed by V.S.

SEP 5 1962

689-104-037-266

PLACE OF BIRTH

County of Owyhee

City of near Homedale

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 34749

Primary Registration District No. 2005 Registered No. 195

FULL NAME OF CHILD Edward D. White

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
M.	S M	4	yes	12 (Month) 4 (Day) 1915 (Year)

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Dennis White	Bertie A Sooter
RESIDENCE	near Homedale Ida	near Homedale Ida
COLOR	W.	W.
AGE AT LAST BIRTHDAY	29 (Years)	27 (Years)
BIRTHPLACE	Stone Co Mo	Webster Co Mo
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8:10 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J W Lee M D
(Physician or midwife)

Address Caldwell Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 12-6-1915 John H Mayer Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 9 1947

235-106-014-952

PLACE OF BIRTH

County of Canyon 2d

City of near Caldwell 2d

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 34750

Primary Registration District No. 2005 Registered No. 196

FULL NAME OF CHILD Otto Steinke

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.	S.	8	yes	12 6 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Herman Steinke	Caroline Rebine
RESIDENCE	near Caldwell 2d	near Caldwell 2d
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	40	33
BIRTHPLACE	Germany	Germany
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6:30a, M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) J. M. Gue M.D.

(Physician or midwife)

Address Caldwell Idaho

Filed 12-6-1915 John L. Meyer Registrar

S-Y CO. 24685

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 17 1970

285·106·014-279

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

Registration District No. 3 File No. 34751

No. ..... St.

Primary Registration District No. 2005 Registered No. 197

Hospital .....

FULL NAME OF CHILD Elmer Ray Shelp

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	2nd	Yes	12-6-1915

FATHER		MOTHER	
FULL NAME	Roy H Shelp	FULL MAIDEN NAME	Nellie C Sprang
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Nebraska	BIRTHPLACE	Colorado
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2nd Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C M Kaley

J. Phy.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Caldwell Idaho

Filed 12-8-1915 John S. Meyer
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho } ss.
County of Canyon }

Certificate No. 47 51
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Elmer Ray Shelp (Name on original certificate) who was born (Was born or died) on Dec 6 1915 (Date of event)
in Caldwell Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ..... (Bible record, insurance policy, etc.) prepared on ..... (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.	FROM (As on original)	TO (The correct facts)

Subscribed and sworn to before me this 25th day of July, 1941

Mrs. H J Thompson
Notary Public, residing at Caldwell, Idaho
My commission expires October 5, 1941
[SEAL]

Signed Mrs Nettie Shelp.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)
Caldwell, Idaho, R.F.D. 2
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of Idaho } ss.
County of Canyon }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25th day of July, 1941

Gertrude Hillman
Notary Public, residing at Caldwell, Idaho
My commission expires Nov. 29, 1943
[SEAL]

Signed [signature]
(Signature of any credible person other than the previous affiant)
Caldwell Idaho
(Street Address, City, State)

Received for filing on ..... by .....
(Registrar's signature)

813-106-014-493

PLACE OF BIRTH

Form V. S. No. 11—10m-2-15-1a

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34752

County of Canyon

City of Caldwell

No. ..... St.

Hospital .....

Registration District No. 3 File No. .....

Primary Registration District No. 2005 Registered No. 198

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of Birth
Male	5" (To be answered only in event of plural births)	Yes	12 (Month) - 6 (Day) - 1915 (Year)

FATHER		MOTHER	
FULL NAME	C. G. Hall	FULL MAIDEN NAME	Rose Dillon
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Minn.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5" Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2:50 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. M. Cole

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Registrar

Address Caldwell, Idaho.

Filed 12-8- 1915 John S. Meyer

Registrar

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

669210-009-413

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-5-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

No ....., ... St.

Registration District No. 78 File No. 34753

Primary Registration District No. 2133 Registered No. 868

Hospital .....

FULL NAME OF CHILD Vera York

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	June 10 1912

FATHER		MOTHER	
FULL NAME	Earl York	FULL MAIDEN NAME	Eva Matthews
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint
COLOR	White	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Kansas	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth Four

Number of children, of this mother, now living, including present birth Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at Three P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Page M.D.

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Sandpoint

Filed Dec 8 1913 M. McKinnon

Registrar

SYMS - YORK CO., PTRS. & BORS. 17826

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAY 22 1968

693·227·009-366

PLACE OF BIRTH

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

No. 514 Second St.

Hospital City

Registration District No. 18 File No. 34754

Primary Registration District No. 2155 Registered No. 869

FULL NAME OF CHILD Frances Leone Willard.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes.	July (Month) 27 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Frank Owen Willard.	FULL MAIDEN NAME	Mable Cowles
RESIDENCE	Kootenai. Idaho.	RESIDENCE	Kootenai Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	27. (Years)
BIRTHPLACE	Massachusetts	BIRTHPLACE	Michigan
OCCUPATION	Butcher	OCCUPATION	Housewife

Number of child of this mother, including present birth One. Number of children of this mother now living, including present birth One.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) 4:00, at A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. F. Page M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Sandpoint

Filed Dec 8 1915 M McKinnon

Registrar

Registrar

S-Y-CO. 36071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

7/22/41

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

413-119-009314

[redacted] 5m-9-8-15

PLACE OF BIRTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

No. 514 Second St.

Hospital City

Registration District No. 78 File No. 34755

Primary Registration District No. 2155 Registered No. 870

FULL NAME OF CHILD Myron Robert Dale

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Sept 19 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Al W. Dale	FULL MAIDEN NAME	Jessie A. Campbell
RESIDENCE	Sandpoint, Idaho	RESIDENCE	Sandpoint, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Maine, Minnesota	BIRTHPLACE	Constance, Ont. Canada
OCCUPATION	Drug Clerk	OCCUPATION	House-wife

Number of child of this mother, including present birth One

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive Two, at P. M. on the date above stated.

(Born alive or stillborn)

(Signature) O. F. Page M.D.

(Physician or midwife)

Address Sandpoint

Filed Dec 8 1915 M McKinnon

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

S-Y-CO. 38071

SEP 7 1973

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

345-223-009-445

PLACE OF BIRTH

County of Bonner

City of Hope

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 28 File No. 34756

Primary Registration District No. 2165 Registered No. 311

FULL NAME OF CHILD Mildred Lindsley

Sex of Child Female | Twin, Triplet or other? ..... and Number in order of birth ..... (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Oct. (Month) 28 (Day) 1915 (Year)

FATHER	MOTHER
FULL NAME Fenay Lindsley	FULL MAIDEN NAME Edna Mintz
RESIDENCE Rural	RESIDENCE Rural
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 27 (Years)	AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Nebraska	BIRTHPLACE Ohio
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5a M. on the date above stated.

(Signature) Permilla M. Swaim
Midwife
(Physician or midwife)

Address Hope - Ida

Filed Dec 8 1915

Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

S-Y-CO 38071

MAR 1 1 1966

OCT 3 0 1942

231.129.009-335

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

No ....., ... St.

Hospital .....

Registration District No 78 File No. 34757

Primary Registration District No. 2655 Registered No. 872

FULL NAME OF CHILD Harry Amasa Stamm

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of birth
M	1	5	Yes	Oct 29 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Edward A. Stamm	FULL MAIDEN NAME	Helen Clendenning
RESIDENCE	Sandpoint	RESIDENCE	Sdpt
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Kans.	BIRTHPLACE	Mont
OCCUPATION		OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 7.30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R L Jackson

(Physician or ~~Midwife~~)

Given names added from a supplemental report

....., 19.....

Address Sandpoint

Filed Dec 8 1915 M McKinnon

Registrar

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17826

JUL 19 1973

253.2041009.433

PLACE OF BIRTH

County of Bonner

City of Dover

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 78 File No. 34758

Primary Registration District No. 2155 Registered No. 873

FULL NAME OF CHILD Irene Jenettie Bechdadt

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female				yes	Nov 4 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Bechdadt	Lillie B McCoy
RESIDENCE	Dover	Dover
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	30	20
BIRTHPLACE	Ark	Iowa
OCCUPATION	Rancher	Home wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or stillborn) at 12 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M McKinnon

(Physician or midwife)

Address Sand Point Ida

Given names added from a supplemental report.

..... 19.....

Filed Dec 8 19 13 M McKinnon

..... Registrar

Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 1 0 1951

438-205-009-613

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

Registration District No. 78 File No. 34759

No. ____ St.

Primary Registration District No. 2185 Registered No. 874

Hospital ____

FULL NAME OF CHILD Jean Isodar McHugh

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Nov 3 1913

FATHER		MOTHER	
FULL NAME	Tom McHugh	FULL MAIDEN NAME	Kate Walch
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	49 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Ida	BIRTHPLACE	Ida
OCCUPATION	Plumber	OCCUPATION	Housewife

Number of child of this mother, including present birth 8

Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn) at 10 P M on the date above stated.

(Signature) M McKinnon

(Physician or midwife)

Address Sandpoint

Filed Dec 8 1913 M McKinnon
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

____
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 9 1966

454-205-009-378

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint — Registration District No. 78 — File No. 34760

No. ..... St. — Primary Registration District No. 2105 — Registered No. 8735

Hospital .....

FULL NAME OF CHILD Beatrice Alma Loretta Demers

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
f			yes	11-5-1914

FATHER		MOTHER	
FULL NAME	Ted Demers	FULL MAIDEN NAME	Margaret Taylor
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint
COLOR	W	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Wis.	BIRTHPLACE	Ontario
OCCUPATION	Laborer	OCCUPATION	Housework

Number of child of this mother, including present birth 1 — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10:50 M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. B. Farnum

(Physician or midwife)

Address Sandpoint

Given names added from a supplemental report.

..... 19.....

Filed Dec 8 19 15 M. McKinnon
Registrar

..... Registrar

6-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 29 1966

517-207-669-955

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Bonner

City of Sandpoint

No. ____ St.

AMENDED 3/13/46

CERTIFICATE OF BIRTH

Registration District No. 78 File No. 34761

Hospital ____ Primary Registration District No. 2153 Registered No. 876

FULL NAME OF CHILD Elma Lee Vagt
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes	Nov. 7, 1915

What bactericidal solution was used in eyes? ____

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

FATHER	MOTHER
FULL NAME: Wm. Vagt	FULL MAIDEN NAME: Hattie Reno
RESIDENCE: Sandpoint	RESIDENCE: Sandpoint
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 26 (Years)	AGE AT LAST BIRTHDAY: 24 (Years)
BIRTHPLACE: Texas	BIRTHPLACE: Iowa
OCCUPATION: Laborer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2:40 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. McKinnon

(Physician or midwife)

Address Sandpoint

Give names added from a supplemental report.

...., 192....

Registrar.

Filed 12/8/15 192 M. McKinnon

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 34761

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Elma Lee Vogt	Elma Lee Vagt

Subscribed and sworn to before me this 8 day of March, 19[illegible]

Notary Public, residing at Great Falls Mont

My commission expires Dec 10, 1938

(Seal)

Signed William Vagt
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

225 7th N.E. Gt Falls, Mont
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Montana } ss.
County of [illegible] }

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws,)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8 day of March, 19[illegible]

Notary Public, residing at Great Falls Mont

My commission expires Dec 2 1938

(Seal)

Signed Chas. Stefani
(Signature of Any Credible Person)

504½ Central Gt Falls Mont
(Street Address, City, State)

JAN 2 1955

366.108.209-613

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Careywood

Registration District No. 78

File No. 34762

No. ..... St.

Primary Registration District No. 2155

Registered No. 877

Hospital .....

FULL NAME OF CHILD Orrin Wallace Cowles

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	11 — 8 1915

FATHER		MOTHER	
FULL NAME	Earl F. Cowles	FULL MAIDEN NAME	Mary Wallace
RESIDENCE	Careywood Ida	RESIDENCE	Careywood Ida
COLOR	W	COLOR	
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Minn. (over)	BIRTHPLACE	Indiana ( )
OCCUPATION	Farmer	OCCUPATION	Hurk

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E B Patterson

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Sandpoint

Filed Dec 8 1915 M McKinnon

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Sunset. 61605 - 61606

cc 3/1=/4' MMT

313-200-409-236

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint Registration District No. 78 File No. 34763

No. ..... St.

Primary Registration District No. 2153 Registered No. 878

Hospital .....

FULL NAME OF CHILD Helen Cordath Callison

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			Yes	Nov 14 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	J H Callison	Grace Scott
RESIDENCE	Sandpoint	Sandpoint
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	36	25
BIRTHPLACE		Iowa
OCCUPATION	Teacher	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 8.45 A M
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M McKinnon
(Physician or midwife)

Address Sand Point

Given names added from a supplemental report.

..... 19.....

Filed Dec 8 1913 M McKinnon
Registrar

..... Registrar

S-Y CO. 24685

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 2 2 1976

268-212-009-866

PLACE OF BIRTH

Form V. S. No. 11-C-25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34764

County of Bonner

City of Sand Point

Registration District No. 78 File No.

No. St.

Primary Registration District No. 2125 Registered No. 878

Hospital

FULL NAME OF CHILD HELEN ANNIS BOYINGTON

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	Nov 12 1913

FATHER		MOTHER	
FULL NAME	Richard Boyington	FULL MAIDEN NAME	Bergetta Wick
RESIDENCE	Sand Point	RESIDENCE	Sand Point
COLOR	White	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Wis	COLOR	White
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	22
		BIRTHPLACE	Norway
		OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or ~~stillborn~~) at 11.45 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. McKinnon

(Physician or midwife)

Address Sand Point

Given names added from a supplemental report.

19

Registrar

Filed Dec 8 19 13 M. McKinnon

Registrar

S-Y CO. 24695

MARGIN PRESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 14 1943

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of MONTANA }
County of CASCADE } ss.

Certificate No. 34764

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Helen Annis Boyington (Name on Original Certificate) who was born (Was Born or Died) on Nov. 12, 1915 (Date of Event)
in Sand point, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Baptismal Certificate (Bible Record, Insurance Policy, Etc.) prepared on Jan. 2, 1916 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Helen Annis Boyington

Subscribed and sworn to before me this 10th day of June, 1943

R. M. Hardaway
Notary Public, residing at Great Falls Mont.
My commission expires May 26, 1945
(Seal)

Signed R. H. Boyington
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1218-7th Ave N. Great Falls Mont
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of MONTANA }
County of CASCADE } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th day of June, 1943

R. M. Hardaway
Notary Public, residing at Great Falls Mont.
My commission expires May 26, 1945
(Seal)

Signed X Mrs. D. C. Sanford
(Signature of Any Credible Person Other Than Previous Year)

218-7th St No-Gt Falls Mont.
(Street Address, City, State)

JUN
MAR 10 1958
JAN 1 7 1958

281-214-209-316

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34765

County of Bonner

City of Cocalalla

Registration District No. 78 File No.

No. St.

Primary Registration District No. 2155 Registered No. 880

Hospital

FULL NAME OF CHILD Annie Lenore Shaw

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	Nov 14 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Peter Shaw	Josephine Lawrence
RESIDENCE	Cocalalla	Cocolalla
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	36	34
BIRTHPLACE	Ill	Minn
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or stillborn) at 3.30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. Mc Kinnon

(Physician or midwife)

Address Sandpoint

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Dec 8 1915 M. Mc Kinnon

Registrar

S-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STA

CERTIFICATE OF BIR

PLACE OF BIRTH

JUL 12

OCT 6 1954

JUL 12 1962

499-117-009-499

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Bonner

City of Sachse

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34766

Registration District No. 78 File No. .....

Primary Registration District No. 2155 Registered No. 881

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Nov 17 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Albert Drier	FULL MAIDEN NAME	Daisy Patrick Drier
RESIDENCE	Sachse	RESIDENCE	Sachse
COLOR	N. AGE AT LAST BIRTHDAY 34 (Years)	COLOR	White AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE	Switzerland	BIRTHPLACE	Virginia
OCCUPATION	Blacksmith	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 11:30 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. N. Williams

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Sachse Idaho

Filed Dec 8 1915 M McKinnon
Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

443.126.009-215

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

Registration District No. 78 File No. 34767

No. ..... St.

Primary Registration District No. 2155 Registered No. 882

Hospital .....

FULL NAME OF CHILD Burton Leroy Dutro

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Nov 20 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wilson Leroy Dutro	FULL MAIDEN NAME	Susanna Bandy
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Neb	BIRTHPLACE	Mo
OCCUPATION	Printer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 8.25 a. M on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M McKinnon

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Sandpoint

Filed Dec 8 1915 M McKinnon
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

646224-009.345

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bonner

City of Dover

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 78 File No. 34768

Primary Registration District No. 2125 Registered No. 888

FULL NAME OF CHILD Thomas Eugene O'Donnell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male				yes	Nov 24 1913

FATHER		MOTHER	
FULL NAME	George O'Donnell	FULL MAIDEN NAME	Elizabeth Guerrier
RESIDENCE	Dover	RESIDENCE	Dover
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	49 (Years)	AGE AT LAST BIRTHDAY	43 (Years)
BIRTHPLACE	Michigan	BIRTHPLACE	Canada
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 14 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 11.40 AM on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M McKinnon

(Physician or midwife)

Address Sandpoint

Given names added from a supplemental report.

..... 19.....

Filed Dec 8 1913 M McKinnon

.....
Registrar

S-Y CO. 24655

Registrar

JAN 12 1942

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bonner }

Certificate No. 34768

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Thomas Eugene O'Donnell (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on 29 Nov. 1915 (DATE OF EVENT)
in Sandpoint Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Mothers statement (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on 5th January 1942 (GIVE DATE) are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed O'Donnell	Thomas Eugene O'Donnell

Subscribed and sworn to before me this 5th
day of January, 1942

Notary Public, residing at Sandpoint Ida

My commission expires 15 April 1945
(SEAL)

Signed Mary Elizabeth O'Donnell
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Route Two Sandpoint, Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bonner }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5th
day of January, 1942

Notary Public, residing at Sandpoint Idaho

My commission expires 15 April 1945
(SEAL)

Signed Pearl O'Donnell
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Sandpoint, Idaho
(STREET ADDRESS, CITY, STATE)

Sister of Thomas Eugene O'Donnell

Received for filing on JAN 12 1942 By
(REGISTRAR'S SIGNATURE)

FEB - 4 1942

954-021-041-318

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Teton

City of Driggs

No. _____ St.

Hospital _____

Registration District No. 77

File No. 34770

Primary Registration District No. 216

Registered No. _____

FULL NAME OF CHILD Lily Adelia Lempe

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Female	Single	1st	Yes	Oct 21 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Martin Lempe	FULL MAIDEN NAME	Lucia Cahner
RESIDENCE	Bates, Ida	RESIDENCE	Bates, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Switzerland
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 1st

Number of children of this mother now living, including present birth 1st

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 11:40 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas J Martin

Physician

(Physician or midwife)

Address Driggs

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed Oct 21-1915

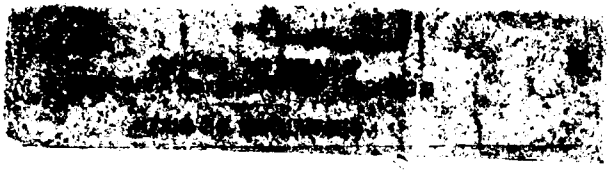
Registrar

S-Y CO. 24695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



Dupuf 1915 - 276479

497.119.041-755

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Teton

City of Driggs

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 77 File No. 34771

Primary Registration District No. 2176 Registered No. .....

FULL NAME OF CHILD Clifford Dixon (Dell)

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	[illegible]	7th	Yes	Oct 19 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Albert Edward Dixon	FULL MAIDEN NAME	Mary Jane Peel
RESIDENCE	Bates, Ida	RESIDENCE	Bates, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	48 (Years)	AGE AT LAST BIRTHDAY	43 (Years)
BIRTHPLACE	England	BIRTHPLACE	England
OCCUPATION	Mail Carrier	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was [illegible] at 4 1 o. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible] J Martin

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

..... Registrar

Address Driggs Ida

Filed Oct 30 1915 [illegible] Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

17

493.112.041.819

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34772

County of Teton

City of Cache

No. _____ St.

Hospital _____

Registration District No. 77 File No. _____

Primary Registration District No. 2176 Registered No. _____

FULL NAME OF CHILD Mickleson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Oct (Month) 12 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Theodore Mickleson	FULL MAIDEN NAME	Millie Harris
RESIDENCE	Cache	RESIDENCE	Cache
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Denmark	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 29 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ora D. Keith

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Driggs Ida

Filed Oct 13 1915 [signature] Registrar

_____ Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

285-206-041.315

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34773

County of Teton

City of Victor

No. ..... *St.*

Hospital .....

Registration District No. 77 **File No.** .....

Primary Registration District No. 2176 **Registered No.** .....

FULL NAME OF CHILD Edna Sheets

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	Single	6th	Yes	Oct. 6 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Milton L. Sheets	FULL MAIDEN NAME	Mattie Touks
RESIDENCE	Victor, Ida.	RESIDENCE	Victor, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah.
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6:15 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas J Martin

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Driggs Ida

Filed Oct. 15 1915 [signature] Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 15 1942

315-105-041-367

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Teton

City of Tetonia

No. _____ St.

Hospital _____

Registration District No. 77 File No. 34774

Primary Registration District No. 2176 Registered No. _____

FULL NAME OF CHILD Farmer

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Oct 5 1915

FATHER

FULL NAME: Thomas Farmer

RESIDENCE: Tetonia

COLOR: Negro

AGE AT LAST BIRTHDAY: 35 (Years)

BIRTHPLACE: Utah

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Mary Logroon

RESIDENCE: Tetonia

COLOR: Negro

AGE AT LAST BIRTHDAY: 24 (Years)

BIRTHPLACE: Idaho

OCCUPATION: Housewife

Number of child of this mother, including present birth: 3

Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 A. M. on the date above stated,

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ora D. Keith

Physician (Physician or midwife)

Address Driggs Ida

Given names added from a supplemental report.

_____ 19____

_____ Registrar

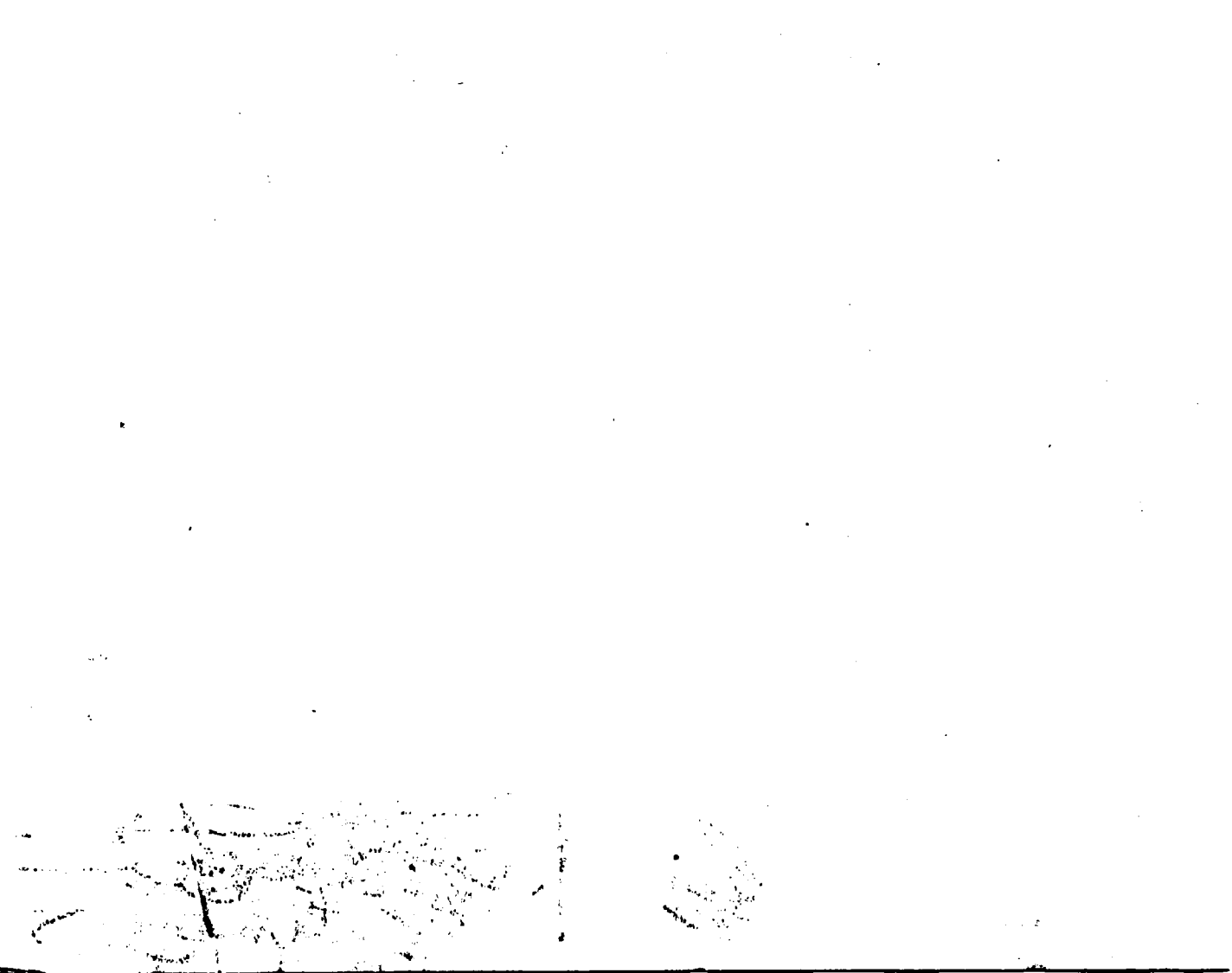
Filed Oct 16 19 15 _____ Registrar

S-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



293.12 h · 041543

PLACE OF BIRTH

County of Teton

City of Driggs

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 77 File No. 34775

Primary Registration District No. 2176 Registered No. .....

FULL NAME OF CHILD Max Lisle Kite

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	Single	6th	Yes	Sept 23 1915

FATHER

FULL NAME Franklin Gilbert Kite

RESIDENCE Driggs, Ida

COLOR White AGE AT LAST BIRTHDAY 33 (Years)

BIRTHPLACE Utah

OCCUPATION Mechanic

MOTHER

FULL MAIDEN NAME Mary Edlefsen

RESIDENCE Driggs Ida.

COLOR White AGE AT LAST BIRTHDAY 28. (Years)

BIRTHPLACE Idaho

OCCUPATION Housework

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1130 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Martin

Physician (Physician or Midwife)

Address Driggs Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Sept 30 19 .....

Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 1 7 1976

249-222-041-367

PLACE OF BIRTH

County of Teton

City of Driggs

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 77 File No. 34776

Primary Registration District No. 2176 Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	Single	1st	Yes	Sept. 22 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Albert Elwood Smith	FULL MAIDEN NAME	Marika Jeannette Cox
RESIDENCE	Driggs, Ida.	RESIDENCE	Driggs, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah.
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 10:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas J Martin, Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Driggs, Ida.

Filed Sept 30 19 [signature] Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

459-115-041-643

Form Y. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Teton

City of Driggs,

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 77 File No. 34777

Primary Registration District No. 2176 Registered No. .....

FULL NAME OF CHILD William Floyd Merrill

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	Single	1st.	Yes	Sept. 15 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	William Merrill	Mabel Trullinger
RESIDENCE	Clawson, Ida.	Clawson, Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	23	19
BIRTHPLACE	Utah.	Utah.
OCCUPATION	Farmer	House Work

Number of child of this mother, including present birth 1st. Number of children of this mother now living, including present birth 1st.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 5:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. J. Martin

Physician (Physician or midwife)

Address Driggs, Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Sept. 30 19 15 [illegible] Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

245-112-041-662

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34778

County of Teton

City of Victor

No. ..... St.

Hospital .....

Registration District No. 77 File No. .....

Primary Registration District No. 2176 Registered No. .....

FULL NAME OF CHILD Foster Golden Kunz

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
male	1	8	Yes	Sept 12 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Samuel Kunz	FULL MAIDEN NAME	Maud Foster
RESIDENCE	2 miles west Chapin Ida	RESIDENCE	✓
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Bear Lake Idaho	BIRTHPLACE	Camp Floyd Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R W Born MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed Sept 15 1915 [signature] Registrar

Registrar

S-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 34778

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Kunz (Male) (Name on Original Certificate) who was born (Was Born or Died) on Sept. 12, 195 (Date of Event)

in Teton Co, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Foster Golden Kunz
place of birth	omitted	Victor

Subscribed and sworn to before me this 31 day of March, 1977

Margaret Evans

Notary Public, residing at Rigby

My commission expires Life time

(Seal)

Signed Valerie A. Kunz

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

273 E Jackson Blvd. Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

.....

(Street Address, City, State)

FORM DH 60-155

3/31/77

Own son's birth certif onf ile in Idaho gives name as Samuel Kunz, III born in Blackfoot, Idaho. dateof birth as Sept 22, 1952. father's nameas Foster Golden Kunz born in Victor,Idaho. viewed by V. S.

MAR 3 1 1977

Union Plumbing card issued in 1968 gives name as Foster G. Kunz. No. 980112. Social Security No. 518-95-95901. viewed by V. S.

414-210-041-757

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Teton

City of

No. St.

Hospital

Registration District No. 77 File No. 34779

Primary Registration District No. 2176 Registered No.

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	/ (To be answered only in event of plural births)	3	Yes	Sept 10 1915

FATHER		MOTHER	
FULL NAME	J. C. Madsen	FULL MAIDEN NAME	Mabel Pearson
RESIDENCE	Driggs	RESIDENCE	Driggs
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	52	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Ringsted Denmark	BIRTHPLACE	Peoa Utah
OCCUPATION	Printer	OCCUPATION	Housewife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 4 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr W Born MD

(Physician or midwife)

Address

Given names added from a supplemental report.

19

Registrar

Filed Sept 15 1915

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

299-201-041- [redacted]

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Teton

City of Driggs R.D

No Idaho St.

Registration District No 77 File No. 34780

Primary Registration District No. 2176 Registered No.

Hospital

FULL NAME OF CHILD May Kirk

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
girl		yes	Sep (Month) 1 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Net Luane Kirk	FULL MAIDEN NAME	Lavra Jepsen
RESIDENCE	Driggs R. D.	RESIDENCE	Drigg R. D.
COLOR	White	COLOR	Wite
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Pleasant Grove	BIRTHPLACE	Pleasant Grove
OCCUPATION	Farmer	OCCUPATION	Hays Wife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Anne Larsen (Physician or Midwife)

Given names added from a supplemental report

..... 19.....

Address Driggs R.D. Box 95

Filed Sept 15 1916 [signature] Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

[redacted]

JAN 2 2 1971

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 34781
Local Reg. No.
Reg. Dist. No. 77

Amended 2/17/75

1. PLACE OF BIRTH
a. COUNTY: Teton
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Driggs (R.D. 1)
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho b. COUNTY: Teton
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Driggs (R.D. 1)
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print) a. (First): Clifford b. (Middle): LeRoy c. (Last): Spencer

4. SEX: Boy
5a. THIS BIRTH: SINGLE ___ TWIN ___ TRIPLET ___
5b. IF TWIN OR TRIPLET (This child born) 1st ___ 2nd ___ 3rd ___
6. DATE OF BIRTH (Month) (Day) (Year): Nov 28, 1915

FATHER OF CHILD

7. FULL NAME a. (First): Allen b. (Middle): LeRoy c. (Last): Spencer

8. AGE (At time of this birth): 32 YEARS
9. BIRTHPLACE (State or foreign country) (City or Town): Iowa
10. USUAL OCCUPATION: Farmer
11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME a. (First): Maude b. (Middle): c. (Last): Hill

13. AGE (At time of this birth): 28 YEARS
14. BIRTHPLACE (State or foreign country) (City or Town): Wellsville, Utah
15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living?
b. How many OTHER children were born alive but are now dead?
c. How many children were stillborn (born dead after 20 wks. pregnancy?)
16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Anne Larsen
19. ADDRESS: Driggs, R. D. 1 Bx 25
18. ATTENDANT AT BIRTH: M.D. ___ MIDWIFE ___ OTHER (Specify) ___
20. DATE SIGNED:
21. DATE REC'D BY LOCAL REG.: Nov. 30, 1915
22. REGISTRAR'S SIGNATURE: C. Cherrington
23. DATE ON WHICH GIVEN NAME ADDED BY Registrar:

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ___ NO ___ DATE ___

Was a standard serological test for syphilis performed? YES ___ NO ___ APPROXIMATE DATE ___

LENGTH OF PREGNANCY ___ WEEKS WEIGHT AT BIRTH ___ LBS. ___ OZS. TIME: 3 PM

RACE OR COLOR OF FATHER: White
RACE OR COLOR OF MOTHER: White
METHOD OF DELIVERY:

Was 1% Silver Nitrate Used to prevent blindness? YES ___ NO ___

BIRTH INJURY TO INFANT
___ YES IF YES, DESCRIBE
___ NO

CONGENITAL MALFORMATIONS OF INFANT
___ YES IF YES, DESCRIBE
___ NO

LOCAL REGISTRAR: In the district where the birth occurred within 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS FEB 11 8 05 AM '75

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 34781

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for ~~Lenny H.~~ Spenser Clifford LeRoy (Name on Original Certificate) who was born (Was Born or Died) on Nov. 28, 1915 (Date of Event)
in Driggs, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by His Mother (Bible Record, Insurance Policy, Etc.) prepared on Oct 5 74 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	~~Lenny H.~~ Spenser	Clifford L. Spencer
father's last name	Spenser	Spencer

Subscribed and sworn to before me this 5th day of October, 19 74

Clark D. Smith

Notary Public, residing at Drummond, Montana

My commission expires April 1, 1975

(Seal)

Signed Maude Hill Spencer
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this Oct 5-1974 day of ....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed Maude Hill Spencer
(Signature of Any Credible Person)

Spokane, Wash 13302 E. 1st
(Street Address, City, State)

Vancouver

FORM DH 60-155

CL 4/24/74

99216

Family Group record gives a father'sname as Allen LeRoy Spencer and the mother's name as Maude Hill. child's name given as Clifford LeRoy Spencer born Nov. 28, 1915 at Teton Co, Idaho. viewed by V. S.

Application for Bankers Life Ins. Co., Des Moines, IA. gives name as Clifford LeRoy Spencer. born Nov, 28, 1915 . dated June 12, 1945. viewed by V. S.

793-122-041-256

[redacted]

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
AU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Teton

City of Driggs

No. ..... St.

Hospital .....

Registration District No. 77 File No. 34782

Primary Registration District No. 2176 Registered No. .....

FULL NAME OF CHILD Walter Elwood Pilkington

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Male	Single	4	Yes	Nov 23 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	J. Edward Pilkington	FULL MAIDEN NAME	Rose A. Sevoms
RESIDENCE	Driggs Ida	RESIDENCE	Driggs Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Plasterer	OCCUPATION	Housework

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2 9 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas J Martin

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Driggs

Filed Nov 30 1915 C Cherrington
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

10-8-40
CL

213-128-041-235

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Teton

City of Felt

No. ..... St.

Hospital .....

Registration District No. 77 File No. 34783

Primary Registration District No. 2176 Registered No. .....

FULL NAME OF CHILD Gordon Bacon

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Boy			4	Yes	August 28 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Dudley Bacon	FULL MAIDEN NAME	Linda Stephens
RESIDENCE	Idaho	RESIDENCE	Idaho
COLOR	White	COLOR	
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Texas
OCCUPATION	farming	OCCUPATION	House work

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 4 P. M. on the date above stated. (Born alive [illegible])

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

Jno R Jones (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed Sept 10 1915 Chevrington Registrar

..... Registrar

S-Y CO. 24652

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

319 [redacted]

Form V. S. No. 11-G—10m-6-7-11

PLACE OF BIRTH

County of Teton

City of Driggs R.D 1

No ....., Idaho St.

Hospital .....

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Registration District No. 77 File No. 34784

Primary Registration District No. 2176 Registered No. .....

FULL NAME OF CHILD Legrand Larsen

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
boy		yes	Nov (Month) 2 (Day) 191.. (Year)

FATHER		MOTHER	
FULL NAME	Lars Peter Larsen	FULL MAIDEN NAME	Matilda Hill
RESIDENCE	Driggs R.D 1	RESIDENCE	Driggs R.D. 1
COLOR	White AGE AT LAST BIRTHDAY 45 (Years)	COLOR	White AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE	Danmark	BIRTHPLACE	Wellsville Utah
OCCUPATION	Farmer	OCCUPATION	Havs Wife

Number of child of this mother, including present birth 7 Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Anne Larsen (Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Driggs R.D. 1 BX 25

Filed Nov 10 1915 C Cherrington Registrar

..... Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

K

[redacted]

STATE OF IDAHO

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Teton

City of Driggs

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 77 File No. 34785

Primary Registration District No. 2176 Registered No. .....

FULL NAME OF CHILD Jessie Valerie Adamson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth
Female	Single	2nd	Yes	Nov 5 (Month) (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	C. M. Adamson	FULL MAIDEN NAME	Louise Pennington
RESIDENCE	Pratt Ward	RESIDENCE	Pratt Ward
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	W. Virginia
OCCUPATION	Farming	OCCUPATION	Housework

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas J Martin

Physician

(Physician or midwife)

Address Driggs Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Nov 10 19 15 C. C. Cherrington Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

RECEIVED
NOV 19 1965
Bureau of Vital Statistics

State of Utah } ss.
County of Salt Lake }

Certificate No. 34785

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Adamson (female child) (Name on Original Certificate) who was born (Was Born or Died) on Nov. 5, 1915 (Date of Event)
in Driggs, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Church Birth Certificate (Bible Record, Insurance Policy, Etc.) prepared on 2 June 1965 (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Jessie Valerie Adamson

Subscribed and sworn to before me this 15th day of November, 19 65.
John F. Sadowski
Notary Public, residing at Salt Lake City, Utah
My commission expires 23 May 1967
(Seal)

Signed Louise P. Adamson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
88 W 6025 So. Murray, Utah
(Street Address, City, State)

#84107

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Salt Lake }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15th day of November, 1965
John F. Sadowski
Notary Public, residing at Salt Lake City, Utah
My commission expires 23 May 1967
(Seal)

Signed Delbert D. Adamson
(Signature of Any Credible Person)
150 West 6100 So. Murray Utah.
(Street Address, City, State) 84107

FORM DH 60-155

CL 10-29-65. one copy pd. rec. #00319.

L.D.S. Church Cert. of Birth, entered on record June 2, 1916 gives full name as Jessie Valerie Adamson, born Nov. 5, 1915 at Driggs, Idaho to Alexander Adamson and Delzena Louise Pennington - viewed by V.S.

JAN 26 1966

Granite District Public Schools, ~~Junior~~ Junior High School Diploma, dated May 21, 1930 gives full name as Jessie Valerie Adamson - viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

193.107.041-814

PLACE OF BIRTH

County of Teton

City of Driggs

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 77 File No. 34786

Primary Registration District No. 2176 Registered No. .....

FULL NAME OF CHILD Adrain Marridanth Milligan

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	Single (To be answered only in event of plural births)	8	Yes	Nov 7 1913

FATHER		MOTHER	
FULL NAME	John Milligan	FULL MAIDEN NAME	Hannah Hamilton
RESIDENCE	Darby,	RESIDENCE	State Darby
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Scotland	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housework

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 5-15-9, M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Thos F Martin

Physician

(Physician or midwife)

Address Driggs Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Nov 10 1913 C Cherrington Registrar

8-Y CO. 24655

FEB 3 1942

381-110-041-168

PLACE OF BIRTH

County of Teton

City of Driggs

No. _____ St.

Hospital _____

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34787

Registration District No. 77 File No. _____

Primary Registration District No. 2176 Registered No. _____

FULL NAME OF CHILD George Calvin Charlton

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	Single	3rd	Yes	Nov 10 1915

FATHER		MOTHER	
FULL NAME	George Charlton	FULL MAIDEN NAME	Alma Johnson
RESIDENCE	Cache, Ida	RESIDENCE	Cache, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housework

Number of child of this mother, including present birth 3rd

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 2:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas J Martin

Physician (Physician or midwife)

Address Driggs

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Nov 15 19 15 C Cherrington Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS MAR 17 2 35 PM '77

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Oregon
County of Morrow } ss.

Certificate No. 34787

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Charlton (Name on Original Certificate) who was born (Was Born or Died) on Nov. 10, 1915 (Date of Event) in Driggs (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
childs name	omitted	George Calvin Charlton

Subscribed and sworn to before me this 9th day of March 1977

Mary E. Gilman

Notary Public, residing at Heppner

My commission expires My Commission Expires June 22, 1980

(Seal)

Signed Thelma Charlton Leveren

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Box 206 Ukiah, Oregon

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon
County of Umatilla } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th day of March 1977

Shirley J. McPherson

Notary Public, residing at Pendleton

My commission expires

(Seal) My Commission Expires May 19, 1977

Signed Russ Stiles

(Signature of Any Credible Person)

4916 N. W. B. ave

(Street Address, City, State)

Pendleton ore

FORM DH 60-155 Correction corresp. 2-23-77 1 copy pd Rec. # 11851 (C) fc

APR 23 1977

Divorce-Decree from Oxxhx Oregon gives names as George C. Charlton and Bobbie Xxxx Frances Charlton. Decree # 7218. dated Oct 5, 1943. viewed by VS

Disability paper gives name as Gxxxg George C. Charlton. dated 7-2-63. from the Veterans Administration. signed by E. A. Maher. Adjucation Officer. viewed by VS

389-111-041-863

PLACE OF BIRTH

County of Teton

City of Driggs

No. _____ St.

Hospital _____

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 77 File No. 34788

Primary Registration District No. 2176 Registered No. _____

FULL NAME OF CHILD Floyd Leon Christenson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	Single	5th	Yes	Nov. 11 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	O. W. Christianson	Alice Hochstrasser
RESIDENCE	Driggs	Driggs
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	33	27
BIRTHPLACE	Utah	Utah
OCCUPATION	Blacksmith	Housework

Number of child of this mother, including present birth 5th

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 8:40 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Chas. J. Martin

Physician (Physician or midwife)

Address Driggs

Filed Nov. 15 19 15 C. Cherrington Registrar

8-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 19 1941

243-113-841-867

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Teton

City of Driggs

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34789

Registration District No. 77 File No. .....

Primary Registration District No. 2176 Registered No. .....

FULL NAME OF CHILD Vincent Regnior Butler

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Male	Single	1st	Yes	Nov. 13 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Ariel Vincent Butler	FULL MAIDEN NAME	Elmira Hopkins
RESIDENCE	Driggs, Ida	RESIDENCE	Driggs Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Utah,	BIRTHPLACE	Utah
OCCUPATION	Farming.	OCCUPATION	Housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 11.25 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas J Martin
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Driggs Ida

Filed Nov 15 1915 C Cherrington
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 15 1948

815-114-041-145

Child's name added 4-2-91 MCM

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Teton

City of Driggs

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 77 File No. 34790

Primary Registration District No. 2176 Registered No. .....

FULL NAME OF CHILD **EASTEN TURNER HANSEN**

Sex of Child	Twin, Triplet or other (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	Single	4	Yes	Nov 14 1915

FATHER	MOTHER
FULL NAME: William Hansen	FULL MAIDEN NAME: Maggie Ames
RESIDENCE: Clawson	RESIDENCE: Clawson
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 29 (Years)	AGE AT LAST BIRTHDAY: 29 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Utah
OCCUPATION: Farming	OCCUPATION: Housework

Number of child of this mother, including present birth: 4

Number of children of this mother now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9:50 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas J Martin

Physician (Physician or midwife)

Address Driggs Ida

Given names added from a supplemental report.

..... 19....

..... Registrar

Filed Nov 15 1915 A Cherrington Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

3-13-91

IDAHO DEPARTMENT OF HEALTH AND WELFARE

Vital Statistics Unit

RECEIVED

MAR 19 1991

VITAL STATISTICS UNIT

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____
County of _____ } ss.

Certificate No. 34790
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth for Baby Boy Hansen (Name on Original Certificate) who was born (Was Born, Died, etc.) on Nov 14, 1915 (Date of Event) in Driggs (Teton) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Child's name	Baby Boy Hansen	Easten Turner Hansen

Subscribed and sworn to before me this 18 day of Mar., 1991

Notary Public, Quinna Marshall

Residing at _____

My commission expires JENNIS NO RESIDING MY COMMISSION

(Seal)

Easten Turner Hansen
Signature of Applicant

64287 N 35 E Idaho Falls, Idaho 83401
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed ___)
(Is not necessary ✓)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

UT marriage certificate shows Easten Turner Hansen and Elda Berniece Burnside were married June 18, 1941 in Salt Lake City, UT by Mark Austin. Viewed by VS.

APR 2 1991

Social Security Act Health Insurance shows Easten Hansen was insured Nov 1, 1980. Viewed by VS.

Old looking social security card shows Easten Turner Hansen #519-38-6236. Viewed by VS.

693.108.234-853

PLACE OF BIRTH

County of Minidoka

City of Rupert

No. _____ St.

Hospital _____

STATE [redacted] BUREAU OF [redacted]STICS

Form V. S. No. 11-C—25m-1-1-18

CERTIFICATE OF BIRTH

Registration District No. 19 File No. 34791

Primary Registration District No. 2015 Registered No. 100

FULL NAME OF CHILD Louis Edward Wilkening

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	11 — 8 — 1915

FATHER		MOTHER	
FULL NAME	Frederick Henry Wilkening	FULL MAIDEN NAME	Sophia Mary Hebnke
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Mebr.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born Alive (Born alive or stillborn) at 7.55 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. H. Elmore

Phys. (Physician or midwife)

Address Rupert

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 11—12—1915 E. H. Elmore Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

4/19.41 Z.J.

667-111-034-613

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

34792

County of Minidoka

City of Minidoka

Registration District No. 19 File No.

No. St.

Primary Registration District No. 2201 Registered No. 101

Hospital

FULL NAME OF CHILD Herman Rex Foxley

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		Yes	11 (Month) 11 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Henry Foxley	FULL MAIDEN NAME	Sadie Walker
RESIDENCE	Minidoka	RESIDENCE	Minidoka
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	50 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Nevada	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 39 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Kenagy
Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Address Rupert

Filed 11-12 1915 E H Elmore
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 1 1 1941

565-22-1034-312

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34793

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

Registration District No. 19 File No. .....

Primary Registration District No. 2015 Registered No. 102

FULL NAME OF CHILD Mary Houdo

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F				yes	11 - 24 - 1915

FATHER		MOTHER	
FULL NAME	Tokuichi Houdo	FULL MAIDEN NAME	Umeyo Takiuchi
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	Japanese	COLOR	Japanese
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. H. Elmore
Physician
(Physician or midwife)

Address Rupert Ida

Given names added from a supplemental report.

..... 19....

..... Registrar

Filed 12 - 1 1915

E. H. Elmore
Registrar

S-Y CO. 84655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1st certified copy issued June 16, 1934

AUG 29 1961

11/22/40 L.B.

369-126 034-268

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34794

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

Registration District No. 19

File No. .....

Primary Registration District No. 2015

Registered No. 103

FULL NAME OF CHILD Chester William Boyer Cornwall

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male			I	yes	Nov 26 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Chester O. Cornwall	FULL MAIDEN NAME	Grace Boyer
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Nebr	BIRTHPLACE	Mich
OCCUPATION	County assessor	OCCUPATION	Housewife

Number of child of this mother, including present birth I

Number of children of this mother now living, including present birth I

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 12 30 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Groom

Physician

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Rupert

Filed 12 — 1 1915 E. H. Elmore

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 21 1969

853 211-016-281

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 19 File No. 34795

Primary Registration District No. 2015 Registered No. 104

FULL NAME OF CHILD Grace Margaret Helm

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female	III	Yes	Nov (Month) 11 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Wm E Helm	FULL MAIDEN NAME	Audie L Shafer
RESIDENCE	Burley	RESIDENCE	Burley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Ranson	BIRTHPLACE	Mo
OCCUPATION	Telephone Linework	OCCUPATION	Housewife

Number of child of this mother, including present birth III

Number of children of this mother now living, including present birth III

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C P Loomis

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Rupert

Filed 12-1 1915 E H Elmore Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

JUN 22 -19..

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of CALIFORNIA } ss.
County of LOS ANGELES }

Certificate No. 34795
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Grace Margaret Helm (Name on original certificate) who WAS BORN (Was born ~~or died~~) on Nov. 11, 1915 (Date of event)
in Declo. Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true
facts as shown by IDAHO RECORDS (Bible record, insurance policy, etc.) prepared on ..... (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.	FROM (As on original)	TO (The correct facts)
Grace Margaret was name given Dr. to put on birth certificate 9th	Romona Helm	Grace Margaret Helm
	Audie Shafer	

Subscribed and sworn to before me this 9th
day of June, 1941
Robert Metrick
Notary Public, residing at 2040 Lineburn
My commission expires My Commission Expires April 29, 1944.
[SEAL]

Signed Audie L. Helm
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)
1946 N. Towan Ave.
(Street Address, City, State)
Los Angeles, Calif.

Supporting Affidavit of a Second Person

State of ..... } ss.
County of ..... }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
[SEAL]

Signed .....
(Signature of any credible person other than the previous affiant)

.....
(Street Address, City, State)

Received for filing on ..... by .....
(Registrar's signature)

P.C. 4-4141

FEB 5 1976

355-1131034-384

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL-STATISTICS

Amended 7/29/77

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

Registration District No. 19 File No. 34796

Primary Registration District No. 2015 Registered No. 105

FULL NAME OF CHILD ISAAC William Lee

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	III	Yes	Nov 13 1915

FATHER		MOTHER	
FULL NAME	Isaac Lee	FULL MAIDEN NAME	Rose Clendaga
RESIDENCE	Salt Lake	RESIDENCE	Salt Lake
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Auto Dealer	OCCUPATION	Housewife

Number of child of this mother, including present birth III

Number of children of this mother now living, including present birth III

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 29 a. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C P Lewis

physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Rupert

Filed 12-1 1915 E H Elmore

Registrar

Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
JUL 12 3 23 PM '77

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss
County of ..... }

Certificate No. 34796

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Issac Lee (Name on Original Certificate) who was born (Was Born or Died) on Nov 13, 1915 (Date of Event)
in Rupert, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Issac Lee	Isaac William Lee
father's name	Issac Lee	Isaac Lee

Subscribed and sworn to before me this ..... day of
....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Cassia }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12th day of
January, 1978

Mary Ann Lee
Notary Public, residing at Burley
My commission expires Oct 1978
(Seal)

Signed Rita M. Jackson
(Signature of Any Credible Person)

16 W 3rd Burley Burley Idaho
(Street Address, City, State)

FORM DH 60-155

CL 11/15 76 nm

Certif of Birth from the LDS Church gives name as Isaac William Lee Jr. born Nov 13 1915 at Rupert Idaho. father's name as Isaac William Lee Sr. mother's nameas Rose Olenslager. entered on record July 5 1924. viewed by V. S.

JUL 29 1977

Beneficial Life Ins Co. gives name s Isaac William Lee born Nov 13 1915 . dated Aug 13 1940. viwed by V. S. S

863.115.016-259

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration [illegible] 170

Primary Re[illegible] No. 7199

File No. IV 34797

Registered No. 99

FULL NAME OF CHILD George Carl Holt

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M.		Yes	Oct. 15th 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	J. R. Holt	FULL MAIDEN NAME	Mary Knobb
RESIDENCE	Marion, Ida.	RESIDENCE	Marion, Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 6.20 a. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson
M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Burley, Ida.

Filed 11-24 1915

E. P. Oldham
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 30 1944

419-120-016-696

Form V. S. No. 21-C—[illegible]

PLACE OF BIRTH

County of Cassia

City of Oakley

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34798

Registration District No. 100 File No. 111

Primary Registration District No. 3199 Registered No. 100

FULL NAME OF CHILD IRA ELIAS W. Martindale

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	X		X	yes	11 (Month) 20 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Stanley Martindale	FULL MAIDEN NAME	Nettie Frost
RESIDENCE	Oakley	RESIDENCE	
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 12 to 9 M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E P Oldham

Md

(Physician or midwife)

Given names added from a supplemental report.

Address Oakley

..... 19.....

Filed 12/5 1915 E P Oldham

Registrar Registrar

S-Y CO. 24685

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 4 - 1959

239-122-016-862

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34799

County of Cassia

City of Oakley

No. ..... St.

Hospital

Registration District No. 140 File No. 111

Primary Registration District No. 944 Registered No. 101

FULL NAME OF CHILD Arthur Hobson Strong

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	X		X	Yes	11 (Month) 22 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Wallace Strong	FULL MAIDEN NAME	Savalla Hobson
RESIDENCE	Oakley	RESIDENCE	
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 8

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5-45 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E Pol Johnson MD

(Physician or midwife)

Address Oakley

Filed 12/5 1915

E Pol Johnson
Registrar

Given names added from a supplemental report.

..... 19....

Registrar

5-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

231-124-016-299

Form V.S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34800

County of Cassia Amended 6/13/77

City of Marion

Registration District No. 120 File No. ~~111~~

No. St.

Primary Registration District No. 2199 Registered No. 102

Hospital

FULL NAME OF CHILD Ronald Ezekiel Blake

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	X		X	Yes	11 (Month) 24 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Fred C. Blake	FULL MAIDEN NAME	Laura E Briggs
RESIDENCE	Marion	RESIDENCE	
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10 05 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E P Olohane

MD
(Physician or midwife)

Given names added from a supplemental report.

Address Oakley

19

Filed 12/5 1915 E P Olohane
Registrar

Registrar

S-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

APR 5 1967

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
MAY 19 9 18 AM '77

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of .....

Certificate No. 34800

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Rollend Ezekiel Blake (Name on Original Certificate) who was born (Was Born or Died) on Nov. 24, 1915 (Date of Event)

in Marion (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	Rolland	Ronald

Subscribed and sworn to before me this 16 day of May, 1977

Hal E. Jolley

Notary Public, residing at Burley, Id.

My commission expires 5-1-79

(Seal)

Signed [signature]

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1835 Burton Burley Idaho

(Street Address, City, State)

678-2042

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ~~[illegible]~~ Id. } ss.
County of Cassia

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16 day of May, 1977

Hal E. Jolley

Notary Public, residing at Burley

My commission expires 5-1-79

(Seal)

Signed Lamar Craner

(Signature of Any Credible Person)

562 Birch - Burley Idaho

(Street Address, City, State)

678-2307

FORM DH 60-155

correction corresp 2-25-77 (B) fc

JUN 14 1977

Certif of Baptism and Confirmation from the LDS Church gives name as Ronald Ezekial Blake son of Frederick Charles Blake and Laura Briggs. Born Nov. 24, 1915 in Maro Marion, Idaho. Baptized April 6, 1924. viewed by V. S.

Odination certificate dated May 21, ~~192~~ 1928 gives name as Ronald Ezekiel Blake born Nov 24,1915 in Marion, Idaho. father's name as Fredrick C. Blake and Laura Briggs, viewd by V. S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

473-126-06 4 19

PLACE OF BIRTH

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V.S. No. [illegible]

Registration District No. 170 File No. ~~III~~ 34801

Primary Registration District No. 2194 Registered No. 103

FULL NAME OF CHILD Wayne Ellis Mackey

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	X		X	Yes	11-26 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John Mackey	FULL MAIDEN NAME	Mary E. Marker
RESIDENCE	Oakley	RESIDENCE	
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	41 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 3 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. P. Oldham

MD
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Oakley

Filed 12/5 1915 E. P. Oldham
Registrar

8-Y CO. 24658

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss. Certificate No. 34801
County of Cassia } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Wayne Ellis Mackey (Name on Original Certificate) who born (Was Born or Died) on 11-26-1915 (Date of Event)
in Oakley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Child's birth certificate (Bible Record, Insurance Policy, Etc.) prepared on #292802 and 242258 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	unnamed	Wayne Ellis Mackey

Subscribed and sworn to before me this 28 day of June, 1965
J. Earl Whiteley
Notary Public, residing at Oakley, Ida
My commission expires 1/28, 1969
(Seal)

Signed Mrs Myrtle Miller
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Oakley Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Cassia }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28 day of June, 1965
J. Earl Whiteley
Notary Public, residing at Oakley, Ida
My commission expires 1/28, 1969
(Seal)

Signed Don Miller
(Signature of Any Credible Person)
Oakley Idaho
(Street Address, City, State)

DPH 52-155

Social Security Card gives name as Wayne Ellis Mackey # 518-18-6776 JUN 30 1965
Issued Dec. 21, 1938
Viewed by V. S.

Child's birht certificate gives name as Wayne Ellis Mackey as father.
Certificate on file # 292802
Viewed by V. S.

397.213.046-689

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 170 File No. 34803

Primary Registration District No. 2144 Registered No. 105

FULL NAME OF CHILD Mildred Upton

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	X	1	Yes	Jan. 10 1915

FATHER	MOTHER
FULL NAME E. Upton	FULL MAIDEN NAME Nettie Whitaker
RESIDENCE Oakley	RESIDENCE
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 41 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Tennessee	BIRTHPLACE Colorado
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE[1]

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9:15 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. P. Oldham

Registrar

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed 1/15 1915 E. P. Oldham Registrar

S-Y CO. 24699

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 21 1956

593-201-016-818

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 170 File No. ~~114~~ 34804

Primary Registration District No. 2144 Registered No. 106

FULL NAME OF CHILD Michaws

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	X		X	Yes	12 (Month) 1 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Melvin Michaws	FULL MAIDEN NAME	Sarah Haynes
RESIDENCE	Oakley	RESIDENCE	
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 7:30 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E Oldham

MD
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Oakley Ida

Filed Dec 1915

..... Registrar

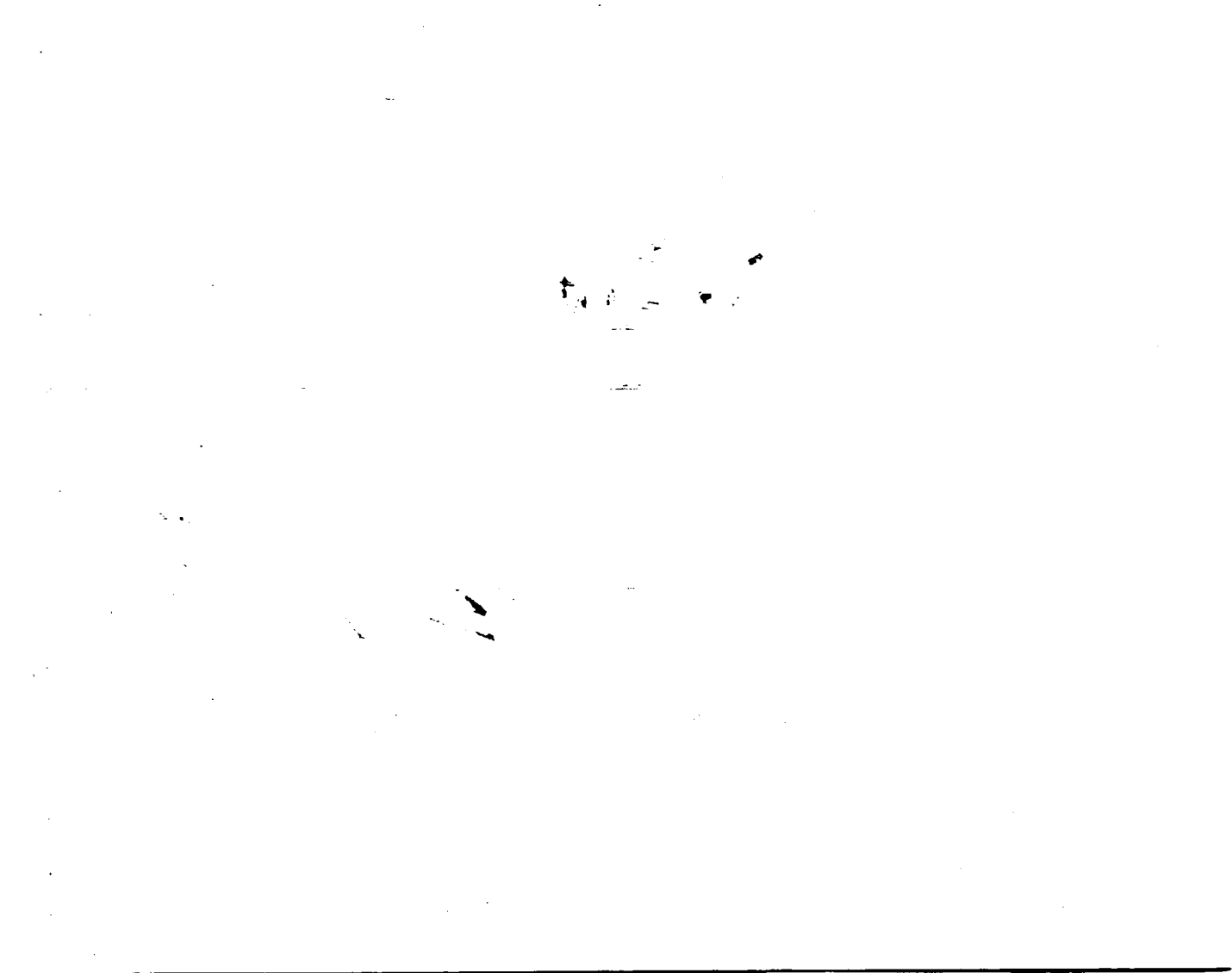
O P Oldham
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



966-106-016-235

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34805

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

Registration District No. 190 File No. 111

Primary Registration District No. 219a Registered No. 107

FULL NAME OF CHILD Leo Grant Rowley

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	X		X	Yes	12 (Month) 6 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	David Rowley	FULL MAIDEN NAME	Clara Steiner
RESIDENCE	Oakley	RESIDENCE	
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Chihuahua Mexico
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 1:30 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E P Oldham

(Physician or midwife) M D

Given names added from a supplemental report.

..... 19....

Address Oakley

Filed 12/6 1915 E P Oldham

Registrar Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

213-124-016-318

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Cassia

City of Oakley

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 170 File No. ~~111~~ 34806

Primary Registration District No. 744 Registered No. 108

FULL NAME OF CHILD Rossie Herald Bates

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	Single	First	Yes	Nov 24 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Laron Bates	FULL MAIDEN NAME	Pearl Taylor
RESIDENCE	Oakley Idaho	RESIDENCE	Oakley Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Toole Utah	BIRTHPLACE	Eureka Utah
OCCUPATION	Hackman	OCCUPATION	Housewife

Number of child of this mother, including present birth First

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 3-30 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. E. Craig

Physician
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Burley Idaho

Filed 12/8 1915 E. P. Oldham
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 24 1959

318-122-016-296

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Cassia

City of Oakley

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34807

Registration District No. 120 File No. III

Primary Registration District No. 2199 Registered No. 109

FULL NAME OF CHILD Gomez Bronson Cahoon

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	Single	First	Yes	Nov 22 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Joseph L Cahoon	FULL MAIDEN NAME	Delphia Bronson
RESIDENCE	Almo Idaho	RESIDENCE	Almo Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Almo Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth First

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 5:30 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. L. Cramer

Physician
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Burley Idaho

Filed 12/8 1915 [illegible]
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 12 1943

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Ada } ss.

Certificate No. 34807

Date Filed Dec. 8, 1915

The undersigned does solemnly swear that certain facts on the certificate of Gomez Bronson Cahoon (Birth or Death)

for ____ (Name on Original Certificate) who ____ (Was Born or Died) on ____ (Date of Event)

in ____ (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ____ (Bible Record, Insurance Policy, Etc.) prepared on ____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed Cahoon	Gomez Bronson Cahoon

Subscribed and sworn to before me this 12th day of January, 1943

Notary Public, residing at Boise, Idaho

My commission expires 12/29/47

(Seal)

Signed Mrs. Delphia Cahoon Jones

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ____ }
County of ____ } ss.

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ____ day of ____, 19____

Notary Public, residing at ____

My commission expires ____

(Seal)

Signed ____ (Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

JUL 26 1945

JAN 12 1943
JAN 21 1943

853.109.016-796

PLACE OF BIRTH

(Name added 4-8-80

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34808

Registration District No. 120 File No. 44

Primary Registration District No. 799 Registered No. 110

FULL NAME OF CHILD Thomas Fredrick Helms

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate	Date of Birth (Month) (Day) (Year)
Male	X	X	yes	12 9 1915

FATHER		MOTHER	
FULL NAME	Theodore J Helms	FULL MAIDEN NAME	Alice May Green
RESIDENCE	Cottonwood near Oakley	RESIDENCE	
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Oklahoma
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7:55 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E M Coleman MD
(Physician or midwife)

Address Oakley

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 12/10 19 15 E M Coleman Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
APR 8 1 24 PM '80

State of Idaho
County of Cassia } ss.

Certificate No. 34808
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of ~~birth~~

for male Helms (Name on Original Certificate) who was born (Was Born, Died, etc.) on Dec. 9, 1915 (Date of Event)

in Oakley, ID (Cassia) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	omitted	Thomas Fredrick Helms

Subscribed and sworn to before me this 27th day of February, 1980.
Notary Public, Carol K. Jackson
Residing at Heyburn Idaho
My commission expires Life
(Seal)

Thomas F Helms
Signature of Applicant
Oakley Idaho
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Cassia } ss.

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th day of February, 1980.
Notary Public, Carol K. Jackson
Residing at Heyburn Idaho
My commission expires Life
(Seal)

Supporting Signature
Rt 1 Box 107 Burley, Idaho 83318
Street Address, City, State

2/22/80

Honorable Discharge issued November 7, 1947 by the United States Navy. This record gives name as Thomas Fredrick Helms, born December 9, 1915. Oakley, Idaho Date of Entry January 3, 1942
Viewed by V.S.

Social Securtiy Card issued by the Social Security Administration according to the Social Security Act gives name as Thomas Fredrick Helms. Card issued December 8, 1936, # 519 07 8031.
Viewed by V.S.

399-101-016-366

PLACE OF BIRTH

STATE OF IDAH[redacted]
BUREAU OF VITAL STA[redacted]

CERTIFICATE OF BIRTH

County of Cassia

City of Oakley

No. ..... St.

Hospital

Registration District No. 170 File No. III 34809

Primary Registration District No. 7194 Registered No. 88

FULL NAME OF CHILD Golden Nile Critchfield

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Sept. 1 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Arthur Critchfield	FULL MAIDEN NAME	Clara L Cook
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 10:30 A.M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. G. Nielson (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Oakley Idaho

Filed 11-17 1915 E. P. Oloham Registrar

Registrar

S-Y CO. 24652

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

813-271-016-753

[illegible]/30/70

Form V. S. No. 11-C—25m-1-1-13

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Cassia

City of Island

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34810

Registration District No. 170 File No. IV

Primary Registration District No. 79a Registered No. 89

FULL NAME OF CHILD Gwen Hale

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	Sept 11 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Albert Hale	FULL MAIDEN NAME	Lucille Pettigrew
RESIDENCE	Island	RESIDENCE	Island
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

Oakley Idaho (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed 11-17 1915 [illegible] Registrar

S-Y CO. 24655

[redacted]

JUN 3 0 1970

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

RECEIVED
JUN 29 1970
Bureau of Vital Statistics

Certificate No. 34810

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Hale (Female) (Name on Original Certificate) who was born (Was Born or Died) on Sept. 11, 1913 (Date of Event)

in Island, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Church record Insurance policy (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed Hale	/ Gwen Hale

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

PARENTS DECEASED

Signed .....

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO } ss.
County of MINIDOKA }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25TH day of June, 1970

Leo H. Merrill

Notary Public, residing at Paul, Idaho

My commission expires March 26, 1973

(Seal)

Signed Matilda Sanford

(Signature of Any Credible Person)

Paul, Idaho

(Street Address, City, State)

FORM DH 60-155 CL 6/22/70 1 cc pd.rec # 37115

Certificate of Membership in LDS Church-gives name as Gwen Hale Mellor. Father's name as Albert H. Hale, Jr. and mother's name as Lucille Pettigrus. Date of birth Spet. 11, 1915. Prepared from old Ward record in 1941. Viewed by V. S.

United Benefit Life Insurance Company policy gives name as Gwen Mellor. date of birth Sept. 11,1915. place of birth Oakley, Idaho. Dtea Sept. 15, 1957. Viewed by V. S.

962-2241016-212

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Oakley

No. _____ St.

Hospital _____

Registration District No. 170 File No. III 34811

Primary Registration District No. 2199 Registered No. 90

FULL NAME OF CHILD Arva Robinson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	Sept 24 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Loren J. Robinson Jr	FULL MAIDEN NAME	Rosinetha Baker
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Kansas
OCCUPATION	Teacher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 9.30 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. G. O. Nelson
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Oakley Idaho

Filed 11-19 1915 [signature]
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 1 1967

JAN 13 1943

799.107.016.331

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34812

County of Cassia

City of Oakley

Registration District No. 170 File No. III

No. St.

Primary Registration District No. 2190 Registered No. 91

Hospital

FULL NAME OF CHILD Rex Thomas Price

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Oct. 7 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Howard Price	FULL MAIDEN NAME	Gladys Clark
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 5 a. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N. D. Jackson

Oakley Idaho
(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed 11-14 1915 E. P. Oldham
Registrar

Registrar

S-Y CO. 24955

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

X

SEP 17 1964

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and this number of each, in order of birth stated.

V64-108' 016-619

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Basin

No. ..... St.

Hospital

Registration District No. 120 File No. 34813

Primary Registration District No. 2199 Registered No. 92

FULL NAME OF CHILD Parley T. Moultrie

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Oct 8 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Fred Moultrie	FULL MAIDEN NAME	Florence Fairchilds
RESIDENCE	Basin	RESIDENCE	Basin
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Stairwife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (9.30) a.m. at 9.30 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. G. O. Sheldon
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Oakley, Idaho

Filed 11-12 1915 E. P. Olohaus
Registrar

Registrar

S-Y CO. 24655

363.127.016.363

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34814

County of Cassia

City of Boulder

No. ..... St.

Hospital .....

Registration District No. 120 File No. III

Primary Registration District No. 119 Registered No. 92

FULL NAME OF CHILD Glen Parley Tolman

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Oct. 27 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Parley Tolman	FULL MAIDEN NAME	Lydia Tolman
RESIDENCE	(Boulder) Boulder	RESIDENCE	(Boulder) Boulder
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4.40 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

..... Registrar

(Signature) N. O. Nielson
(Physician or midwife)

Address Oakley Id.

Filed 11-12 1915 E. P. Coleman
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

6-11-41 G. J.

344.105.016-735

Form V. S. No. 11-C—25m-1-1-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 34815

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

Registration District No. 170 File No. IV

Primary Registration District No. 2199 Registered No. 44

FULL NAME OF CHILD Glenn Cummins

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Nov. 5 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Daniel Cummins	FULL MAIDEN NAME	Pearl Glenn
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	14 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4.9 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N. O. Nielson

(Physician or midwife) Oakley Idaho

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 11-17 1915 E. P. Olsham

Registrar

Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 30 1942

JAN 20 1954

483-208-016-482

Form V. S. No. 11-C—25m-1-1-16

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34816

County of Cassia

City of Churchill

No. ..... St.

Hospital .....

Registration District No. 170 File No. III

Primary Registration District No. 79a Registered No. 95

FULL NAME OF CHILD NORENE ELSIE Uhlig

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
female		yes	Nov 8 1915

FATHER		MOTHER	
FULL NAME	Chas E Uhlig	FULL MAIDEN NAME	Addie Van Dyke
RESIDENCE	Churchill	RESIDENCE	Churchill
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Montana
OCCUPATION	~~Laborer~~ Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 12.49 M on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. H. Nelson (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Oakley, Idaho

Filed 11-12 1915 E Baldham Registrar

Registrar

S-Y CO. 24685

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 24 1955

DECEASED

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of California
County of San Diego } ss.

Certificate No. 34816

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Uhlig (Name on Original Certificate) who was born (Was Born or Died) on November 8, 1915 (Date of Event)
in Churchill, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by School Record Insurance records (Bible Record, Insurance Policy, Etc.) prepared on May 2, 1956 & April 25, 1956 Viewed by Vital Statistics (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	missing	Norene Elsie Uhlig

Subscribed and sworn to before me this 7th day of May, 1956

Dana L. Kuhn
Notary Public, residing at Lakeside - Calif.
My commission expires My Commission Expires Dec. 9, 1956
(Seal)

Signed X Mrs. Addie M. Uhlig
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Twin Falls (City) Twin Falls County Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California
County of San Diego } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7th day of May, 1956

Dana L. Kuhn
Notary Public, residing at Lakeside - Calif.
My commission expires My Commission Expires Dec. 9, 1956
(Seal)

Signed X Bernice E. Palmer
(Signature of Any Credible Person)
R. 3 Box 408 Lakeside, Calif.
(Street Address, City, State)

FORM DPH 55. 155

962 112016-319

Form V. S. No. 11-C—Form 4-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Island

No. ..... St.

Hospital .....

Registration District No. 120 File No. 34817

Primary Registration District No. 2199 Registered No. 96

FULL NAME OF CHILD Orville Glade Robison

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Nov. 12 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Herbert Jacob Robison	FULL MAIDEN NAME	Mary Carson
RESIDENCE	Island	RESIDENCE	Island
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Ditch Rider	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 3.30 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N. E. Sheldon
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Oakley Idaho

Filed 11-20 1915 E. P. Oldham
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 19 1977

319-117-016-142

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Jassie

City of Marion

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 120 File No. XV 34818

Primary Registration District No. 2199 Registered No. 97

FULL NAME OF CHILD Dean Lafay Larsen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Nov 17 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Joseph Larsen	FULL MAIDEN NAME	Bell Jukes
RESIDENCE	Marion	RESIDENCE	Marion
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Trapper	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 11.55 P M on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. G. Wilson
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Oakley Idaho

Filed 11-20 1915 E. P. Oldham
Registrar

Registrar

B-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

c.c. 5/2/41. w.h.

255-218-016-213

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Oakley

No. _____ St.

Hospital _____

Registration District No. 170 File No. III 34819

Primary Registration District No. 2199 Registered No. 98

FULL NAME OF CHILD Marion Severe

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
female		yes	Nov 18 1915

FATHER		MOTHER	
FULL NAME	Geo. Severe	FULL MAIDEN NAME	Bertha Bales
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	white AGE AT LAST BIRTHDAY 38 (Years)	COLOR	white AGE AT LAST BIRTHDAY 36 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 9:10 P M on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N. G. Nelson
(Physician or midwife)

Given names added from a supplemental report.

Address Oakley Idaho

_____ 19__

Filed 11-20 1915 E. P. Oldham
Registrar

Registrar

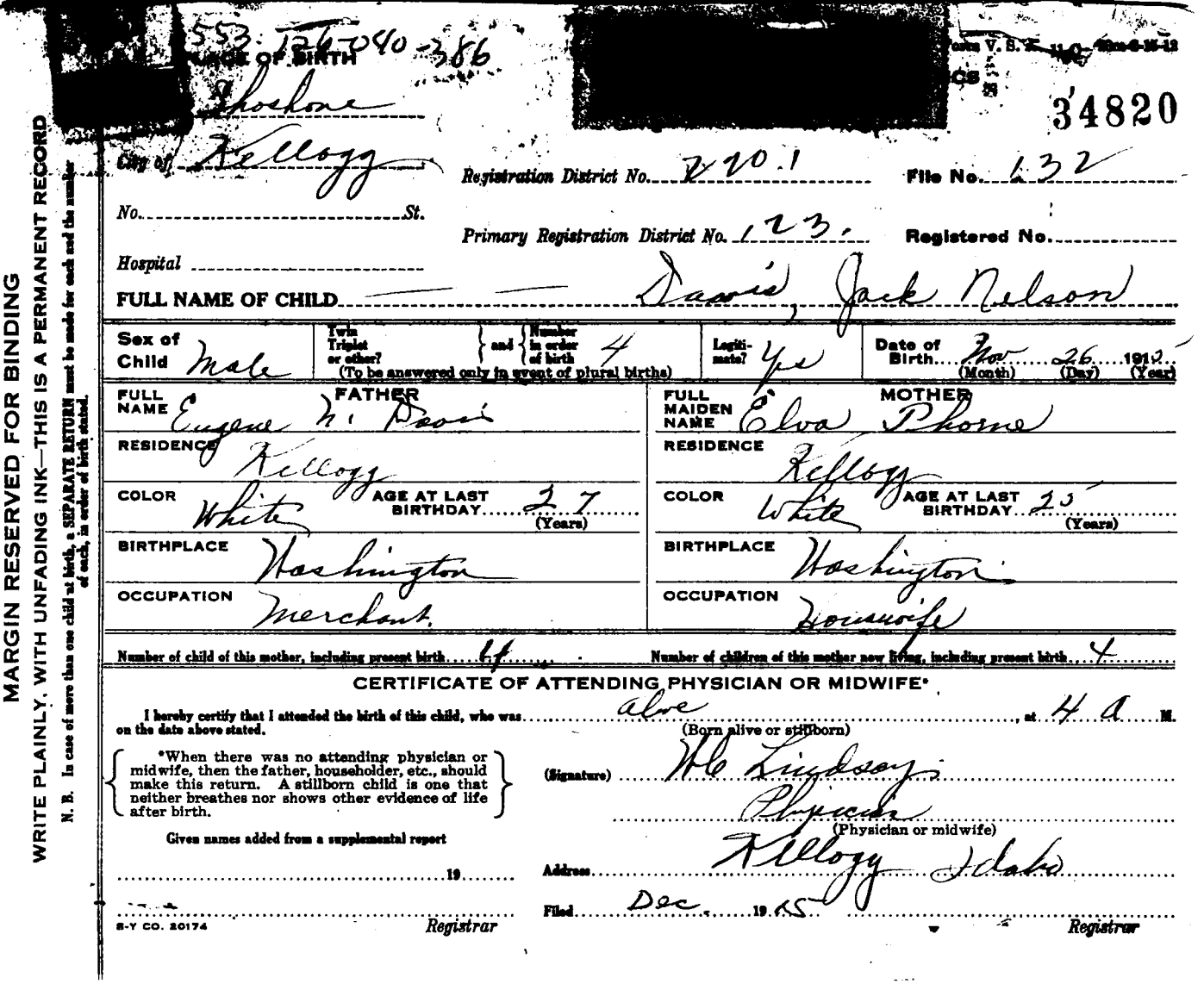
S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 1 1 1962



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

553-126-040-386

[redacted]

[redacted]

Form V. S. 11-C

34820

PLACE OF BIRTH

Shoshone

City of Kellogg

Registration District No. 220.1 File No. 132

No. ..... St.

Primary Registration District No. 123. Registered No. .....

Hospital .....

FULL NAME OF CHILD Davis, Jack Nelson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male	4	Yes	Nov (Month) 26 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Eugene N. Davis	FULL MAIDEN NAME	Elva Thorne
RESIDENCE	Kellogg	RESIDENCE	Kellogg
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Washington	BIRTHPLACE	Washington
OCCUPATION	Merchant.	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H C Lindsay

Physician (Physician or midwife)

Address Kellogg Idaho

Filed Dec 1915

Registrar

Given names added from a supplemental report

..... 19.....

Registrar

S-Y CO. 20174

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 34820
Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	unnamed	Jack Nelson Davis

Subscribed and sworn to before me this .....
day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Latah } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws,)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7th
day of May, 1946

A. C. Hartz
Notary Public, residing at Potlatch Idaho
My commission expires April 15, 1949
(Seal)

Signed Charlotte Davis Rector
(Signature of Any Credible Person)

Potlatch Idaho
(Street Address, City, State)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

294-224040-719

PLACE OF BIRTH

County of Shoshone

City of Kellogg

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34821

Registration District No. 2201 File No. 131

Primary Registration District No. 123 Registered No. .....

FULL NAME OF CHILD Yvonne Mila Brain.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
female	3	Yes	Nov 24 1915

FATHER		MOTHER	
FULL NAME	Chas F Brain	FULL MAIDEN NAME	Dora Parusse
RESIDENCE	Kellogg	RESIDENCE	Kellogg
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Minnesota	BIRTHPLACE	Minnesota
OCCUPATION	Teacher.	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3,45 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H C Lindsay

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Kellogg Idaho

Filed 12/6 1915 Geo. S Lesher Registrar

Registrar

8-Y CO. 20174

K

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

AUG 5 1942

Y54-201-040 Amended May 11, 1951

PLACE OF BIRTH 673

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone
City of Wardner
No. ____ St.
Hospital ____

Registration District No. 2201 File No. 34822
Primary Registration District No. 123 Registered No. 130

FULL NAME OF CHILD ELIZABETH LANIER DEMAREE
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
FEMALE		1	yes	Dec 1 1915

What bacteriocidal solution was used in eyes? ____

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Clarence Demaree	FULL MAIDEN NAME	Bessie Ogle
RESIDENCE	Wardner	RESIDENCE	Wardner
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Kansas	BIRTHPLACE	Oregon
OCCUPATION	Miner	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. C. Lindsay
physician
(Physician or midwife)
Address Kellogg, Idaho

Filed 12/6 1915 Geo. S. Lisher
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Shoshone } ss.

Certificate No. 31822

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Mary Demaree (Name on Original Certificate) who born (Was Born or Died) on 12-1-15 (Date of Event)
in Wardner Ida. (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by my father (Bible Record, Insurance Policy, Etc.) prepared on May 8, 1951 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name of child	Mary Demaree	Elizabeth Lanier Demaree

Subscribed and sworn to before me this 8th day of May, 1951

Notary Public, residing at Kellogg Idaho
My commission expires October 23-1954
(Seal)

Signed C. L. Demaree (Father)
(Signature of parent or attendant if correcting a bi[illegible] ord; of attendant, funeral director, informant if co[illegible] a death record; or other credible person.)
McConnell Hotel-Rm 20
(Street Address, City, State) Kellogg [illegible]

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Shoshone } ss.

[This Affidavit MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8th day of May, 1951

Notary Public, residing at Kellogg Idaho
My commission expires October 23, 1954
(Seal)

Signed Robert L. Cunningham
(Signature of Any Credible Person)
506-2nd St. Kellogg Idaho
(Street Address, City, State)

FORM DPH - 51117 I.C.P.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

165-211 [illegible]

Form V. S. No. [illegible]

BUREAU OF [illegible] STATISTICS

CERTIFICATE OF BIRTH

County of Elmore

City of Hill City 5 mi west - 3 south

Registration District No. 58 File No. 34823

No. _____ St.

Primary Registration District No. 2138 Registered No. _____

Hospital _____

FULL NAME OF CHILD Olive Anetha Jones

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	11 - 11 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Otis E Jones	FULL MAIDEN NAME	~~Sla~~ Silvia Stokes
RESIDENCE	Elmore Co Hill City P.O	RESIDENCE	Elmore Co Hill City P.O.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Latah Co Ida.	BIRTHPLACE	Missouri Valley Iowa
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8 P M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O E Bloom

M. D.

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Hill City Ida

Filed 11-14 1915 D Higgs

Registrar Registrar

S-Y CO. 24655

JUN 4 1970

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

4[redacted]-867

[redacted]

Form V. S. No. 11-C—[illegible]-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Blaine

City of Fairfield

Registration District No. 58 File No. 34824

No. ..... St.

Primary Registration District No. 2138 Registered No. .....

Hospital .....

FULL NAME OF CHILD James HOPLEY Muffley

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	11 (Month) – 6 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Fred Muffley	FULL MAIDEN NAME	Minnie Hopley
RESIDENCE	Fairfield Ida	RESIDENCE	Fairfield Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Stock Man	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D P Higgs

M D (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Fairfield Idaho

Filed 11-17 1915 D P Higgs

Registrar Registrar

S-Y CO. 24658

SEP 2 2 [redacted]

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho } ss.
County of Camas }

Certificate No. 3414
Date Filed 11-17-45

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for James Muffley (Name on original certificate) who was born (Was born or died) on November 6, 1915 (Date of event)
in Fairfield, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Family Record. (Bible record, insurance policy, etc.) prepared on ..... (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	James Muffley	James Hapley Muffley

Subscribed and sworn to before me this 22nd day of August, 1945.
Ben Robinson
Notary Public, residing at Fairfield Ida.
My commission expires Oct 11. 1946.
[SEAL]

Signed Minnie Muffley
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)
Fairfield Idaho
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of Idaho } ss.
County of Camas }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22nd day of August, 1945.
Ben Robinson
Notary Public, residing at Fairfield Ida.
My commission expires Oct 11. 1946.
[SEAL]

Signed Mrs F L Worrell
(Signature of any credible person other than the previous affiant)
Fairfield Idaho
(Street Address, City, State)

Received for filing on ..... by .....
(Registrar's signature)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

764-125 [redacted] 29

PLACE OF

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lem

City of Kootka

No. ..... St.

Hospital .....

Registration District No. 106 File No. 34825

Primary Registration District No. 2184 Registered No. 55

FULL NAME OF CHILD Quinten Alford Gross

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				yes	Nov 25 1914

FATHER		MOTHER	
FULL NAME	Jesse L Gross	FULL MAIDEN NAME	Hazel Skinner
RESIDENCE	Kootka - Idaho	RESIDENCE	Kootka - Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Washington	BIRTHPLACE	Dakota
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1 a m on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jesse L. Gross

Father (Physician or midwife)

Address Kootka - Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Nov 30 19 15 J.M. Herbert Registrar

S-Y CO. 24655

MAR 19 1954

819-103 25 3

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Clearwater

No. ..... St.

Hospital .....

Registration District No. 106 File No. 34826

Primary Registration District No. 2184 Registered No. 53

FULL NAME OF CHILD Willard Hurtley (died)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Nov 3 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Hale Hurtley	FULL MAIDEN NAME	Abbie Rold
RESIDENCE	Clearwater - Idaho	RESIDENCE	Clearwater Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Hale Hurtley
Father
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Clearwater Idaho

Filed Nov 30 1915 J. M. Verbeckmans
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

792-220-025-866

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Stites

No. ..... St.

Hospital .....

Registration District No. 106 File No. 34827

Primary Registration District No. 2184 Registered No. 54

FULL NAME OF CHILD Edith May Gibson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	11-20 (Month) (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	F D Gibson	FULL MAIDEN NAME	Inez May Hooley
RESIDENCE	Stites Idaho	RESIDENCE	Stites
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Michigan	BIRTHPLACE	Oregon
OCCUPATION	Farmer	OCCUPATION	Domestic

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at ..... M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs R A Lyle

Midwife (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Stites Idaho

Filed Nov 30 1915 J M Verbeck Kinney Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 5 1943

MAR 5 1943

Amended 1-4-65

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 34828
Local Reg. No. 42
Reg. Dist. No. 34

1. PLACE OF BIRTH

a. COUNTY: Elmore

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Mountain Home

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Elmore

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Mountain Home

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Martin b. (Middle): Arrien c. (Last): Elguezabal

4. SEX: Male

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): Nov. 11, 1915

FATHER OF CHILD

7. FULL NAME

a. (First): Alex b. (Middle): c. (Last): Arrien

8. AGE (At time of this birth): 32 YEARS

9. BIRTHPLACE (State of foreign country) (City or Town): Spain

10. USUAL OCCUPATION: Sheepman

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Felisa b. (Middle): c. (Last): Elguezabal

13. AGE (At time of this birth): 22 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Spain

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 0

b. How many OTHER children were born alive but are now dead? 0

c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: B. W. Mather

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Mountain Home, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: 11/16/1915

22. REGISTRAR'S SIGNATURE: B.W. Mather

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY
(This section MUST be filled out)

LENGTH OF PREGNANCY | WEIGHT AT BIRTH | Was a standard serological test for syphillis performed? Yes ____ No ____

or BLACK Record typewriter ribbon in completing this certificate. This certificate must be filled with the
in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address
ISION OF VITAL STATISTICS, BOISE, IDAHO.

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physic or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this arti with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owne the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occ red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in s case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of bir Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by mu cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charg with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper cert cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, a upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 34828

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Martin Arrien (Name on Original Certificate) who was born (Was Born or Died) on Nov. 11, 1915 (Date of Event)

in Mountain Home, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Martin Arrien	Martin Arrien Elguezabal
Full Maiden Name of Mother	Felica Grabal	Felisa Elguezabal

Subscribed and sworn to before me this ..... day of 29 Dec, 1964

W. M. Benson

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed Juan M. Arrien

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of 29 Dec, 1964

W. M. Benson

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed Felisa Elguezabal

(Signature of Any Credible Person)

.....

(Street Address, City, State)

FORM DH 60-155 In Office 12-28-64. nm

Cert. copy of another child's birth cert.-copy issued May 19, 1948 - gives full name of child as Juan Maria Arrien Elguezabal born Sept. 8, 1928 at Forua, Spain gives full name of father as Alejo Arrien and full maiden name of mother as Felisa Elguezabal - viewed by V.S.

Cert. copy of Marriage Record, State of Idaho, County of Elmore, married Jan. 30, 1915 at Mountain Home, Idaho gives full name of groom as Alejo Arrien and full name of bride as Felixa Elguezabal - cert. copy issued Dec. 29, 1964 - viewed by VS approved by Mr. Benson -

319-218-020-19

PLACE OF BIRTH

County of Elmore

City of Mountain Home

No. — St.

Hospital —

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 34 File No. 34829

Primary Registration District No. 2020 Registered No. 41

FULL NAME OF CHILD Maria Larragan

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	yes	Nov. 18 1918

FATHER	MOTHER
FULL NAME Anastasio Larragan	FULL MAIDEN NAME Paula Arrien
RESIDENCE Mountain Home	RESIDENCE Mountain Home
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 30 (Years)	AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE Spain	BIRTHPLACE Spain
OCCUPATION Sheepman	OCCUPATION Wife

Number of child of this mother, including present birth One

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 15 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) B. W. Walker

Physician

(Physician or midwife)

Address Mountain Home

Filed 11/20 1918 B. W. Walker Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 1 0 1975

249.263020-291

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Elmore

City of Mtn Home

No. — St.

Hospital —

Registration District No. 34

File No. 34830

Primary Registration District No. 2020

Registered No. 45

FULL NAME OF CHILD Estelle Smith Betty Estelle Smith

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		yes	Nov (Month) 3 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Burton H Smith	FULL MAIDEN NAME	Katy L Brady
RESIDENCE	Mtn Home	RESIDENCE	Mtn Home
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Ill	BIRTHPLACE	Nevada
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1:35 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W L Frazier
(Physician or midwife)

Given names added from a supplemental report.

Address Mtn Home, Idaho

Filed 12/11 1915 B W Mather
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 6 - 1953

243-128420-665

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Elmore

City of Mountain Home

Registration District No. 34 File No. 34831

No. — St.

Primary Registration District No. 2020 Registered No. 44

Hospital —

FULL NAME OF CHILD John Edward Sullivan

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
n		yes	Oct 28 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Claude L Sullivan	FULL MAIDEN NAME	Lee Owens
RESIDENCE	Mtn Home	RESIDENCE	Mtn Home
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Washington
OCCUPATION	Liveyman	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W L Frazier

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Mtn Home Ida

Filed 12/11 1915 B W Mather Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 8 1942
DEC 12 1942
DEC 14 1942
JUN 28 1948

349-218'020-613

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Elmore

City of Mtn Home

No. — St.

Hospital —

Registration District No. 34

File No. 34832

Primary Registration District No. 2020

Registered No. 43

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F	—		—	yes	11 (Month) 18 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	R L Turner	FULL MAIDEN NAME	Amy Waller
RESIDENCE	Mtn Home Ida	RESIDENCE	Mtn Home
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Ill	BIRTHPLACE	Ohio
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8 16 A M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W L Frazier

(Physician or midwife)

Given names added from a supplemental report.

19

Address Mtn Home Ida

Filed 12/11 1915 B W Mather

Registrar

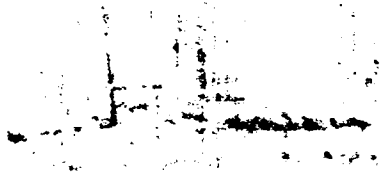
Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



236-224-010-165

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital Fullers

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 73 File No. 34833

Primary Registration District No. 2140 Registered No. 290

FULL NAME OF CHILD GLADYS BURNESS SCOTT

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Oct 24 (Month) (Day) 1915 (Year)

FULL NAME	FATHER	FULL MAIDEN NAME	MOTHER
Nuton	Scott	Louisa	Jones
RESIDENCE	Idaho Falls Idaho	RESIDENCE	Idaho Falls Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Tennessee	BIRTHPLACE	Arkansas
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 3 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Idaho Falls Idaho

Filed Nov 2 1915 [signature]
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon }
County of Columbia } ss.

Certificate No. 34833

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for unnamed (Name on Original Certificate) who was born (Was Born or Died) on October 24, 1915 (Date of Event) in Idaho Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Dr. Fuller record (Bible Record, Insurance Policy, Etc.) prepared on October 25, 1915 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Gladys Burness Scott
Father's name	Sare	Nuton
Mother's name	Ethel	Loisa Jones

Subscribed and sworn to before me this 1st day of September, 1942

Notary Public, residing at Rainier

My commission expires March 2, 1945
(Seal)

Signed Ethel L Smith Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Goble, Oregon
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19 .

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

SEP 1 1 1942

219-202-010-314

Amended 6/23/78

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Bonyville

City of Ammon

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 73 File No. 34834

Primary Registration District No. 2150 Registered No. 291

FULL NAME OF CHILD Cora Theda Bailey

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		yes	Nov 2 1915

	FATHER		MOTHER
FULL NAME	Jessie H Bailey	FULL MAIDEN NAME	Mercy Campbell
RESIDENCE	Ammon	RESIDENCE	Ammon
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Mill crick Utah	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11.20 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Annie Hiatt

Midwife (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Idaho Falls Ida

Filed Nov 11 1915 W H Emmons Registrar

..... Registrar

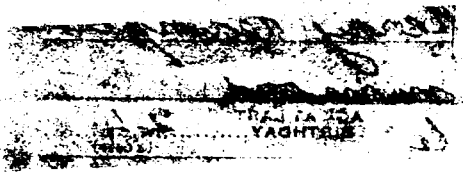
S-Y CO. 24666

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 28 1968



IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
MAY 29 9 33 AM '78

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 34834

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Bailey (Name on Original Certificate) who was born (Was Born or Died) on Nov. 2, 1915 (Date of Event)

in Ammon (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
childs name	omitted	Cora Theda Bailey

Subscribed and sworn to before me this ..... day of ....., 19..

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Utah }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17 day of May, 1978

Notary Public, residing at Orem Utah
My commission expires December 3, 1978
(Seal)

Signed Marjorie B. Reeder
(Signature of Any Credible Person)

2706 Parkway Way Salt Lake City, Utah
(Street Address, City, State)

FORM DH 60-155

Correction corresp. 2-28-78 nm

JUN 26 1978

Certificate of Baptism and Confirmation gives name as
Cora Theda Bailey daughter of Jesse Bailey and Marcy Campbell
born November 2, 1915 at Ammon, Idaho. Baptized
May 4, 1924 in L.D.S. Church.
Viewed by V.S.

Marriage license from Utah gives name as Miss Cora Bailey and groom's name as Dilworth Pugh. dated Dec 24, ~~ii~~ 1937. viewed by V. S.

219-105010-964

Form V. S. No. 11-C—26m-1-1-12

PLACE OF BIRTH

County of Bainey

City of Ammon

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 73 File No. 34835

Primary Registration District No. 2180 Registered No. 292

FULL NAME OF CHILD _____

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy Male		Yes	Nov (Month) 6 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Clark Barzee	FULL MAIDEN NAME	Barbra Rodes
RESIDENCE	Ozone	RESIDENCE	Ozone
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 7 Oclock A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Annie Heatt

Midwife
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Idaho Falls Idaho

Filed Nov 11 1915 [signature]

_____ Registrar

Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

653-106-010-314

name added 6/10/80

Form V. S. No. 11-C—25m-1-1-10

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34836

County of Boneyville

City of Ammon

No. _____ St.

Hospital _____

Registration District No. 73

File No. _____

Primary Registration District No. 2150

Registered No. 293

FULL NAME OF CHILD James Burl Wells

Sex of Child Male	Twin Triplet or other? twins and Number in order of birth 1 (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth nov (Month) 6 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Carl Wells	FULL MAIDEN NAME	Martha Carter
RESIDENCE	Ammon	RESIDENCE	Ammon
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 5 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Annie Heatt

Midwife
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Idaho Falls Ida

Filed Nov 11 1915 [signature]

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
50 AM '80

State of Utah
County of Utah } ss.

Certificate No. 34836
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Wells (Male) (Name on Original Certificate) who was born (Was Born, Died, etc.) on Nov 6, 1915 (Date of Event)

in Ammon, Idaho (Bonneville) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	unnamed	James Burl Wells

Subscribed and sworn to before me this 25 day of May, 1980.
Notary Public, E. Leon Harward
Residing at Orem Ut
My commission expires Sept 10-83
(Seal)

James Burl Wells
Signature of Applicant
356 W 1600 N Orem Utah
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah
County of Utah } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25th day of May, 1980.
Notary Public, E Leon Harward
Residing at Orem Ut
My commission expires Sept 10 1983
(Seal)

Carol Wells Allen
Supporting Signature
180 So 400 E. Lindon Utah
Street Address, City, State

5/21/80 1cc pd. rec. # 21735

James Burl Wells Twin
1st born

Honorable Discharge from the US Navy gives name as James Burl Wells dated Oct 17, 1945. viewed by V. S.

Membership record from the LDS Church gives name as James Burl Wells born Nov 6,1915 at Aunnon, Idaho. Father's name as Samuel Carl Wells and mother's name as Martha LaVern Carter. Baptized Jan 4, 1931. viewed by V. S

653-106-010-314

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Ammon

No. _____ St.

Hospital _____

Registration District No. 73

File No. 34837

Primary Registration District No. 2150

Registered No. 294

FULL NAME OF CHILD _____

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	Twin	2	yes	Nov. 6, 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Carl Wells	FULL MAIDEN NAME	Martha Carter
RESIDENCE	Ammon	RESIDENCE	Ammon
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 5-15 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Annie Hiatt

Midwife (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address Idaho Falls Idaho.

Filed Nov 11 1915 Wm Kinnaird Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

315-223-010-655

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bonneville

City of Town Irwin

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 73 File No. 34838

Primary Registration District No. 2150 Registered No. 295

FULL NAME OF CHILD Leona Tanner

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Oct 23d 1915

FATHER		MOTHER	
FULL NAME	James Tanner	FULL MAIDEN NAME	Janette Weeks
RESIDENCE	Irwin	RESIDENCE	Irwin
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	48	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Bever, Utah	BIRTHPLACE	Smithfield, Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 6 a.m. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Laura Weeks

midwife (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Irwin Ida

Filed Nov 13 1915 [signature] Registrar

Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 1149—Rev. 2-15-52

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

1

MAY 27 1971

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
JUN 15 1971
Bureau of Vital Statistics

State of .....
County of ..... } ss.

Certificate No. 34838

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Tanner (Name on Original Certificate) who was born (Was Born or Died) on Oct. 23, 1915 (Date of Event)
in Irwin, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed Tanner	Leona Tanner

Subscribed and sworn to before me this 23 day of
August, 1971

X Notary Public residing at Idaho Falls Idaho
My commission expires Aug 30, 1971
(Seal)

X Signed Mrs. Allie Peterson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of .....
County of ..... } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of
....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155 CL 5/26/71 ~~xxxxxx~~ & 1bc pd. rec. # 15783

JUL 6 1971

Certificate of Blessing from LDS Church , Irwin, Idaho March 5, 1916 gives name as Leona Tanner daughter of J. M. Tanner and Jannetta Weeks born Oct. 23, 1915 at Palisades, Idaho. Blessed: March 5, 1916 by Cyrus N. Yeaman. Signed by Hugh C. Martin, Clerk. Viewed By.V. S.

JUL 1 4 1971

Letter dated June 1, 1971 from LDS Church, Nyssa First Ward gives name as Leona (Tanner) Sheats. (Information taken from Membership XXRecord) date born Oct. 23, 1915 at Erwin, Idaho. Blessed March 5, 1916 by Cyrus N. Yeaman, Baptized Aug. 2, 1924 by Hugh C. Martin and Confmd. Aug. 3, 1924 by Hugh C. Martin. Signed by Bishop Reed Ray, Nyssa First Ward. Viewed by V. S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

169-212010-154

PLACE OF BIRTH

County of Bonneville

City of Ammon

No. _____ St.

Hospital _____

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 73 File No. 34839

Primary Registration District No. 2150 Registered No. 296

FULL NAME OF CHILD Arreva Jorgensen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
			yes	Nov 12 (Month) (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	John Jorgensen	FULL MAIDEN NAME	Margaret Andreasen
RESIDENCE	Ammon	RESIDENCE	Ammon
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	51 (Years)	AGE AT LAST BIRTHDAY	42 (Years)
BIRTHPLACE	Denmark	BIRTHPLACE	Washington
OCCUPATION	Farming	OCCUPATION	Housework

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 a M. on the date above stated.

(Signature) Annie Hiatt

Midwife (Physician or midwife)

Address Idaho Falls Ida

Filed Nov 17 19 15 W. Huffman Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 28071

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Ada

Certificate No. 34839

Date Filed Nov. 17, 1915

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Arreva Jorgensen (Name on Original Certificate) who born (Was Born or Died) on Nov. 12, 1915 (Date of Event)

in Ammon, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full name	No name	Arreva Jorgensen

Subscribed and sworn to before me this 5 day of March, 1963

[illegible]

Notary Public, residing at [illegible] Idaho

My commission expires [illegible]

(Seal)

Signed [illegible]

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1939 Nassau. [illegible] Vancouver B. C.

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of .....

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

.....

(Street Address, City, State)

FORM DH 60-155

Family geneology book, obviously old, lists family of John and Margaret Jorgensen and gives child's name as Arreva Jorgensen. viewed by V.S.

Own child's birth certificate, on File Idaho #220056, gives name as Arreva Jorgensen.

MAR 6 1963

814-24010-261

Form V. S. No. 11-C—20m-2-15-12.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Iona

No. ..... St.

Hospital .....

Registration District No. 73 File No. 34840

Primary Registration District No. 2-10-a Registered No. 297

FULL NAME OF CHILD RUBY LAUDINE HAMMER

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Nov. 14, 1915

FATHER		MOTHER	
FULL NAME	Robert Hammer	FULL MAIDEN NAME	Anna Swanson
RESIDENCE	Iona	RESIDENCE	Iona
COLOR	White AGE AT LAST BIRTHDAY 39 (Years)	COLOR	White AGE AT LAST BIRTHDAY 36 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John O. Mellor MD (Physician or midwife)

Address Idaho Falls, Ida.

Given names added from a supplemental report

..... 19.....

Filed Nov 18 1915 [signature] Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bonneville

Certificate No. 34840

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for (Name on Original Certificate), who (Was Born or Died) on (Date of Event)

in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Unnamed	Ruby Laudine Hammer

Subscribed and sworn to before me this 16th day of April, 1943.

Notary Public, residing at Idaho Falls, Idaho

My commission expires 7-22-44
(Seal)

Signed Mary Jane Hammer
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

MAY 25 1943

249-115-010-815

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Lincoln

Registration District No. 73 File No. 34841

No. St.

Primary Registration District No. 2110 Registered No. 298

Hospital

FULL NAME OF CHILD Francis Lamar Burnham

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Nov. 15 1915

FATHER		MOTHER	
FULL NAME	Alfred Burnham	FULL MAIDEN NAME	Hilda Hansen
RESIDENCE	Lincoln,	RESIDENCE	Lincoln
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John O'Mellar MD
(Physician or midwife)

Address Idaho Falls, Ida

Given names added from a supplemental report

19

Filed Nov 18 1915 [signature]
Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

462-232-010-819

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

Registration District No. 73 File No. 34842

No. ____ St.

Primary Registration District No. 2110 Registered No. 299

Hospital Finlays

FULL NAME OF CHILD Rosamary Moss

Sex of Child: Female

Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth: 1

Legitimate? Yes

Date of Birth: 10 (Month) 2 (Day) 1916 (Year)

FATHER		MOTHER	
FULL NAME	Leondas Francis Moss	FULL MAIDEN NAME	Alvine Harris
RESIDENCE	St Anthony	RESIDENCE	St Anthony
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Oklahoma	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth: 1

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 8 a. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

..... Registrar

(Signature) Anne J. Finlay M.D.

(Physician or midwife)

Address Finlays Hospital Idaho Falls

Filed Nov 1st 1916

Registrar

S-Y CO. 24655

Dep of 1915 · 375647

154-231-010-113

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

Registration District No. 73

File No. 34843

No. ..... St.

Primary Registration District No. 2100

Registered No. 300

Hospital Finlays

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	10 (Month) 31 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Arton Andrus	FULL MAIDEN NAME	Cora Jackson
RESIDENCE	328 Water Ave	RESIDENCE	328 Water Ave
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7 25 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Anne J. Finlay

Midwife (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address ~~Finlays Hospital~~ Idaho Falls Idaho

Filed Mar 18 1915 W. Hinman Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

863-104-010-331

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

Registration District No. 73 File No. 34844

No. ..... St.

Primary Registration District No. 2100 Registered No. 301

Hospital Finlays

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	11 (Month) 4 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Gy Booth Hockett	FULL MAIDEN NAME	Florance Clark
RESIDENCE	I-F Idaho	RESIDENCE	I-F Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Nanaimo B.C.
OCCUPATION	Salesman	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 8 P.M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Anne J Finlay

Midwife (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Finlays Hospital

Filed Mar 18 1915 [signature] Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

151-217-010-614

PLACE OF BIRTH #

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Lincoln

Registration District No. 73

File No. 34845

No. ____ St.

Primary Registration District No. 2110

Registered No. 302

Hospital

FULL NAME OF CHILD Ina Averett

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem.			Yes	Nov. 17, 1915

FATHER		MOTHER	
FULL NAME	Alden Averett	FULL MAIDEN NAME	Vera Fausett
RESIDENCE	Lincoln	RESIDENCE	Lincoln
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) John O Mellor MD

(Physician or midwife)

Address Idaho Falls, Ida

Filed Dec 22 1915 C W Hammond Registrar

B-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

55-118 erc-469

PLACE OF BIRTH

name added 3/11/80

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Ammon

No. _____ St.

Hospital _____

Registration District No. 73

Primary Registration District No. 2130

File No. 34846

Registered No. 303

FULL NAME OF CHILD Earl Dorsey Gentle

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy			Yes	Nov 15 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ralph Gentle	Mary Morton
RESIDENCE	Ammon	Ammon
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	33	32
BIRTHPLACE	Iowa	Iowa
OCCUPATION	Farming	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6-10 A.M. on the date above stated.

(Signature) Annie Hiatt

Midwife
(Physician or midwife)

Address Idaho Falls Ida

Filed Dec 24 19 18 [illegible]
Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

S-Y-CO 38071

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____ }

Certificate No. 34845
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for unnamed Gentle (Male) (Name on Original Certificate) who was born (Was Born, Died, etc.) on Nov. 18, 1915 (Date of Event)

in Idaho Falls (Bonneville) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	omitted	Earl Dorsey Gentle

Subscribed and sworn to before me this 20th day of February, 19 79

Notary Public, Elaine R. Meyer

Residing at Idaho Falls

My commission expires 10-2-79

(Seal)

Earl Dorsey Gentle
Signature of Applicant

Rte 9 Box 229A
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Own child's birth certif on file in Idaho 55-5493 at[illegible], Idaho falls, Idaho on May 6, 1955. names Rosemary Helen Gentle. father's name as Earl D. Gentle and mother's name as Dorothy Rose Hope. viewed by V. S.

Insurance application to the United Benefit Life Ins. Co. gives name as Earl Dorsey Gentle born Nov 18, 1915. dated March 18, 1964. viewed by V. S.

815-120-010-355

Form V. S. No. 11-C—20m-8-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Lincoln

No. ..... St.

Hospital .....

Registration District No. 73 File No. 34847

Primary Registration District No. 2110 Registered No. 304

FULL NAME OF CHILD Delbert Eli Hansen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Nov. 20, 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John W. Hansen	FULL MAIDEN NAME	Alice Lee
RESIDENCE	Lincoln	RESIDENCE	Lincoln
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Machinist	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John O. Millar, M.D. (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Idaho Falls, Ida.

Filed Mar 24 1915 [signature] Registrar

Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

YACHTING

465·123·010-295

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. _____ St.

Hospital Fullers

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 73 File No. 34848

Primary Registration District No. 2140 Registered No. 305

FULL NAME OF CHILD ~~Lillian~~ Downer Richard Fielding

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Nov 23 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Clarence Downer	FULL MAIDEN NAME	Anna F Downer Breer
RESIDENCE	Idaho Falls Idaho	RESIDENCE	Idaho Falls Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Jenny Ill.
OCCUPATION	Book keeper	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Guy Crimmond
Physician
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Idaho Falls Ida

Filed Nov 26 1915 Guy Crimmond
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 18 1944

764-116-010-753

Form V. S. No. 11-C—25m-1-1-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Ucon

No. ..... St.

Hospital .....

Registration District No. 13

File No. 34849

Primary Registration District No. 2150

Registered No. 306

FULL NAME OF CHILD Norman Edward Godfrey

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Nov (Month) 16 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Josiah Godfrey	FULL MAIDEN NAME	Gunda B. Petersen
RESIDENCE	Ucon	RESIDENCE	Ucon
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Carpenter	OCCUPATION	House wife

Number of child of this mother, including present birth 10

Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7:20 P M on the date above stated.
(Born alive [redacted])

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Josephine Thompson
Midwife
([redacted] or midwife)

Given names added from a supplemental report.

..... 19.....

Address Ucon Bonneville Co Idaho

Filed Nov 24 1915 W. G. Kennard
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 10 1942

AGE AT LAST
BIRTHDAY

319-130-010-315

PLACE OF BIRTH

Added child's name 6-22-94 ms

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneyville

City of Ammon

No. _____ St.

Hospital _____

Registration District No. 73

File No. 34850

Primary Registration District No. 2150

Registered No. 307

FULL NAME OF CHILD Eldon Vaughn Carter

Sex of Child Boy

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? yes

Date of Birth nov (Month) 30 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	A O Carter	FULL MAIDEN NAME	Mary Lanfear
RESIDENCE	Ammon.	RESIDENCE	Ammon.
COLOR	white	COLOR	White
AGE AT LAST BIRTHDAY (Years)	46	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Utah	BIRTHPLACE	New Mexico
OCCUPATION	Blacksmith	OCCUPATION	Housewife

Number of child of this mother, including present birth 12

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7-40 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Annie Hiatt

Midwife (Physician or midwife)

Address Idaho Falls Ida

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed Dec. 3 1915 [signature] Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

6-7-94

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Center for Vital Statistics
and Health Policy

RECEIVED
VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____ }

JUN 13 11 52 AM '94

Certificate No. 34850
Date Filed Dec. 3, 1915

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Carter (Name on Original Certificate) who was born (Was Born, Died, etc.) on Nov. 30, 1915 (Date of Event)

in Ammon (Bonneville) ID (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	Unnamed Carter	Eldon Vaughn Carter

Subscribed and sworn to before me this _____ day of _____, 19__.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

Notary Public
JEAN B. ROBERTSON
7496 South 1300 West
West Jordan, Utah 84084
My Commission Expires
March 23, 1998
State of Utah

Eldon V Carter
Signature of Applicant

384 E. 7265 S. Midvale UT
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

(Must be completed __)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19__.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

Supporting Signature

Street Address, City, State

1 cc Court

Historical Dept. Certificate of birth from the LDS church shows Eldon Vaughn Carter was born Nov. 30, 1915 in Ammon (Bonneville) ID to Alma Orlando Carter and Mary Caroline Lanfear recorded Feb. 6, 1916 viewed vs 6-7-94 ms.

Bishop's Certificate #A 7114 from the LDS church shows Eldon Vaughn Carter was certified as a bishop of the church Nov. 10, 1969 viewed vs 6-7-94 ms.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

319-202-060-547

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneyville

City of Ammon

No. _____ St.

Hospital _____

Registration District No. 73

Primary Registration District No. 2110

File No. 34851

Registered No. 308

FULL NAME OF CHILD Iva Carter

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		yes	Dec 2 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Bert Carter	FULL MAIDEN NAME	Cathie Empey
RESIDENCE	Ammon,	RESIDENCE	Ammon,
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4-20 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Annie Hiatt

Midwife (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address Idaho Falls Ida

Filed Dec 3 1915 [signature] Registrar

S-Y-CO 38071

MAR 1

891-129-010-759

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34852

County of Bonneyville

City of Ammon.

No. ..... St.

Hospital .....

Registration District No. 73 File No. .....

Primary Registration District No. 2110 Registered No. 309

FULL NAME OF CHILD MILOW R. HIATT

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Bay		yes	Nov 29 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	James R Hiatt	FULL MAIDEN NAME	Leona Gergensen.
RESIDENCE	Ammon.	RESIDENCE	Ammon
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Ammon Idaho	BIRTHPLACE	Oxford Idaho
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was alive at 5-25 A.M. on the date above stated.
(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Annie Hiatt

Midwife
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Idaho Falls Ida R F D 3

Filed Jan 3 1915 [signature]

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon. } ss.
County of Lake. }

Certificate No. 34852

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Milon R. Hiatt (Name on Original Certificate) who was born (Was Born or Died) on Nov. 29, 1915 (Date of Event)
in Idaho Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Church Record (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Milow R. Hiatt
Milon R. Hiatt		Milow R. Hiatt

Subscribed and sworn to before me this 7th
day of July, 19 43.

Notary Public, residing at ~~xxxxx~~ for Oregon.

My commission expires May 26th, 1945.
(Seal)

Signed Elona Hiatt
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Lakeview, Oregon.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon, } ss.
County of Lake. }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7th
day of July, 19 43.

Notary Public, residing at ~~xxxxxx~~ for Oregon.

My commission expires May 26th, 1945.
(Seal)

Signed Ross Hiatt
(Signature of Any Credible Person Other Than Previous Year)

Lakeview, Oregon.
(Street Address, City, State)

JUL 13 1943

MAR 18 1953

443-219-010-993

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bannville

City of Idaho Falls

No. Western Ave St.

Hospital

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34853

Registration District No. 73 File No.

Primary Registration District No. 21-0 Registered No. 310

FULL NAME OF CHILD Alta Dutton

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	Single		one	Yes	Nov 19 (Month) (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Hyrum Dutton	FULL MAIDEN NAME	Ellen Richardson
RESIDENCE	Idaho Falls, Idaho	RESIDENCE	Idaho Falls, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Iron Co. Utah	BIRTHPLACE	Idaho Falls, Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

Paid a Prof. Visit [redacted] after this child was born

I hereby certify that I attended the birth of this child, who was Born alive on the date above stated. (Born alive or stillborn) at 8:30 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

.....
Registrar

(Signature) G. W. Pendleton

Physician
(Physician or midwife)

Address Idaho Falls, Idaho

Filed Dec 6 1915

Registrar

8-Y CO. 20174

PLACE OF BIRTH

County of

893-202-010-547

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

CERTIFICATE OF BIRTH

34854

Registration District No. 13 File No. _____

Primary Registration District No. 2117 Registered No. 37

FULL NAME OF CHILD _____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	✓	✓	Yes	Dec 2 1915

FATHER	MOTHER
FULL NAME Chauncey V. Hill.	FULL MAIDEN NAME Ruth Empey
RESIDENCE Idaho Falls.	RESIDENCE Idaho Falls Ida.
COLOR White AGE AT LAST BIRTHDAY 23 (Years)	COLOR White AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Nebraska.	BIRTHPLACE Utah.
OCCUPATION Postal Clerk	OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive - December 2 1915 at 3:50 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) _____
Physician
(Physician or midwife)

Address Idaho Falls, Idaho

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed Dec 4 19 15

_____ Registrar

8-Y CO. 24695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

231-104 010-168

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls Ida

Registration District No. 73 File No. 34855

No. _____ St.

Primary Registration District No. 2110 Registered No. 313

Hospital _____

FULL NAME OF CHILD Karl George Black

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	✓		✓	Yes	Dec - 4 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	William S. Black	FULL MAIDEN NAME	Verna Johnson
RESIDENCE	Idaho Falls, Idaho	RESIDENCE	Idaho Falls, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Mexico
OCCUPATION	Dry Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive - December 4-1915 at 11 30 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Idaho Falls, Idaho

Filed June 1915 [signature]
Registrar

Registrar

S-Y CO. 24685

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 18 1942

STATE OF IOA
BUREAU OF VITAL S
CERTIFICATE OF D

719-106-010-495

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonneville

City of Poplar.

No ....., ... St.

Registration District No 73 File No. 34856

Primary Registration District No. 215-0 Registered No. 313

Hospital .....

FULL NAME OF CHILD Vernon Harry Garrett

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate	Date of birth (Month) (Day) (Year)
Male				Yes	Nov 6 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Harry Garrett	Mildred Mickle
RESIDENCE	Poplar.	Poplar
COLOR / AGE AT LAST BIRTHDAY (Years)	White / 26	White / 26
BIRTHPLACE	Springville Utah	Salt Lake City Ut.
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6.15 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edna Wheeler

Midwife (Physician or Midwife)

Address Poplar Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed Dec 7 1915 Registrar

SVMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

FEB 8 1943

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

234-130-010-415

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Ucon

No. ..... St.

Hospital .....

Registration District No. 73

Primary Registration District No. 2150

File No. 34857

Registered No. 314

FULL NAME OF CHILD Emerson John Bloxham

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Nov. (Month) 30 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	John Charles Bloxham	FULL MAIDEN NAME	Elizabeth Davis
RESIDENCE	Ucon	RESIDENCE	Ucon
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 530 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Josephine Thompson
Midwife
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

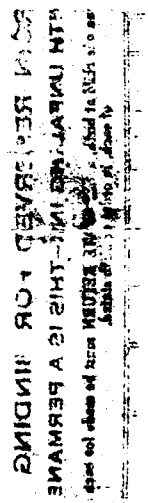
Address Ucon Bonneville Co Idaho

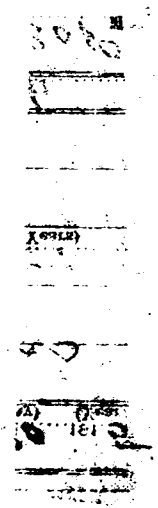
Filed Sept 1915 [signature]
Registrar

Registrar

S-Y CO. 24655

Certified Copy issued Feb. 25, 1941. E.W.





645-105-042-592

PLACE OF BIRTH

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

County of Twin Falls

City of Twin Falls

No. 561, 3rd Ave W. St.

Hospital

Registration District No. 37

File No. 34860

Primary Registration District No. 1085

Registered No.

FULL NAME OF CHILD ~~Roland~~ RONALD Owen Finney

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
male		yes	10, 5, 1915

FATHER		MOTHER	
FULL NAME	Ira Ellis Finney	FULL MAIDEN NAME	Harriet Ethel Eikenberry
RESIDENCE	Twin Falls, Idaho	RESIDENCE	Twin Falls, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Adeline, Ill	BIRTHPLACE	Green, Iowa
OCCUPATION	Accountant	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3:25 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. W. Lawyer, S.O.

Twin Falls, Idaho
(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address

Filed 10. 20 1915 J. H. Coughlin
Registrar

S-Y CO., 16870

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

APR 3 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho
County of Twin Falls } ss.

Certificate No. _____

Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Roland Owen Finney (Name on Original Certificate) who born (Was Born or Died) on Oct. 5th 1915 (Date of Event) in Twin Falls County (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by _____ (Bible Record, Insurance Policy, Etc.) prepared on _____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Roland Owen Finney	Ronald Owen Finney

Subscribed and sworn to before me this 1st day of May 19 43.

Notary Public, residing at Twin Falls, Ida

My commission expires June 1st 1945
(Seal)

Signed W R Finney
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Filer, Idaho Rt # 2
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Twin Falls } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29th day of April 19 43.

Notary Public, residing at Twin Falls, Idaho

My commission expires June 1st 1945
(Seal)

Signed W J Thompson
(Signature of Any Credible Person Other Than Previous Year)

611 Main Ave., West, Twin Falls, Idaho
(Street Address, City, State)

JUN 1 1943

239-108-042-433

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Twin Falls

City of " "

No. ..... St.

Hospital Twin Falls

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 37 File No. 34861

Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD Hal Arthur Slifer

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Oct. 8 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Arthur E. Slifer	FULL MAIDEN NAME	Gertrude McCoy
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Colorado	BIRTHPLACE	Colorado
OCCUPATION	Works at Elevator	OCCUPATION	—

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1030 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Wilson

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Twin Falls Idaho.

Filed 10.15 1915 J. H. Cingler Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECO

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 3 1943

353.209.042-381

PLACE OF BIRTH

County of Twin Falls

City of " "

No. ..... St.

Hospital Twin Falls.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

CERTIFICATE OF BIRTH

Registration District No. 37 File No. 34862

Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD ~~Jeannette~~ MARY LOUISE Lechleiter

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Oct. 9 1915

FATHER

FULL NAME Frank G. Lechleiter

RESIDENCE Twin Falls

COLOR White AGE AT LAST BIRTHDAY 34 (Years)

BIRTHPLACE Illinois

OCCUPATION Lumberman

MOTHER

FULL MAIDEN NAME Mary Chandler

RESIDENCE Twin Falls

COLOR White AGE AT LAST BIRTHDAY 36 (Years)

BIRTHPLACE Iowa

OCCUPATION .....

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 3.30 am M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) J. W. Wilson

Physician
(Physician or midwife)

Address Twin Falls Idaho

Filed 10-15 19 15 J. W. Coughlin Registrar

B-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho California } ss.
County of Twin Falls Los Angeles,

Certificate No. 34862

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth ~~or Death~~)
for Jeannette Lechleiter (Name on Original Certificate) who was Born (Was Born ~~or Died~~) on October 9 1915 (Date of Event)
in Twin Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Jeannette Lechleiter	Mary Louise Lechleiter

Subscribed and sworn to before me this 24th
day of June 19 42

Notary Public, residing at 5324 So Vermont
My commission expires 1944 Los Angeles, Calif.
(Seal)

Signed Mrs Mary Lechleiter
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

832½ West 42nd Place
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

JUN 26 1942

693.209.042-714

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls.

No. ..... St.

Hospital .....

Form V. S. No. 11—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 37 File No. 34863

Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD Elsie Ann Fitzgerald

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl				yes	Oct 9 1915

FATHER	MOTHER
FULL NAME: Dewey M Fitzgerald	FULL MAIDEN NAME: Carie Paul
RESIDENCE: Twin Falls.	RESIDENCE: Twin Falls
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 20 (Years)	AGE AT LAST BIRTHDAY: 17 (Years)
BIRTHPLACE: Oregon	BIRTHPLACE: Oregon
OCCUPATION: Farmer	OCCUPATION: House Wife

Number of child of this mother, including present birth: 2

Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4:12 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) D.O. Boyd M.D.

(Physician or midwife)

Address Twin Falls. Idaho

Filed 10-15 1915 J.H. Creighton Registrar

S-Y CO. 24656

386-211-042-799

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

Registration District No. 37

File No. 34864

Primary Registration District No. 1085

Registered No. _____

FULL NAME OF CHILD Marjorie Adeline Lyon

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	10 (Month) 11 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Charles Lyon	FULL MAIDEN NAME	Alberta Grier
RESIDENCE	Twin Falls Ida.	RESIDENCE	Twin Falls Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Oregon
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9:30 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Pike

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Twin Falls Ida.

Filed 10-15 1915 H. Coughlin Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 27 1945

OCT 25 1944

318-213-042-414

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Twin Falls

City of " "

No. 562 - 3d Ave N. St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 37 File No. 34865

Primary Registration District No. 1085 Registered No.

FULL NAME OF CHILD ETHEL BETTINA Lay

Sex of Child Female | Twin, Triplet or other? (To be answered only in event of plural births) | and Number in order of birth | Legitimate? yes. | Date of Birth Oct. 13 (Month) (Day) 191 5 (Year)

FATHER

FULL NAME Chas. E. Lay

RESIDENCE Twin Falls, Ida

COLOR White AGE AT LAST BIRTHDAY 30 (Years)

BIRTHPLACE Kansas

OCCUPATION Lumberman

MOTHER

FULL MAIDEN NAME Lena Maddox

RESIDENCE Twin Falls

COLOR White AGE AT LAST BIRTHDAY 28 (Years)

BIRTHPLACE Missouri

OCCUPATION

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. W. Wilson

Physician (Physician or midwife)

Address Twin Falls, Idaho.

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed 10-15 1915 H. Coughlin
Registrar

S-Y CO. 24655

Jun 15 1942

386-213-042-253

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of " "

No. 535 4th av E. St.

Hospital

Registration District No. 37

File No. 34866

Primary Registration District No. 1085

Registered No.

FULL NAME OF CHILD Leila Berniece Thomas

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		yes.	Oct 13 1915

FATHER		MOTHER	
FULL NAME	John Thomas	FULL MAIDEN NAME	Mary Seckman
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Pennsylvania	BIRTHPLACE	Nebraska
OCCUPATION	Wks. Studebaker Co	OCCUPATION	

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 9 am M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Wilson

Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Address Twin Falls, Idaho

Registrar

Filed 10-15 1915 J H Coughlin
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
DEC 8 8 48 AM '77

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Twin Falls } ss.

Certificate No. 34866

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Thomas (female) (Name on Original Certificate) who was born (Was Born or Died) on Oct 13, 1915 (Date of Event)

in Twin Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by [illegible] (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Leila Berniece Thomas

Subscribed and sworn to before me this 5th day of December, 1977

Frances L Wells

Notary Public, residing at Filer Idaho

My commission expires November 1 1978

(Seal)

Signed Leila B. Neale

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

635 Main St. Filer, Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Twin Falls } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5th day of December, 1977

Frances L Wells

Notary Public, residing at Filer Idaho

My commission expires November 1, 1978

(Seal)

Signed Charles G. Hunt

(Signature of Any Credible Person)

624 Main Filer, Id.

(Street Address, City, State)

FORM DH 60-155

CL 7/20/77 nm

Marriage License from Idaho gives name as George Lewis Holloway and bride's name as Leila Berniece Thomas. dated May 9, 1939. viewed by V. S.

DEC 28 1977

Application ⊠ fro Exchange of Idaho Mutual Benefit Association Policy and Transfer of Credit. gives name as Leila B. Holloway. dated Jan 3, 1968. viewed by V. S.

313-121-042-793

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. _____ St.

Hospital _____

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 37 File No. 34868

Primary Registration District No. 1085 Registered No. _____

FULL NAME OF CHILD Eugene Leonard Tate

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	10 (Month) 21 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Isaac Tate	FULL MAIDEN NAME	Byona Pitney
RESIDENCE	Twin Falls Ida	RESIDENCE	Twin Falls Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Tennessee	BIRTHPLACE	Colorado
OCCUPATION	Auto mechanic	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1:15 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Pike

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Twin Falls Ida

Filed 10-30 1915 J H Coughlin Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 2 8 1942

359.124.042.289

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of " "

No. 123 7th Av N. St.

Hospital

Registration District No. 37

File No. 34869

Primary Registration District No. 1085

Registered No.

FULL NAME OF CHILD James Chas Leighton

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	Oct. 24 1915

FATHER		MOTHER	
FULL NAME	Ralph E Leighton	FULL MAIDEN NAME	Hazel Shields
RESIDENCE	Twin Falls Idaho	RESIDENCE	Twin Falls, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Kansas.	BIRTHPLACE	Colorado
OCCUPATION	Asst. Postmaster	OCCUPATION	

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2 am M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Wilson

Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Address Twin Falls Idaho

Filed 10-30 1915 J H Laughlin
Registrar

Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

JUN 23 1971

415-226-042-432

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls.

No. ..... St.

Hospital Twin Falls

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 37 File No. 34870

Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		Yes	Oct (Month) 26 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Samuel W Davison	FULL MAIDEN NAME	Rosa Lee McKinnis
RESIDENCE	Hazelton	RESIDENCE	Hazelton
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Arkansas	BIRTHPLACE	Colorado
OCCUPATION	Laborer	OCCUPATION	House Wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4:20 A.M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Boyd

M.D. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Twin Falls Idaho

..... Registrar

Filed 10-30 1915 J. H. Laughlin Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

445-228-042-618

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Twin Falls

City of " "

No. 232 9th Ave N St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34871

Registration District No. 37 File No.

Primary Registration District No. 1085 Registered No.

FULL NAME OF CHILD Harriett Duvall

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Oct 28 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Oliver P. Duvall	FULL MAIDEN NAME	Goldie Fahlgren
RESIDENCE	Twin Falls.	RESIDENCE	Twin Falls.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Kentucky	BIRTHPLACE	Kansas
OCCUPATION	Real Estate	OCCUPATION	—

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 11 pm M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Wilson

Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Address Twin Falls Idaho

Filed 10-30 1915 J H Coughlin
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MAR 2 3 1942

NOV 1 4 1969

OCT 1 6 1975

69-123-042-819

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls

City of .....

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34872

Registration District No. 37 File No. .....

Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD George Harvey Wright

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	10-23-1915

FATHER		MOTHER	
FULL NAME	George Wright	FULL MAIDEN NAME	Gertrude Harvey
RESIDENCE	T Falls	RESIDENCE	T Falls
COLOR	Blk	COLOR	Blk
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Wash	BIRTHPLACE	Wash
OCCUPATION	Stenographer	OCCUPATION	Home

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 5 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John F Coughlan

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address T Falls

Filed 10-23-1915 J F Coughlan Registrar

S-Y CO. 24655

JAN 4 1972

796-106-042-214

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of " "

No. 327 - 3d av N. St.

Hospital

Registration District No. 37

File No. 34873

Primary Registration District No. 1085

Registered No.

FULL NAME OF CHILD William Arthur Prothero

Sex of Child Male

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? yes.

Date of Birth Nov 6 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Arthur L Prothero	FULL MAIDEN NAME	Martha Kamensky
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Germany
OCCUPATION	Machinist	OCCUPATION	

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 1 pm on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Wilson

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Twin Falls, Ida.

Filed 11-15 1915 J H Caughen
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 14 1942

253-112-042-955

PLACE OF BIRTH

County of Twin Falls

City of ''

No. 404 Logo St.

Hospital

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 37 File No. 34874

Primary Registration District No. 1085 Registered No.

FULL NAME OF CHILD George Washington Bechmann Jr.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural birth)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Nov 12 1915

FATHER

FULL NAME George Washington Bechmann

RESIDENCE Twin Falls Idaho

COLOR White AGE AT LAST BIRTHDAY 23 (Years)

BIRTHPLACE Illinois

OCCUPATION

MOTHER

FULL MAIDEN NAME Sadie May Reed

RESIDENCE Twin Falls Idaho

COLOR White AGE AT LAST BIRTHDAY 20 (Years)

BIRTHPLACE Kansas

OCCUPATION

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5 am M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) H. W. Wilson

Physician

(Physician or midwife)

Address Twin Falls Idaho

Filed 11-18 19 15 J. J. Laughlin Registrar

9-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

5/1/41 Z.J.

789.114.042-261

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

No. _____ St.

Registration District No. 37 File No. 34875

Primary Registration District No. 1085 Registered No. _____

Hospital _____ CARLOS ALBERT PHILLIPS

FULL NAME OF CHILD Ostrom Albert Phillips

Sex of Child: Male | Twin Triplet or other? 1 (To be answered only in event of plural births) | and Number in order of birth 2nd | Legitimate? yes | Date of Birth: Nov. 14 (Month) (Day) 1915 (Year)

FATHER

FULL NAME: John Albert Phillips

RESIDENCE: Twin Falls Idaho

COLOR: Dark AGE AT LAST BIRTHDAY: 28 (Years)

BIRTHPLACE: Cowley Idaho

OCCUPATION: Mail Carrier

MOTHER

FULL MAIDEN NAME: Lorinda Christina Swenson

RESIDENCE: Twin Falls Idaho

COLOR: Light AGE AT LAST BIRTHDAY: 23 (Years)

BIRTHPLACE: Salt Lake Utah

OCCUPATION: Home Keeper

Number of child of this mother, including present birth: 2nd

Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11:45 A. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. A. Swenson

midwife (Physician or midwife)

Address 2 Falls

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed 11-20 19 15 J. H. Vaughn Registrar

S-Y CO. 24665

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 18 1942

STATE OF IDAHO SEP 21 1942

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Twin Falls }

Certificate No. 34875

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth ~~or Death~~)
for Ethan Albert Phillips (Name on Original Certificate) who was born (Was Born ~~or Died~~) on 14 day Nov. 1915 (Date of Event)
in Twin Falls Ida (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Church Records (Bible Record, Insurance Policy, Etc.) prepared on January 2 1916 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Ethan Albert Phillips	~~Carlos~~ Albert Phillips

Subscribed and sworn to before me this 18th day of Sept, 1942

Notary Public, residing at Twin Falls Idaho

My commission expires Nov. 17-1943
(Seal)

Signed John Albert Phillips
(Signature of parent or attendant if correcting a birth record; or attendant, funeral director, informant if correcting a death record; or other credible person.)

R.D. #2 Jerome, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Twin Falls }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18th day of Sept, 1942

Notary Public, residing at Twin Falls Idaho

My commission expires 10/17/43
(Seal)

Signed Lorinda C. Phillips
(Signature of Any Credible Person Other Than Previous Year)

R.D. #2 Jerome, Idaho
(Street Address, City, State)

SEP 26 1912

841-220-042-295

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of

No. 527 3d av W St.

Registration District No. 37

File No. 34876

Primary Registration District No. 1085

Registered No.

Hospital

FULL NAME OF CHILD Quast

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Nov 20 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Frank Quast	FULL MAIDEN NAME	Nellie Brassfield
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Ill.	BIRTHPLACE	Mo
OCCUPATION	Labrocn	OCCUPATION	

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2 am M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Wilson

Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Address Twin Falls Ida.

Filed 11-30 1915 J H Caughern
Registrar

Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

95.223.042-493

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital Twin Falls

[redacted] IDAHO
BU[redacted] AL STATISTICS
[redacted] E OF BIRTH

Form V. S. No. 11—25m-1-1-13

Registration District No. .....

File No. 34877

Primary Registration District No. 1085

Registered No. .....

FULL NAME OF CHILD Ruth Read

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	Nov 23 1913

FATHER		MOTHER	
FULL NAME	Roy A Read	FULL MAIDEN NAME	Mabel F Mulvihill
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Canada	BIRTHPLACE	Portland, Ore
OCCUPATION	Editor	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H H Boyd MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19..... Address Twin Falls Idaho

..... Registrar Filed 11-30 1915 H Coughlan Registrar

8-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 13 1950

JAN 31 1950

791-209-042-699

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of T Falls

City of " "

No. ..... St.

Hospital .....

Registration District No. 37

File No. 34878

Primary Registration District No. 1085

Registered No. .....

FULL NAME OF CHILD Irene Rosa Graves

Sex of Child F	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth Nov. 9 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Giles Dolphin Graves	FULL MAIDEN NAME	Claudine Wright
RESIDENCE	Twin Falls	RESIDENCE	~~Falls~~ Twin Falls
COLOR	Blk.	COLOR	Blk
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Kans.	BIRTHPLACE	Wash.
OCCUPATION	Janitor	OCCUPATION	Hand

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 6 a. M on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John F Coughlin

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19....

Address T Falls

Filed 11-9 1915 J F Coughlin

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

493-110-042-249

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of I Falls

" "

City of

No. St.

Hospital

Form V. S. No. 11-C—25m-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 37 File No. 34879

Primary Registration District No. 1085. Registered No.

FULL NAME OF CHILD Bernard Miller Dickerson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	Nov. 10 1915

FATHER		MOTHER	
FULL NAME	Harry C Dickerson	FULL MAIDEN NAME	Jean Smith
RESIDENCE	I Falls	RESIDENCE	I Falls
COLOR	W	AGE AT LAST BIRTHDAY (Years)	31
COLOR	White	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Kans.	BIRTHPLACE	Pa.
OCCUPATION	Accountant	OCCUPATION	Hsmf

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or stillborn) at 109 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John F Coughlin

(Physician or midwife)

Address I Falls

Given names added from a supplemental report.

19

Registrar

Filed 11-10 1915 J F Coughlin

Registrar

S-Y CO. 24688

MAR 4 1942

796.222.042-239

PLACE OF BIRTH

County of I Falls

City of " "

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 37 File No. 34880

Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD Bernice Lathel Grove

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes	11-22-1915

FATHER		MOTHER	
FULL NAME	Otto Grove	FULL MAIDEN NAME	Marie Kline
RESIDENCE	I Falls	RESIDENCE	I Falls
COLOR	W. AGE AT LAST BIRTHDAY 23 (Years)	COLOR	W AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE	Colo.	BIRTHPLACE	Montana
OCCUPATION	Electrician	OCCUPATION	Hand

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 11 A M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J F Coughlin

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address I Falls

Filed 11-22 1915 J F Coughlin Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 9 1960

133.127.042.154

PLACE OF BIRTH

County of I Falls

" "

City of

No. St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

CERTIFICATE OF BIRTH

Registration District No. 37 File No. 34881

Primary Registration District No. 1082 Registered No.

FULL NAME OF CHILD Charles Edward Allen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	Nov 27 1915

FATHER		MOTHER	
FULL NAME	Clarence E. Allen	FULL MAIDEN NAME	Anna Jessie Anderson
RESIDENCE	I Falls	RESIDENCE	I Falls
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Kans	BIRTHPLACE	S. Dakota
OCCUPATION	Jeweler	OCCUPATION	Hsmf

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or ~~stillborn~~) at 4:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John F. Coughlen

(Physician or ~~midwife~~)

Address I Falls

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed 11-27 1915 John F. Coughlen
Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 4 1942

235-118-042-445

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of I Falls

City of " "

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34882

Registration District No. 37 File No. .....

Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD Samuel Winston Stewart

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes.	November 18th 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	S. Claude Stewart	FULL MAIDEN NAME	Gladys Dunn
RESIDENCE	I Falls	RESIDENCE	I Falls
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Mich	BIRTHPLACE	Mich
OCCUPATION	Deputy Co. Clerk	OCCUPATION	Housf

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 29 M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John F. Coughlin

(Physician or midwife)

Given names added from a supplemental report.

..... 19...

Address I Falls

Filed 11-20 1915 John F. Coughlin Registrar

..... Registrar

S-Y CO. 24685

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

11-07-41

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 34882
Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or death)
for ..... (Name on original certificate) who ..... (Was born or died) on ..... (Date of event)
in ..... (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by ..... (Bible record, insurance policy, etc.) prepared on ..... (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name		Samuel Winston Stewart
Date of birth	Nov. 20, 1915	Nov. 18, 1915

Subscribed and sworn to before me this 25th day of November, 1941.
R. J. Mayne
Notary Public, residing at Twin Falls
My commission expires 3-5-45
[SEAL]

Signed J. Claud Stewart
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
1470-4th Ave. E. Twin Falls, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Twin Falls } ss.

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25th day of November, 1941.
R. J. Mayne
Notary Public, residing at Twin Falls
My commission expires 3-5-45
[SEAL]

Signed Jeptha L. Greene
(Signature of any credible person other than the previous affiant.)
751 2nd Ave. East
(Street Address, City, State)
Twin Falls, Idaho

Received for filing on NOV 26 1941 By .....
(Registrar's signature)

DEC 7 1948

268-104-042-957

PLACE OF BIRTH

Form V, S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of T Falls

City of

No. St.

Hospital

Registration District No. 37

File No. 34883

Primary Registration District No. 2085

Registered No.

FULL NAME OF CHILD DUDLEY BOYLAN

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate	Date of Birth (Month) (Day) (Year)
Male		yes	10 X 1915

FATHER		MOTHER	
FULL NAME	Abraham D. Boylan	FULL MAIDEN NAME	Ida Inglee
RESIDENCE	Twin Falls	RESIDENCE	
COLOR	White	COLOR	
AGE AT LAST BIRTHDAY (Years)	57	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Canada	BIRTHPLACE	Canada
OCCUPATION	Farmer	OCCUPATION	/

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 6 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. D. Weaver

(Physician or midwife)

Given names added from a supplemental report.

19

Address T Falls Idaho

Registrar

Filed 10 20 1915 Joseph Conglies

Registrar

B-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DECEASED

DUP OF 1915-36013

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of Pierce }

Certificate No. 34883

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed (Name on Original Certificate) who Born (Was Born or Died) on Oct. 4, 1915 (Date of Event)
in Twin Falls, Ida. (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Dudley Boylan

Subscribed and sworn to before me this 20th day of July, 1944

Notary Public, residing at Tacoma

My commission expires March 25, 1944
(Seal)

Signed Margery Beckle Older sister
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

4927 No. Defiance st
(Street Address, City, State)
Tacoma, Wn.

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

JUL 2 9 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

291-106-042-864

PLACE OF BIRTH

County of Twin Falls

City of

No. St.

Hospital

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34884

Registration District No. 37 File No.

Primary Registration District No. 2085 Registered No.

FULL NAME OF CHILD LAWRENCE ALLEN Shaw

Sex of Child Male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth 10 (Month) 6 (Day) 1915 (Year)

FATHER	MOTHER
FULL NAME Roy D Shaw	FULL MAIDEN NAME Naome Young
RESIDENCE Twin Falls Ida	RESIDENCE Twin Falls Ida.
COLOR White	AGE AT LAST BIRTHDAY 24 (Years)
COLOR White	AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Kansas	BIRTHPLACE Tennessee
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7 15 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. G. Pike

Physician
(Physician or midwife)

Address Twin Falls Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 10-20 1915 J. H. Coughlin Registrar

S-Y CO. 24688

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon }ss.
County of Marion }

Certificate No. 34884

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Lawrence Allen Shaw (Name on Original Certificate) who was born (Was Born or Died) on Oct 6 - 1915 (Date of Event) in Twin Falls Ida (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed Shaw	Lawrence Allen Shaw

Subscribed and sworn to before me this 25th day of March, 1942

E. M. Haue

Notary Public, residing at Salem Oreg.

My commission expires (Seal)

NOTARY PUBLIC FOR OREGON
My commission expires March 12, 1944

Signed Mrs. Roy I. Shaw
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

650 Marion Salem, Ore
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon }ss.
County of Marion }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25th day of March, 1942

E. M. Haue

Notary Public, residing at Salem Oregon

My commission expires (Seal)

NOTARY PUBLIC FOR OREGON
My commission expires March 12, 1944

Signed Mary Alice Crooks,
(Signature of Any Credible Person Other Than Previous Year)

150 E. Bush st Salem Oregon
(Street Address, City, State)

692-107-042-1119

Amended 6-25-63

(Be sure the information is complete and accurate)

State File No. 34885
Local Reg. No.
Reg. Dist. No. 37

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (*Type or print*)
a. (First): Ernest
b. (Middle): Arrington
c. (Last): Fisher

4. SEX: Male
5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]
5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]
6. DATE OF BIRTH (Month) (Day) (Year): Oct. 7, 1915

FATHER OF CHILD

7. FULL NAME
a. (First): William
b. (Middle): Orvil
c. (Last): Fisher
8. COLOR OR RACE: White
9. AGE (At time of this birth): 27 YEARS
10. BIRTHPLACE (State or foreign country) (City or Town): Guthrie Center, Iowa
11a. USUAL OCCUPATION: Farmer
11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Lee Anner
b. (Middle):
c. (Last): Arrington
13. COLOR OR RACE: White
14. AGE (At time of this birth): 32 YEARS
15. BIRTHPLACE (State or foreign country) (City or Town): Parrotsville, Tenn.
16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 2
b. How many OTHER children were born alive but are now dead? 0
c. How many children were stillborn (born dead after 20 weeks pregnancy)? 0
17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: M. A. Swenson
18b. ATTENDANT AT BIRTH: M. D. [ ] MIDWIFE [X] OTHER (Specify)
18c. ADDRESS: Twin Falls, Idaho
18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.: 10-15-1915
20. REGISTRAR'S SIGNATURE: J. F. Coughlin
21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

FOR MEDICAL AND HEALTH USE ONLY
(*This section MUST be filled out*)

22a. LENGTH OF PREGNANCY WEEKS
22b. WEIGHT AT BIRTH LBS. OZS.
23. Was a standard serological test for syphilis performed? YES [ ] NO [ ]

EGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the
espondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physici or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this artic with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occ red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in su case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birt Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by mu cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charg with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certi cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, ar upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

documents listed on back -

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 34885

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Ernest Arrington Fisher (Name on Original Certificate) who was born (Was Born or Died) on Oct. 7, 1915 (Date of Event)
in Twin Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Father	Willie Orvil Fisher	William Orvil Fisher
Full Maiden Name of Mother	LeAnna Arrington	Lee Anner Arrington

Subscribed and sworn to before me this ..... day of
....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed Mrs W. O. Fisher
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Cache }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st day of
April, 19 63

Notary Public, residing at Logan, Utah
My commission expires 3-13-65
(Seal)

Signed Callie Arrington Ward
(Signature of Any Credible Person)

171 South 3rd West, Logan Utah
(Street Address, City, State)

FORM DH 60-155 CL 3-26-63. one copy pd. rec. #02335.

L.D.S. Church Certificate of Membership, East Tenn. Conference, dated Oct. 15, 1905 gives full name as Lee Anner Arrington - baptized Oct. 7, 1899; confirmed Oct. 7, 1899. - viewed by V.S.

L.D.S. Church Certificate of Membership, Southwestern States Mission, Lawrence Branch; baptized Oct. 26, 1900 - confirmed Oct. 27, 1900 gives full name as William Orvil Fisher - viewed by V.S.

Marriage License and Certificate (Cert. Copy) issued March 11, 1963, State of Oklahoma, County of Comanche gives full name of groom as William O. Fisher and full name of bride as Lee Anner Arrington - married March 1, 1908 at Lawton, Oklahoma - viewed by V.S.

L.D.S. Church Certificate of Ordination to the Holy Priesthood as a High Priest, Jan. 18, 1953 gives full name as William Orvil Fisher - viewed by V.S.

Statement from Ralph A. McCombs, Bishop of Heyburn Second Ward, Heyburn, Idaho - L.D.S. Church - Statement written June 9, 1963 states "This is to certify that the following persons were admitted into the Heyburn Second Ward of the Church of Jesus Christ of Latter-day Saints, on March 21, 1948: William Orvil Fisher, son of Samuel Brown Fisher and Ida Irene (Sipe) Fisher, born 18 Sept. 1888 at Guthrie, Iowa. Lee Anner Arrington Fisher, daughter of LeeRoy Madison Arrington and Priscilla Jane (Brisendine) Arrington, born April 3, 1883 at Parrotsville, Cocke, Tennessee." - viewed by V.S.

553109.042213

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of

No. St.

Hospital

Registration District No. 37

File No. 34886

Primary Registration District No. 2085

Registered No.

FULL NAME OF CHILD Nelson Paul N. Nelson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
m		Yes.	Oct. 9 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	James Nelson	FULL MAIDEN NAME	Anna Jacks
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls,
COLOR	white. AGE AT LAST BIRTHDAY 30 (Years)	COLOR	white AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE	Denmark.	BIRTHPLACE	Kans.
OCCUPATION	rancher.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 a. m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. W. Goudet.

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Address T Falls

Filed 10-15 1915 H Coughlin Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 3 0 1968

IDAHO DEPARTMENT OF HEALTH.

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED

JAN 15 1968

Bureau of Vital Statistics

State of CALIFORNIA } ss.
County of FRESNO

Certificate No. 34886

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Nelson (male child) who was born on Oct. 9, 1915
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Twin Falls County, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by CENSUS RECORD prepared on [illegible] are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Paul Nedergaard Nelson

Subscribed and sworn to before me this 10TH day of JANUARY, 1968

Robert W. Kinsey
Notary Public, residing at FRESNO, CALIF
My commission expires 3-10-70
(Seal)

Signed Mrs Anna Nelson - MOTHER
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1039 No. ORCHARD - FRESNO CALIF 93701
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of CALIFORNIA } ss.
County of FRESNO

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10TH day of JANUARY, 1968

Robert W. Kinsey
Notary Public, residing at FRESNO, CALIF
My commission expires 3-10-70
(Seal)

Signed Faye M. Smith
(Signature of Any Credible Person) SISTER

1025 No. ORCHARD - FRESNO CALIF 93701
(Street Address, City, State)

FORM DH 60-155

CL 2-7-66. one copy pd. rec. #5676.

as requested full name of child is being added as Paul N. Nelson - 1-29-68.

Social Security Card, #533-12-6119 gives full name as Paul N. Nelson - viewed by V.S.

JAN 30 1968

Photo Copy of Federal Census Record, census of 1930, taken as of April 1, Mica Township, Spokane County, State of Washington, gives full name as Paul N. Nelson, son, age 14, born in Idaho, parents-James N. and Anna B. Nelson - viewed by V.S.

735-119-042249

PLACE OF BIRTH

Form V. S. No. 11—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Hansin

No. _____ St.

Hospital _____

Registration District No. 37

File No. 34887

Primary Registration District No. 2085

Registered No. _____

FULL NAME OF CHILD _____

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
m		yes	Oct (Month) 19 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	J Crampton Glenn	FULL MAIDEN NAME	Junior Smith
RESIDENCE	Hansin	RESIDENCE	Hansin
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Ga	BIRTHPLACE	Oregon
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11:30 p.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J W Boyd

M.D. (Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Address T Falls

Filed 10-25 1915 J H Coughlin

Registrar

Registrar

8-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

296220-042-465

PLACE OF BIRTH

Form V. S. No. 11-C

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of 3 m S of Twin Falls

Registration District No. 37

File No. 34888

No. _____ St.

Primary Registration District No. 2085

Registered No. _____

Hospital _____

FULL NAME OF CHILD Lydia Grace Brown

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F	2d	Yes	Oct 20 1915

FATHER		MOTHER	
FULL NAME	Walter Lucerne Brown	FULL MAIDEN NAME	Mable Montith
RESIDENCE	3 m S of Twin Falls	RESIDENCE	3 m S of Twin Falls
COLOR	White	COLOR	
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Wis	BIRTHPLACE	Wis
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive Oct 20 at 1 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. Henry Dunn
Physician
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Twin Falls Id.

Filed 10-30 1915 J H Coughlin
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 2 1957

557-121-042-493

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Filer

No. ..... St.

Hospital .....

Registration District No. 37 File No. 34889

Primary Registration District No. 2085 Registered No. .....

FULL NAME OF CHILD Donald Nisley Engle

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Oct. 21 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ezra C. Engle	FULL MAIDEN NAME	Sadie Miller
RESIDENCE	Filer Ida	RESIDENCE	Filer, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Kansas	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2:30 am M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Wilson

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Twin Falls Idaho

Filed 10-30 1915 J H Coughlin Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

693.122.042+266

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of

No. St.

Hospital

Registration District No. 37

File No. 34890

Primary Registration District No. 2085

Registered No.

FULL NAME OF CHILD Theodore Woodrow Williams

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Oct 22 1915

FATHER		MOTHER	
FULL NAME	Sydney Williams	FULL MAIDEN NAME	Rosa Swope
RESIDENCE	1 mw & 3 m S of Kimberly	RESIDENCE	1 mw & 3 m S of Kimberly
COLOR	White	COLOR	
AGE AT LAST BIRTHDAY (Years)	48	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Ohio	BIRTHPLACE	Mo
OCCUPATION	Farm Hand	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. Henry Dunn

" " "

(Physician or midwife)

Given names added from a supplemental report.

19

Address Twin Falls Id.

Filed 10-30 1915 J. Laughlin

Registrar

Registrar

S-Y CO. 24655

Certified copy issued 2-20-1941.. dp

693-131-042 141

PLACE OF BIRTH

County of Twin Falls

City of —

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 37 File No. 34891

Primary Registration District No. 2085 Registered No. .....

FULL NAME OF CHILD Ralph Coleman Wilson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Oct 31 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Andrew G. Wilson	FULL MAIDEN NAME	Mary Adams
RESIDENCE	Twin Falls Co	RESIDENCE	Twin Falls Co
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	42
BIRTHPLACE	Ohio	BIRTHPLACE	Ohio
OCCUPATION	Farmer	OCCUPATION	—

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 11 pm M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Wilson

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Twin Falls, Idaho

Filed 11-3 1915 J H Coughlin
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 9 1975

Dec. 2, 1940 L. B.

AUG 3 2 1944

556-205-042-592

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Twin Falls

City of ~~Twin Falls~~

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 37 File No. 34892

Primary Registration District No. 2085 Registered No. .....

FULL NAME OF CHILD Arline Gertrude Newland

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		Yes	Nov 5 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Lee R Newland	FULL MAIDEN NAME	Susie Eckenberry
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Kansas	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

[signature] M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Twin Falls Ida

Filed 11-10 1915 J H Coughlin
Registrar

Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 2 9 1970

7-10-70

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

RECEIVED JUL 28 1970 Bureau of Vital Statistics

Certificate No. 34892

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Newland (Name on Original Certificate) who was born (Was Born or Died) on Nov. 5, 1915 (Date of Event)

in Twin Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	omitted	Arline Gertrude Newland

Subscribed and sworn to before me this 10th day of July, 1970

Notary Public, residing at Burley

My commission expires 4-20-74

(Seal)

Signed E. Marie Newland Loraine

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

.....

(Street Address, City, State)

FORM DH 60-155 Rush Cassia (N)

Pomona High School, Pamona, California gives name as Arline G. Newland. School Diploma. Dated June 8, 1933. Signed by Geo. D. Palmer, President Board of Education. Viewed by V. S.

Certificate of Marriage from the State of California, County of San Bernardino Dated Feb. 18, 1933 at Chris. Gives name of groom as James Rex Britt and the bride's name as Arline Gertrude Newland. Signed by. Edwin Rhodes. Viewed by V. S.

Britt

462-1 20042-266

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Milner

No. ..... St.

Hospital .....

Registration District No. 37 File No. 34893

Primary Registration District No. 2085 Registered No. .....

FULL NAME OF CHILD ~~Carl Leonard Mosher~~ Harry Kern Mosher

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	11-20 1915

FULL NAME	FATHER	FULL MAIDEN NAME	MOTHER
	Carl Leonard Mosher		Helen Bowling
RESIDENCE	Milner, Ida.	RESIDENCE	Milner, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Ind	BIRTHPLACE	Ill.
OCCUPATION	Station Agent	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9.45 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M.D. (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Burley, Ida.

Filed 11-30 1915 J. H. Coughlin Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 2

419.119.042-443

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of

No. St.

Hospital

Registration District No. 37

File No. 34894

Primary Registration District No. 2085

Registered No.

FULL NAME OF CHILD Blackburn Darrel L.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Nov 19 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Alma Lester Blackburn	FULL MAIDEN NAME	Vida Mulliner
RESIDENCE	Twin Falls Ida	RESIDENCE	Twin Falls Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	19 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	—

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 3 pm on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Wilson

physician
(Physician or midwife)

Given names added from a supplemental report.

19

Address Twin Falls, Idaho

Filed 11-25 1915 J F Laughlin
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

c.c. 6/19/41. w.h.

665-101-037-769

Form V. S. No. 11-C—20m-2-15-12

[redacted] OF IDAHO
[redacted]VITAL STATISTICS

CERTIFICATE OF BIRTH

34895

PLACE OF BIRTH

County of Bingham

City of Bruneau

Registration District No. 44 File No. 9

No. — St.

Primary Registration District No. 2121 Registered No.

Hospital —

FULL NAME OF CHILD Joseph Owens

Sex of Child Male	Twin Triplet or other? — and Number in order of birth — (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth Sept. 1 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Frank M. Owens	FULL MAIDEN NAME	Hazel Portlock
RESIDENCE	Bruneau	RESIDENCE	Bruneau
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Texas	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth first

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive 9/1 at 11 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Bartlett

Physician
(Physician or midwife)

Given names added from a supplemental report

Address Bruneau Idaho

.....19.....

Filed 9/2 1915 J. C. Bartlett
Registrar

Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

254-129-037-296

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-2-15-12

CERTIFICATE OF BIRTH

34896

County of Owyhee

City of Drumeau

Registration District No. 44 File No. 10

No. — St.

Primary Registration District No. 2121 Registered No.

Hospital —

FULL NAME OF CHILD Benjamin U. Kenison

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Male	—	—	Yes	Sept 29 (Month) (Day) 191 5 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Walter O. Kenison	FULL MAIDEN NAME	Elsie Sifers
RESIDENCE	Drumeau Idaho	RESIDENCE	Drumeau Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Colorado
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive 9/29 at 6 9 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Bartlett

Physician
(Physician or midwife)

Address Drumeau Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed Sept 29 19 15 J. C. Bartlett
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 19 1971

719.122:037-493

Form V. S. No. 11-C—20m-9-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34897

County of Owyhee

City of Drumeau

Registration District No. 44

File No. 11

No. ..... St.

Primary Registration District No. 212

Registered No. .....

Hospital .....

FULL NAME OF CHILD William Guy Parker

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	Oct 22 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	William Parker	Dorothy Dickens
RESIDENCE	Drumeau	Drumeau
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	34	32
BIRTHPLACE	Missouri	Iowa
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive on the date above stated. Born alive or stillborn 10/22, at 3 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Bartlett

Physician

(Physician or midwife)

Address Drumeau

Given names added from a supplemental report

..... 19.....

.....
Registrar

Filed Nov. 10 1915 J. C. Bartlett
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

294-103-037-791

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34898

County of Owyhee

City of Bruneau

Registration District No. 44 File No. 12

No. ..... St.

Primary Registration District No. 2121 Registered No. .....

Hospital .....

FULL NAME OF CHILD Charles Samson Simmers

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	✓		✓	Yes	Nov. 3 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Thomas W. Simmers	FULL MAIDEN NAME	Grace Grayson
RESIDENCE	Bruneau	RESIDENCE	Bruneau
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Pennsylvania	BIRTHPLACE	Missouri
OCCUPATION	Book-keeper	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive 11/3 at 7 9 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Bartlett

Physician
(Physician or midwife)

Address Bruneau Idaho

Given names added from a supplemental report

..... 19.....

Filed Nov 10 1915 J. C. Bartlett
Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 1 7 1975

913118-037-962

Form V. S. No. 11-C—20m-3-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34899

County of Owyhee

City of Bruneau

Registration District No. 44 File No. 13

No. ..... St.

Primary Registration District No. 2121 Registered No. .....

Hospital .....

FULL NAME OF CHILD William Emery Ratliff

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	✓		✓	Yes	Nov. 13 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	William Ratliff	FULL MAIDEN NAME	Katy Robertson
RESIDENCE	Bruneau	RESIDENCE	Bruneau
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Texas	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive 11/13 at 10 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Bartlett

Physician
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Bruneau

Filed Nov. 30 1915 J. C. Bartlett
Registrar

Registrar

S-Y CO. 20174

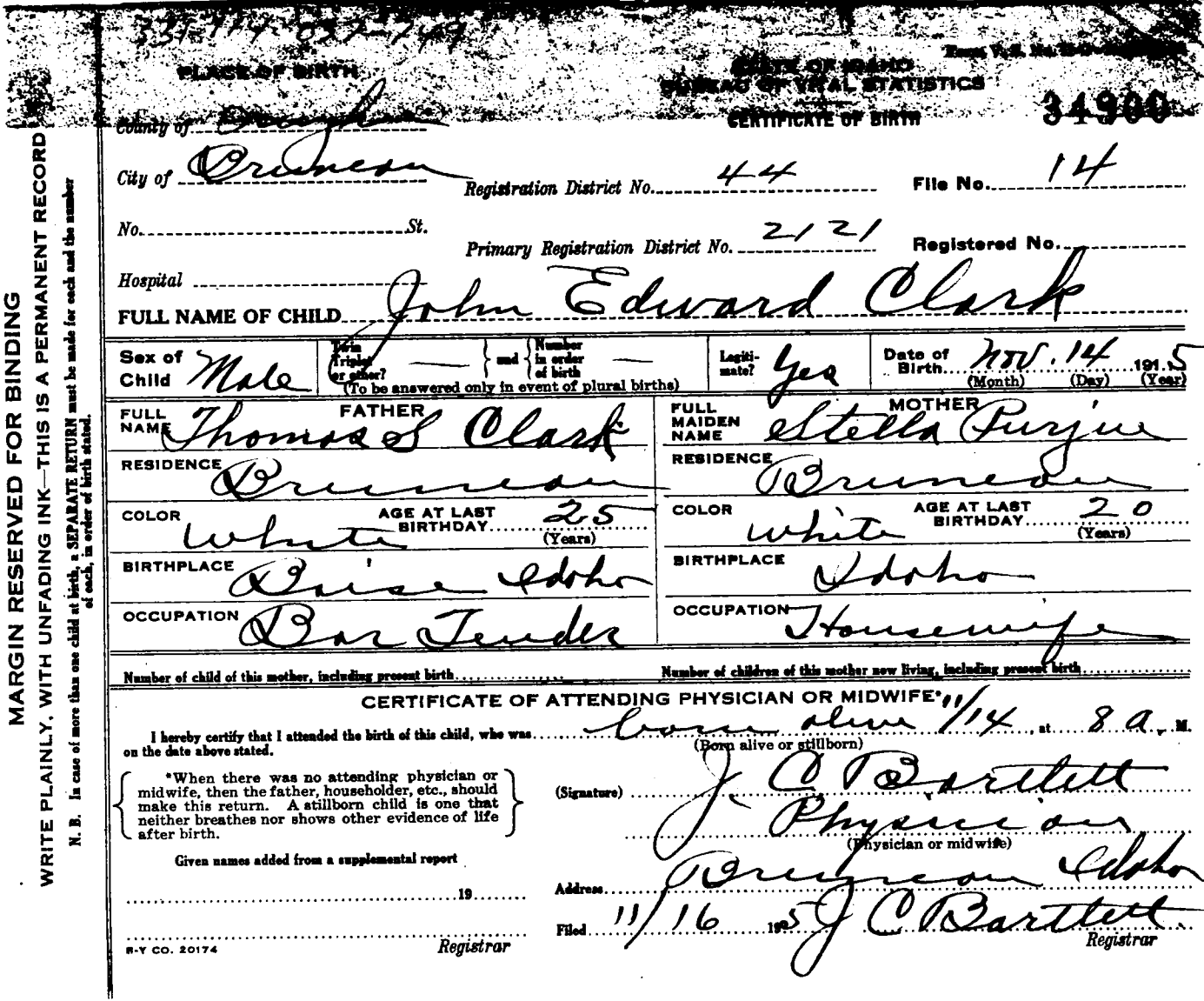
MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

AUG 28 1964



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34900

County of Bonneville

City of Drumeon — Registration District No. 44 — File No. 14

No. ____ St. — Primary Registration District No. 2121 — Registered No. ____

Hospital ____

FULL NAME OF CHILD John Edward Clark

Sex of Child	Twin (Triplet) or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—		—	Yes	Nov. 14 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Thomas L Clark	Stella Purjue
RESIDENCE	Drumeon	Drumeon
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	25	20
BIRTHPLACE	Boise Idaho	Idaho
OCCUPATION	Bar Tender	Housewife

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on 11/14, at 8 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J C Bartlett

Physician

(Physician or midwife)

Address Drumeon Idaho

Given names added from a supplemental report

....., 19.....

Filed 11/16 1915 J C Bartlett

Registrar

Registrar

8-Y CO. 20174

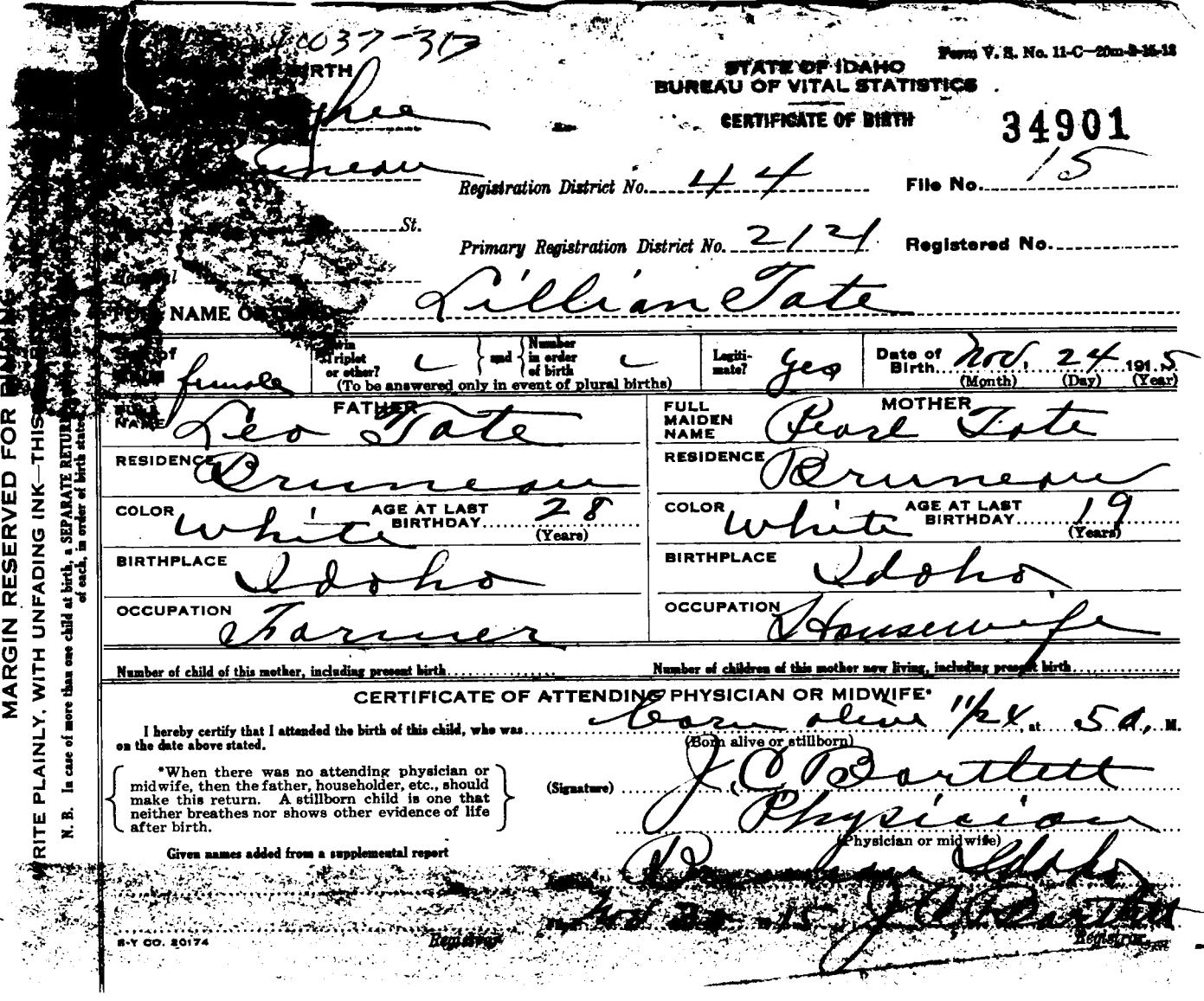
Form V.S. No. U-[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

[illegible]

APR 24 1961



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS [illegible]

N. B. In case of more than one child at birth, a SEPARATE RETURN [illegible] of each, in order of birth stated.

[illegible] 037-317

[illegible] BIRTH

[illegible] Phee

[illegible] Bruneau

[illegible] St.

[illegible]

Form V. S. No. 11-C—20m-3-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34901

Registration District No. 44 File No. 15

Primary Registration District No. 2121 Registered No.

[illegible] NAME OF [illegible] Lillian Tate

Sex of Child	Twin, triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
female	—	—	Yes	Nov. 24 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Leo Tate	FULL MAIDEN NAME	Pearl Tate
RESIDENCE	Bruneau	RESIDENCE	Bruneau
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive 11/24 at 5 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Bartlett

Physician
(Physician or midwife)

Given names added from a supplemental report

[illegible] Bruneau Idaho

[illegible] Nov 30 1915 J. C. Bartlett

Registrar

S-Y CO. 20174

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

DU2001915-434919

Registrar

[redacted] 913

[redacted] ton

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

34902

City of Weiser

No. ....., ... St.

Hospital .....

Registration District No. 86 File No. .....

Primary Registration District No. ~~212~~ 1010 Registered No. 52

FULL NAME OF CHILD XXXXXXXXXX CLARE Edwin Johnston

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth
M	—		—	yes	11 (Month) 14 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Chas. Earl Johnston	FULL MAIDEN NAME	Pearl M. Gates
RESIDENCE	Weiser Ida	RESIDENCE	Weiser Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Council Grove Kas	BIRTHPLACE	McPherson Kas.
OCCUPATION	Stockman	OCCUPATION	Hostile

Number of child of this mother, including present birth 1 Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 5 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ernest O. Finney

Physician (Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Weiser Idaho

Filed 2-10 1915 W. R. Hamilton Registrar

Registrar

SYMS - YORK CO., PTRS. & BORS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECOR

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

5/26/41 L. B.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ~~Washington~~ Idaho } ss.
County of ~~King~~ Washington }

Certificate No. 24702

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Clair Erwin Johnston (Name on Original Certificate) who Born (Was Born or Died) on November 14, 1915 (Date of Event)
in Weiser, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ~~Parent's~~ Statement (Bible Record, Insurance Policy, Etc.) prepared on November 14 1915 (Give Date), are:
~~to the Under~~

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Clair Edwin Johnston	Clare Edwin Johnston

Subscribed and sworn to before me this 12th
day of October, 1942
Frank D Ryan
Notary Public, residing at Weiser Ida,
My commission expires Dec 24th, 1942
(Seal)

Signed Clare Edwin Johnston
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
5770 25 ave NE Seattle Wash
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Washington }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this Oct 12 1942
day of , 1942

Signed Charles Earl Johnson
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at Weiser, Idaho
My commission expires December 24, 1942
(Seal)

304 East 3rd St Weiser Ida
(Street Address, City, State)

OCT 1 3 1942

962-207-044-291

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Washington

City of Weiser

No. ——, —— St.

Hospital ——

Form V. S. No. 11-C—10m-6-7-12

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 86 File No. 34903

Primary Registration District No. 2112 Registered No. 57

FULL NAME OF CHILD Ruth Frances Ross.

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth
F.	—		—	yes	11 (Month) 7 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Ben Franklin Ross	FULL MAIDEN NAME	Minnie Kraus.
RESIDENCE	Weiser Ida.	RESIDENCE	Weiser Ida.
COLOR	W. AGE AT LAST BIRTHDAY 31 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 29. (Years)
BIRTHPLACE	Fenneys Grove. Mo.	BIRTHPLACE	Topeka. Kan.
OCCUPATION	Stockman.	OCCUPATION	Hwife.

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4 30 a.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ernest O. Fenney

Physician (Physician or Midwife)

Given names added from a supplemental report

..... 19.....

Address Weiser Ida

Filed 12-1 1915 W R Hamilton

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

FEB 19 1944

399-103-044-993

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated

PLACE OF BIRTH

County of Washington

City of Weiser

No. —, —— St.

Hospital ——

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 86 File No. 34904

Primary Registration District No. 1010 Registered No. 20

FULL NAME OF CHILD Ted Critchfield Jr.

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.	—		—	Yes	11 3 1915

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Roy E. Critchfield	Gertrude Richardson
RESIDENCE	Weiser Ida.	Weiser Ida.
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	27	31
BIRTHPLACE	Dayton Wash	Roberton Wyo.
OCCUPATION	Laborer.	Housewife.

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8-20 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ernest O. Feeney

Physician

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed 12-1 1915 W. R. Hamilton Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826 Registrar

STATE OF OHIO

819.226.044-449

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Washington

City of Weiser

No. ..... St.

Hospital .....

Registration District No. 86 File No. 34905

Primary Registration District No. 2112 Registered No. 47

FULL NAME OF CHILD PHYLLIAS ADA HAINES

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl	and [Number in order of birth]	Yes	11 (Month) – 26 (Day) – 1915 (Year)

FATHER		MOTHER	
FULL NAME	Herman Haines	FULL MAIDEN NAME	Ruby Murphy
RESIDENCE	Weiser, Flat	RESIDENCE	Weiser Flat
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	16 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Oregon
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 9 30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. C. Dudley

Physician (Physician or midwife)

Address Weiser Ida.

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 12-6 1915 W. P. Hamilton Registrar

S-Y CO. 20174

OCT 9 1942

293-109 044-2 68

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

No. ____, ____ St.

Hospital ____

Registration District No. 86 File No. 34906

Primary Registration District No. 1010 Registered No. 41

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Nov 9 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	James H Bickett	Nina Boyd (Bickett)
RESIDENCE	Weiser	Weiser
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	37	27
BIRTHPLACE	Perry Co, Ill.	New Concord
OCCUPATION	Mail Carrier	Housewife

Number of child of this mother, including present birth 2 nd

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 3 30a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S R Dudley

Physician (Physician or Midwife)

Address Weiser Ida

Given names added from a supplemental report

____, 19____

____ Registrar

Filed 11-9 1915 W. R. Hamilton Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

NOTE B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

BICKET

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PLACE OF BIRTH

Form V. S. No. 11-C—60m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

No. ..... St.

Hospital .....

Registration District No. 86 File No. 34907

Primary Registration District No. 1010 Registered No. 44

FULL NAME OF CHILD George Daniel Fromday

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	—	—	Yes	Oct 4 1914

FATHER		MOTHER	
FULL NAME	Fromday	FULL MAIDEN NAME	Crissie Rostenbaden
RESIDENCE	Weiser Ida	RESIDENCE	Weiser Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Grayville Ill	BIRTHPLACE	Freeport Ill.
OCCUPATION	Telegraph Operator	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) on the date above stated. at ..... M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James A Young
Physician
(Physician or midwife)

Address Weiser Ida

Given names added from a supplemental report

..... 19.....

Filed 11—9 1915 W. P. Hamilton
Registrar

..... Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

L.

ph. 7/7/41

113-206-024-165

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

No. R F D No 1 St.

Hospital

Registration District No. 86

File No. 34908

Primary Registration District No. 412

Registered No. 40

FULL NAME OF CHILD ALTA MABEL Jackson

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
Fem	—	—	Yes	11 (Month) 6 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Russel Jackson	FULL MAIDEN NAME	Mable Jones
RESIDENCE	Weiser	RESIDENCE	Weiser
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Utah	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 3 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. T. Anderson M.D.

(Physician or Midwife)

Given name added from a supplemental report

Address Weiser Ida.

Filed 11-8 1915 W. R. Hamilton Registrar

Registrar

8-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

K

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Washington } ss.

Certificate No. 34908

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth or Death)
for Alta Mabel Jackson (Name on Original Certificate) who was born (Was Born or Died) on November 6, 1916 (Date of Event)
in Weiser Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Alta Mabel Jackson
Alta Mabel Jackson		

Subscribed and sworn to before me this 10
day of September, 1943
Jas Howard
Notary Public, residing at Weiser Idaho
My commission expires 3/18-44
(Seal)

Signed Mrs Mabel Morton
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Weiser Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Washington } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10
day of September, 1943
Jas Howard
Notary Public, residing at Weiser Idaho
My commission expires 3/18-44
(Seal)

Signed Joel P Moore
(Signature of Any Credible Person Other Than Previous Year)
Weiser Idaho
(Street Address, City, State)

SEP 14 1943

144-108-044-155

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34909

County of Washington

City of Weiser

No. W. 3rd St.

Hospital

Registration District No. 86

File No.

Primary Registration District No. 1010

Registered No. 45

FULL NAME OF CHILD Glen Harold Adu

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	✓	2	yes	Nov. 8 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Simeon Adu	FULL MAIDEN NAME	Flora Jenkins
RESIDENCE	Weiser Idaho	RESIDENCE	Weiser Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	51 (Years)	AGE AT LAST BIRTHDAY	41 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Boise Idaho
OCCUPATION	Jeweler	OCCUPATION	Housewife

Number of child of this mother, including present birth 11

Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11 30 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. M. Walshaw

Physician

(Physician or midwife)

Given names added from a supplemental report.

19

Address Weiser Idaho.

Filed 11-18 1915 H. R. Hamilton

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

593-226-044-995

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34910

County of Washington

City of Weiser

Registration District No. 86 File No.

No. St.

Primary Registration District No. 1010 Registered No. 59

Hospital

FULL NAME OF CHILD GEORGIA NOVERA Nitcher

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female	—		—	yes	Nov 24 1915

FATHER	MOTHER
FULL NAME Frank Nitcher	FULL MAIDEN NAME Nellie Ireland
RESIDENCE Weiser Ida	RESIDENCE Weiser Ida
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 38 (Years)	AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE Easton Missouri	BIRTHPLACE Furnacko Neb.
OCCUPATION Blacksmith	OCCUPATION Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) on the date above stated, at 4 a M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) James A Young

Physician

(Physician or midwife)

Address Weiser Ida.

Filed 12-15 1916 W R Hamilton Registrar.

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

2

6-16-44

DECEASED

State of Oregon)
) SS.
County of Lane)

I, Nellie M Nitcher be ing first duly sworn depose and say: That I am the mother of Georgia Noverra Nitcher an also the mother of Ethel Viola Nitcher and That Georgia Novera Nitcher was born on the 24th day of November 1915, Ethel Viola Nitcher was born on the 25th day of April 1918 and further deponant sayeth not.

Nellie M. Nitcher

Subscribed and sworn to before me this 5th day of December 1941

My commission expires
1/4/44

Notary Public for Oregon

391-128-244-255

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34911

County of Washington

City of Weiser

Registration District No. 86 File No.

No. St.

Primary Registration District No. 212 Registered No. 3-4

Hospital

FULL NAME OF CHILD Cramer

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	— and —		yes	Nov 28 1915

FATHER		MOTHER	
FULL NAME	Harry C. Cramer	FULL MAIDEN NAME	Bertha Devrin
RESIDENCE	Weiser Ida	RESIDENCE	Weiser Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	California	BIRTHPLACE	Pendleton Oregon
OCCUPATION	Stock man	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James A. Young
Physician
(Physician or midwife)

Address Weiser Ida

Given names added from a supplemental report

..... 19.....

Filed 12-15 1915 W. P. Hamilton
Registrar

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

366-110-008-263

[redacted]IRTH

County [redacted]

City of [redacted]

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATIS[redacted]
CERTIFICATE OF BIRTH

34912

Registration District No. ..... File No. .....

Primary Registration District No. 15 Registered No. 46

FULL NAME OF CHILD Norman Clarence Loomis

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		yes	Oct 10 (Month) Sunday (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Clarence Victor Loomis	FULL MAIDEN NAME	Vida Aziala Cocks
RESIDENCE	Rosebery	RESIDENCE	Rosebery
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Farmers wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive five after 3 P.M. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Emma Stredder
Rosebery Idaho
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed Oct 20 1915 Ruth McDonald Deptg Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

[redacted]

NAME OF C

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

4455/18 [redacted] 863

PLACE [redacted]

Form V. S. [redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of [redacted]

City of [redacted]

No. ..... St.

Hospital .....

Registration District No. 50

File No. 34913

Primary Registration District No. 2129

Registered No. 131

FULL NAME OF CHILD Duncan

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	—		—	Yes	Nov 18 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Reese George Duncan	FULL MAIDEN NAME	Valentine Holliday
RESIDENCE	Ilo, Idaho	RESIDENCE	Ilo Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Hot Springs Ark.	BIRTHPLACE	Kooskia Idaho
OCCUPATION	Colorer	OCCUPATION	Cursemile

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 4:45 A. M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. E. Dunlop M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Ilo Idaho

Filed 11/30 1915 H. C. Parrish (R-E-D) Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

793.317

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of Ilo

No. ..... St.

Hospital .....

Registration District No. 60

Primary Registration District No. 2129

File No. 34914

Registered No. 130

FULL NAME OF CHILD Nellie May Giles

Sex of Child	Twin Triplet or other? — and Number in order of birth — (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth Nov (Month) 17 (Day) 1915 (Year)
f			

	FATHER		MOTHER
FULL NAME	Charles Giles	FULL MAIDEN NAME	Nellie May Dennis
RESIDENCE	Ilo, Idaho	RESIDENCE	Ilo Idaho
COLOR	white	COLOR	w
AGE AT LAST BIRTHDAY (Years)	60	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Tenn.	BIRTHPLACE	Iowa
OCCUPATION	Hdw. Dealer	OCCUPATION	housewife

Number of child of this mother, including present birth 9

Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5:45 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. E. Dunlop M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Ilo Idaho

Filed 11/30 1915 H C Parrish R.E.D. Registrar

Registrar

S-Y CO. 24655

MAY 3 1974

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34915

County of Latah

City of Harvard

No. ..... St.

Hospital .....

Registration District No. 2147 File No. 2

Primary Registration District No. 67 Registered No. 27

FULL NAME OF CHILD Wilbur Ira Banister

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Oct. (Month) 19 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Wilbur A. Banister	FULL MAIDEN NAME	Nora E Malcom
RESIDENCE	Harvard Idaho	RESIDENCE	Harvard Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Waterloo, Black Hawk Co, Iowa	BIRTHPLACE	Rudy W. Va.
OCCUPATION	Laborer	OCCUPATION	School teacher

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 1 [illegible] P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

Physician (Physician or midwife)

Given names added from a supplemental report.

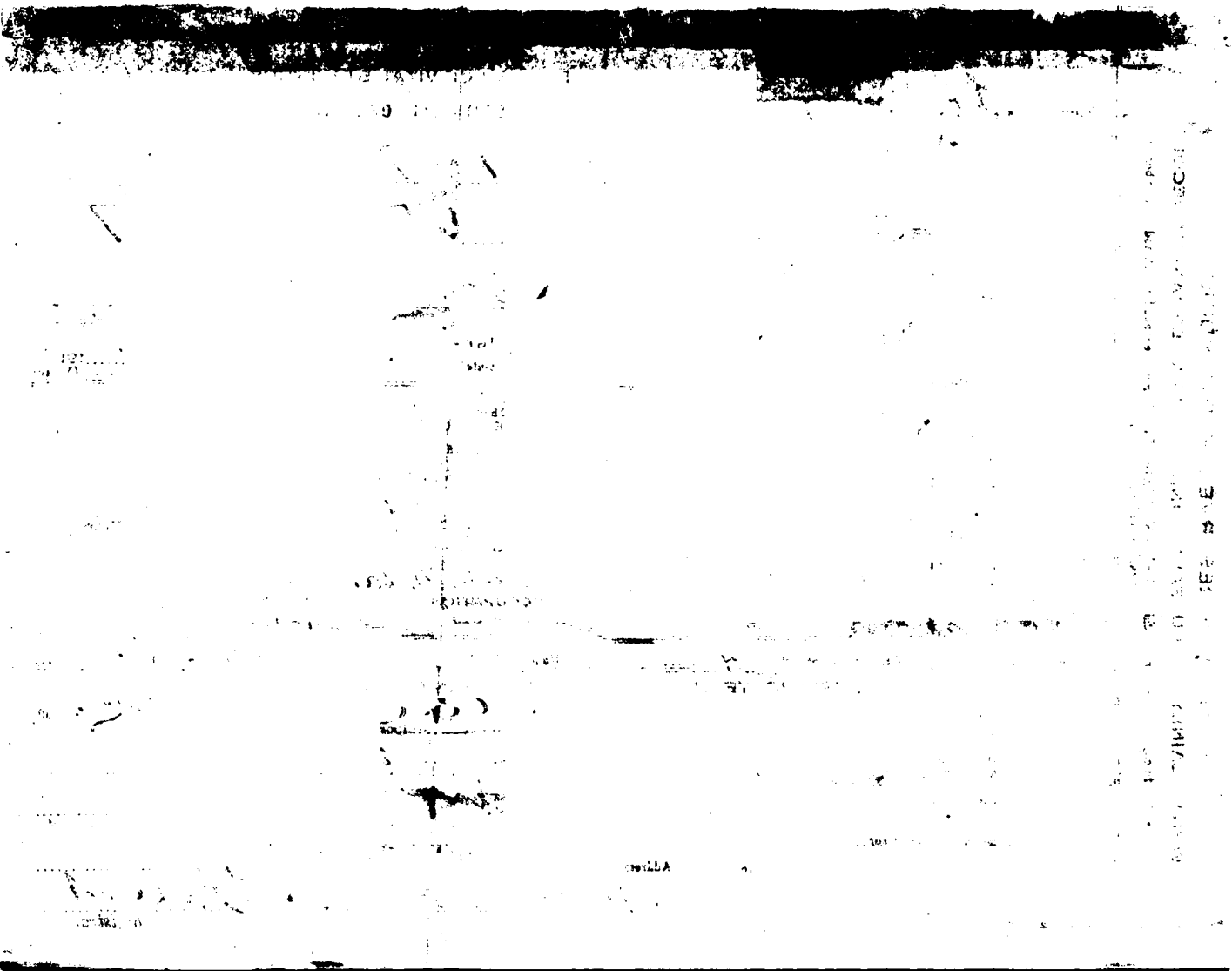
..... 19.....

Address Princeton

Filed 11/30 1915 R. C. Faust

Registrar Registrar

S-Y CO. 24655



238-105-029-795

PLACE OF BIRTH

[redacted]

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cathlin

City of Harvard

Registration District No. 2147

File No. 34916

No. ..... St.

Primary Registration District No. 67

Registered No. 26

Hospital .....

FULL NAME OF CHILD Joseph Matthias Schott

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	(To be answered only in event of plural births)			Yes	Aug 5 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Matthias Schott	FULL MAIDEN NAME	Catherine McPierie
RESIDENCE	Harvard	RESIDENCE	Harvard
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Minnesota
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 3:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. M. Cook

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Princeton Idaho

Filed 11/30 1915 R. C. Faust Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 18 1970

792-204-029-419

Form V. S. No. 11-C-25m-1-1-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34917

County of Latah

City of Deary R#1

Registration District No. 2147 File No. 2

No. ..... St.

Primary Registration District No. 67 Registered No. 25

Hospital .....

FULL NAME OF CHILD Emma Katherine Gibson

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
F.	✓	✓	Yes	Nov. 4 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Lawrence W. Gibson	FULL MAIDEN NAME	Lena Darr
RESIDENCE	Deary R#1	RESIDENCE	Deary R#1
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	50 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	H.W.

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 7 A. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Christina Dahlysen
midwife
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Deary

Filed 11/10 1915 P C Faust
Registrar

Registrar

S-Y CO. 24855

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

866-224-008-817

PLACE OF BIRTH

County of Boise

City of McCall

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-13

CERTIFICATE OF BIRTH

34918

Registration District No. 15 File No. _____

Primary Registration District No. _____ Registered No. 51

FULL NAME OF CHILD Ethel Priscilla Hoff

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			yes	Oct 24 1915

FATHER		MOTHER	
FULL NAME	Theodore Hoff	FULL MAIDEN NAME	Hanna Hagebak
RESIDENCE	McCall	RESIDENCE	McCall
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Minn	BIRTHPLACE	Minn
OCCUPATION	Saw Mill Owner	OCCUPATION	Wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at 11 P. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F S Hawley

(Physician or ~~midwife~~)

Address McCall

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed Dec 12 1915 Ruth McDonald Deputy Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

4/21/41 L. B.

OCT 10 1967

266-127-008-369

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boise

City of McCall — Registration District No. 15 — File No. 34920

No. ____ St. — Primary Registration District No. ____ — Registered No. 54

Hospital ____

FULL NAME OF CHILD George Earl Bowden

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			yes	11-23-1915

FATHER		MOTHER	
FULL NAME	Early M. Bowden	FULL MAIDEN NAME	Ethel Mae Cormick
RESIDENCE	Roseberry	RESIDENCE	Roseberry
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	Rancher	OCCUPATION	Wife

Number of child of this mother, including present birth 1 — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ at 3 A M on the date above stated.
(Born alive or stillborn)

(Signature) F. A. Hawley

(Physician or midwife)

Address McCall

Filed Dec 12 1915 Ruth McDonald Deputy Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

____ Registrar

S-Y CO. 24685

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Colo. } ss.
County of Saguache }

Certificate No. 34920

Date Filed ✓

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for George Earl Bowden (Name on Original Certificate) who Born (Was Born or Died) on Nov 23, 1915 (Date of Event)
in Poncha, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ✓ (Bible Record, Insurance Policy, Etc.) prepared on ✓ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	George Bowden	George Earl Bowden

Subscribed and sworn to before me this 21
day of Feb, 1942.
Notary Public, residing at Center Colo.
My commission expires
(Seal)

Signed Lulu C. Bowden
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Center, Colo.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Colo. } ss.
County of Saguache }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6
day of Apr, 1942.
Notary Public, residing at Center.
My commission expires
(Seal)

Signed Alice McCormick
(Signature of Any Credible Person Other Than Previous Year)
Center Colorado
(Street Address, City, State)

APR 15 1942

512-106[illegible]

PLACE OF [illegible]

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of [illegible]

Roseberry

Registration District No. 15

File No. 34922

No. ..... St.

Primary Registration District No. .....

Registered No. 50

Hospital .....

FULL NAME OF CHILD John Teotori Nasi

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male			1	Yes	Nov (Month) 6 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John Nasi	FULL MAIDEN NAME	Sima Micklison
RESIDENCE	Roseberry	RESIDENCE	Roseberry
COLOR	Wt	COLOR	Wht
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	housewife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 9, A.M. on the date above stated.

(Born alive or [redacted])

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Nasi

(Father) Informant.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Roseberry Idaho

Filed Dec 9, 1915 Ruth McDonald Deputy Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING [illegible]

N. B. In case of more than one child [illegible]

FEB 2

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

281-327-2

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boise

of McCall

Registration District No. 15 File No. 34923

No. ..... St.

Primary Registration District No. ..... Registered No. 49

Hospital .....

FULL NAME OF CHILD Mary Mildred Shaw

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl				yes	Nov 21 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Roy Samuel Shaw	Lora Beatrice Coonrod
RESIDENCE	McCall Idaho	McCall Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY	21 (Years)	19 (Years)
BIRTHPLACE	Rosebery Idaho	Boise Idaho
OCCUPATION	Farmer	

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at ..... M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs J. L. McCall
McCall Ida
(Physician or midwife)

Given names added from a supplemental report.....

..... 19..... Address .....

Filed Dec 10 1915 Ruth McDonald
Deputy Registrar

..... Registrar

S-Y CO. 24688

INDING
PERMANENT

MAR 1 1954

559-224-014-689

CHILD"S name amened 8/6/93 by MCM

Form V. S. No. 11—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

Registration District No. 7 File No. 34924

No. ..... St.

Primary Registration District No. 1006 Registered No. .....

Hospital .....

FULL NAME OF CHILD LILY MARIE NEELY ~~Lilly Marie Neely~~

Sex of Child girl	Twin Triplet or other? X and Number in order of birth X (To be answered only in event of plural births)	Legitimate? yes	Date of Birth Sept (Month) 24 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Walter James ~~Neely~~ NEELY	FULL MAIDEN NAME	Anna White
RESIDENCE	Nampa Ida	RESIDENCE	Nampa Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Penn	BIRTHPLACE	Iowa
OCCUPATION	Laborer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. A. Kellogg M.D.
Physician Pav. M.B.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed Dec 6 1915 Dr S D Calonge
Registrar

Registrar

Anna Hatfield Deputy,

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

Dup of 1915-321446

RECEIVED

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Cooperative Center for Health Statistics
Vital Statistics Unit

7-22-93

JUL

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

COOPERATIVE CENTER FOR HEALTH STATISTICS VITAL STATISTICS UNIT

State of _____
County of _____ } ss.

Certificate No. 34924
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Lilly Marie Neilly (Name on Original Certificate) who was born (Was Born, Died, etc.) on Sept 24, 1915 (Date of Event)

in Nampa (Canyon) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Child's name	Lilly Marie Neilly	Lily Marie Neely
Father's name	Walter James Neilly	Walter James Neely
Mother's maiden name	Anna White	Anna Mabel White

Subscribed and sworn to before me this 26 day of July, 1993

Notary Public, Lisa Whitsell
Residing at Hermiston, OR 97838
My commission expires 7-19-93
(Seal)

Lily-Marie Neely Knapp
Signature of Applicant

960 W Highland Ave, Hermiston, OR 97838
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

AUG 0 6 1993

Certificate of Marriage shows that Walter Neely and Anna Mable White were married on October 25, 1911 in Middleton. Viewed by VS MCM.

ID Delayed birth certificate shows Lily Marie Neely was born on Sept 24, 1915 to Walter James Neely and Anna White, State file # 34924

Viewed by VS MCM.

719-213-014-263

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. _____ St.

Hospital _____

Registration District No. 7 File No. 34925

Primary Registration District No. 2006 Registered No. _____

FULL NAME OF CHILD Lena Lucile Garrett

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Nov (Month) 13 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Charley Garrett	FULL MAIDEN NAME	Cora Bolin
RESIDENCE	South of Nampa	RESIDENCE	Near Nampa
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 a. m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. H. Garrett

husband (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address _____

Registrar

Filed Nov 20 1915 Dr S D Calonge Registrar

Anna Hatfield Deputy

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 1 0 1942

343-2041014-865

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. ..... St.

Hospital .....

Registration District No. 7 File No. 34926

Primary Registration District No. D006 Registered No. .....

FULL NAME OF CHILD ~~Louise~~ Lois ~~Louise~~ Luree Lucas

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
girl	×		×	yes	Nov 4 1916 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Geo M Lucas	FULL MAIDEN NAME	Lula V Houseworth
RESIDENCE	Nampa Ida	RESIDENCE	Nampa Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	Second hand man	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10 A.M. 30 on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. P. Ross
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Nampa Ida.

Filed Nov 12 1916 Dr S D Calonge
Registrar

Registrar

Anna Hatfield Deputy

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

693-106-014-819

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. 12 ave + 7 st N.

Hospital

Registration District No. 7 File No. 34927

Primary Registration District No. 1006 Registered No.

FULL NAME OF CHILD DONALD HART WILCOX

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Nov 6 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	William Asa Wilcox	FULL MAIDEN NAME	Elmira Hart
RESIDENCE	Nampa Ida	RESIDENCE	Nampa Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Candy Manufacturer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 6:10 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Clyde E. Watson

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Nampa Ida

Filed Nov 13 1915 Drs D Calouge

Registrar Anna Hatfield Deputy Registrar

S-Y CO. 24655

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 1 7 1942

213-202-014-697 Country

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. R. F. D. No 2 *St.*

Hospital

Registration District No. 7 **File No.** 34928

Primary Registration District No. 2006 **Registered No.**

FULL NAME OF CHILD Alice Ball

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Girl	X		X	yes	Nov 2 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

	FATHER		MOTHER
FULL NAME	Chas H. Ball	FULL MAIDEN NAME	Lena Wipper
RESIDENCE	Nampa Idaho	RESIDENCE	Nampa Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Oregon
OCCUPATION	Stockman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 5 30 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Murray M.D.
(Physician or midwife)

Given names added from a supplemental report.

.....19.....

Address Nampa Idaho

Filed Nov 10 1915 D. S. D. Calonge Registrar

Registrar

Anna Hatfield Deputy

8-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 1 - 1954

693.123.014-243

City

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. Dubois Rooming House St.

Hospital

Registration District No. 7 File No. 34929

Primary Registration District No. 1006 Registered No.

FULL NAME OF CHILD Williams

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Boy	x		x	yes	Nov 23 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	R. J. Williams	FULL MAIDEN NAME	Ethel Buchanan
RESIDENCE	Aberdeen S. Dakota	RESIDENCE	Aberdeen S. Dakota
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	4 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Wisconsin
OCCUPATION	Brewer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 5 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Murray M D
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Nampa Idaho

Filed Nov 30 1915 Dr J D Calonge
Registrar

Registrar

Anna Hatfield Deputy.

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

751-109-014-613

PLACE OF BIRTH

Form V. S. No. 11-C—15m-5-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

Registration District No. 7

File No. 34930

No. ....., ... St.

Primary Registration District No. 1006

Registered No. .....

Hospital .....

FULL NAME OF CHILD Robert Lee Peacock

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
Male		yes	11 (Month), 9 (Day), 1915 (Year)

FATHER		MOTHER	
FULL NAME	Howard R. Peacock	FULL MAIDEN NAME	Mary Watt
RESIDENCE	Nampa, Idaho	RESIDENCE	Nampa, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Live stock Buyer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 12:05 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. G. Houseman, D.O.

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Nampa, Idaho

Filed Nov 15 1915 Dr S D Calong P

Registrar Anna Hatfield Deputy. Registrar

9-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

419-201-014-995

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. ..... St.

Registration District No. 7 File No. 34931

Primary Registration District No. 2006 Registered No. .....

Hospital Lyda Cecilia

FULL NAME OF CHILD Leda Cecil ~~Martineau~~ Martineau

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		Yes	Dec. (Month) 1st (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	George ~~Martineau~~ Martineau	FULL MAIDEN NAME	Clarinda Rivett
RESIDENCE	Nampa, Idaho.	RESIDENCE	Nampa Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Canada	BIRTHPLACE	Canada
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ~~xx~~ 7th Number of children of this mother now living, including present birth x/6th

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. A. A. Kellogg M.D.
Physician Rev. M.B.
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed Dec. 6 1915 Dr. S. D. Colongo
Registrar

Registrar

Anna Hatfield Deputy

S-Y CO. 20174

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada }

Certificate No. 34931

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for Lida Cecil Martenaux (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on Dec. 1, 1915 (DATE OF EVENT)
in Nampa, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Mother (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Lida Cecil Martinaux	Lyda Cecilia Martineau
Number of children of mother	1 born 1 living	7th born 6th living

Subscribed and sworn to before me this 9th day of July, 19 42

Notary Public, residing at Boise Idaho

My commission expires 6-24-45
(SEAL)

Signed Mrs Geo Martineau
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19 .....

Notary Public, residing at .....

My commission expires .....
(SEAL)

Signed .....
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

349.119.014-349 City

PLACE OF BIRTH

Form V. S. No. 11—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. _____ St.

Hospital _____

Registration District No. 7

File No. 34932

Primary Registration District No. 1006

Registered No. _____

FULL NAME OF CHILD X Herbert Linnel Turner

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Boy	X		X	No	Nov 19 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Not known	FULL MAIDEN NAME	Hattie Turner
RESIDENCE	✓	RESIDENCE	Nampa Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	✓ (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	✓	BIRTHPLACE	Iowa
OCCUPATION	✓	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 11½ P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Murray M.D.
(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Address Nampa Idaho

Filed Nov 30 1915 - Dr S D Calonge Registrar

Anna Hatfield Deputy

Registrar

2-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF OHIO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

MAY 8 1974

5 8 74

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 34932

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Turner (Name on Original Certificate) who was born (Was Born or Died) on Nov. 19, 1915 (Date of Event)

in Nampa, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Omitted	Herbert Lonnel Turner

Subscribed and sworn to before me this 16 day of May, 1974

Lucille A. Rhodes

Notary Public, residing at Boise

My commission expires 10-13-75

(Seal)

Signed Hattie Boyce

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

.....

(Street Address, City, State)

FORM DH 60-155

Social security card (554-36-3908) gives nameas Herbert Linnel Turner. viewed by V. S.

JUN 17 1974

Honorable Discharge from the U.S. Navy gives name as Herbert Lennel Turner dated Setp. 24, 1945. born Nov. 19, 1915. viewed by V. S.

123-213-003-253

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

[redacted] OF IDAHO
[redacted] VITAL STATISTICS
[redacted]ICATE OF BIRTH

County of Bannock

City of Lava Hot Springs

Registration District No. 11 File No. 34933

No. ..... St.

Primary Registration District No. 2047 Registered No. .....

Hospital .....

FULL NAME OF CHILD Wounda Elizabath Aslet

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
girl	1		10	yes	Aug (Month) 13 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	David Aslet	FULL MAIDEN NAME	Elizabath E Bell
RESIDENCE	Lava Hot Springs	RESIDENCE	Lava Hot Springs
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Sheep Man & Rancher	OCCUPATION	Wife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Amy L. Ivone

Midwife (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Eric Kaelly Registrar

Address Lava Hot Springs Ida

Filed Dec 19 1915 Eric Kaelly Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 30 1968

253-223-003-445

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-2-15-12

CERTIFICATE OF BIRTH

County of Bannock

City of Lava Hot Springs

Registration District No. 11 . File No. 34934

No. ..... St.

Primary Registration District No. 2047 Registered No. .....

Hospital .....

FULL NAME OF CHILD Lois Bell

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of Birth
Girl	5	yes	Sept (Month) 23 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Willard D Bell	FULL MAIDEN NAME	Alta Munroe
RESIDENCE	Idaho	RESIDENCE	Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 11 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Amy L. Toone

Midwife
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Lava Hot Springs Ida

Elis Kaney Registrar

Filed Dec 19 1915 Elis Kaney Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

551-214-003-265

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Lava Hot Springs

Registration District No. 11

File No. 34935

No. ..... St.

Primary Registration District No. 2047

Registered No. .....

Hospital .....

FULL NAME OF CHILD Mildred Neal

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Girl	1		F	Yes	Oct (Month) 14 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Dwight Neal	FULL MAIDEN NAME	Anna Koerner
RESIDENCE	Bever Dam	RESIDENCE	Bever Dam
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Levern Kansas	BIRTHPLACE	Katherine Kansas
OCCUPATION	Farmer	OCCUPATION	Mother

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 5 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Amy L Toone

Midwife (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Lava Hot Springs

Eris Kaely Registrar

Filed Dec 10, 1915 Eris Kaely Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JUN 18 1956

157-[illegible] 003-271

[illegible]H

Form V. S. N. 11-C—[illegible]

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of [illegible]

City of Bancroft

Registration District No. 11 File No. 34936

No. ....., ... St.

Primary Registration District No. 2048 Registered No. Jeppesen

Hospital .....

FULL NAME OF CHILD ~~Guy S. Jeppesen~~ Elliott

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
B		yes	Nov 8 1915

FATHER		MOTHER	
FULL NAME	Frederick Jeppesen	FULL MAIDEN NAME	Lavira Spackman
RESIDENCE	Bancroft Ida	RESIDENCE	Bancroft Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Logan Utah	BIRTHPLACE	Lewiston Utah
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 1 Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 9 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alice Aston

(Physician or Midwife)

Given names added from a supplemental report

..... 19.....

Address Bancroft

Eric Kaechly Registrar

Filed Dec 10 1915 Eric Kaechly Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Certified Copy issued October 29, 1940. E.W.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

Birth # 34936

RECE
JUL

STATE OF Idaho)
) SS.
COUNTY OF Bannock)

AFFIDAVITS FOR CORRECTION OF A RECORD

La Vira Jeppesen of Bancroft

Being first duly sworn, deposes and says that She is Mother
(if related, specify degree,

of Elliott Fredrick Jeppesen
if friend or otherwise, so state)

who was born in the city of Bancroft, County of Bannock
(was born, died)

on the 1st day of Nov., 1915, as stated in a certificate of birth
birth or

filed by Alice Aston Midwife
death (name of physician or midwife, or undertaker for death)

with the Local Registrar for the city of Bancroft, County of Bannock

Idaho, on the 10th day of Dec. 1915.

That the following facts set forth in said certificate are not correctly stated therein, to wit: Elliott Fredrick Jeppesen was born Nov. 8,1915

That affiant upon her own knowledge states the true facts to be,
his, her

and the changes necessary to make the record correct are, as follows,

Born Nov. 1, 1915

(SEAL)

Affiant La Vira Jeppesen

Address Bancroft Ida

Subscribed and sworn to before me this 27 day of July 1940

Charles W. Shankla
Notary Public

STATE OF Idaho)
) SS.
COUNTY OF Bannock)

Ward Clerk of Bancroft Ward L.D.S. Ch

being first duly sworn, deposes and says that he has knowledge of the facts hereinbefore alleged and that the said facts as stated are true.

Affiant Elena F. Yost

Address Bancroft, Idaho

Subscribed and sworn to before me this [illegible] day of [illegible] 19

[illegible]
Notary Public

(Seal)

NOV 4 1986

JUN 27 1967

799-2041003-385

PLACE OF BIRTH

Form V.S. [illegible] 10m-8-7-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Bannock

City of Soda Springs

No. ....., ... St.

Hospital .....

Registration District No. 11 File No. 34937

Primary Registration District No. 2048 Registered No. .....

FULL NAME OF CHILD Helen Grimes

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F		Yes	Dec. 4, 1915

FATHER		MOTHER	
FULL NAME	Clinton B. Grimes	FULL MAIDEN NAME	Cora Emeline Cherry
RESIDENCE	Soda Springs	RESIDENCE	Soda Springs
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Kentucky	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (born alive or stillborn) at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Russell Tigret, Physician (Physician or Midwife)

Address Soda Springs

Given names added from a supplemental report

....., 19.....

Ellis Kaeckly Registrar

Filed Dec 10 1915 Ellis Kaeckly Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

MAR 8 1945

MAR 6 1945

863-114 003-154

PLACE ~~OF BIRTH~~

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH.

County of Bunk

City of Bancroft

Registration District No. 11 File No. 34938

No. ....., ... St.

Primary Registration District No. 2048 Registered No. .....

Hospital .....

FULL NAME OF CHILD ~~Edward Holbrook~~ EUEL WELDON HOLBROOK

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
NB		Yes	Sept 24th 1914

FATHER		MOTHER	
FULL NAME	Edward Holbrook	FULL MAIDEN NAME	Rebecca Anderson
RESIDENCE	Bancroft Ida	RESIDENCE	Bancroft Ida
COLOR	W AGE AT LAST BIRTHDAY 25 (Years)	COLOR	W AGE AT LAST BIRTHDAY ..... (Years)
BIRTHPLACE	Bountiful	BIRTHPLACE	Logan Utah
OCCUPATION	~~Wife~~ Pool Hall Manager	OCCUPATION	Wife

Number of child of this mother, including present birth 1 Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 4 9 M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alice Aston

(Physician or Midwife)

Given names added from a supplemental report

..... 19.....

Address Bancroft, Idaho

Filed Dec 19 1915 Eris Kaskly Registrar

Eris Kaskly Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Caribou } ss.

Certificate No. 34938

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth or Death) birth for Euel Weldon Holbrook (Name on Original Certificate) who was born (Was Born or Died) on Sept 14th 1915 (Date of Event) in Bancroft Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Policy no 15'2418 (Bible Record, Insurance Policy, Etc.) prepared on February 18th 1936 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
birthdate	Sept. 20, 1915	Sept. 14, 1915
name	Edward Holbrook	Euel Weldon Holbrook

Subscribed and sworn to before me this 22nd day of September, 1942

Colin Chester
Notary Public, residing at Soda Springs, Idaho

My commission expires
(Seal)

Signed Rebecca C. Holbrook
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

SODA SPRINGS IDAHO
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Caribou } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23rd day of September, 1942

S. J. Chambers
Notary Public, residing at SODA SPRINGS, IDAHO

My commission expires Aug. 7, 1944.
(Seal)

Signed Ralph S. Gorton
(Signature of Any Credible Person Other Than Previous Year)

SODA SPRINGS IDAHO
(Street Address, City, State)

OCT 11 1960

FEB 6 1943

215·123·003-445

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Springs

No. ....., ... St.

Hospital .....

Registration District No. 11 File No. 34939

Primary Registration District No. 2048 Registered No. .....

FULL NAME OF CHILD Willard Glen Banks

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
NB		yes	Sep 23, 1915

FATHER		MOTHER	
FULL NAME	Earl Banks	FULL MAIDEN NAME	Lucie Duerden
RESIDENCE	Bancroft	RESIDENCE	Bancroft
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Spanish fork	BIRTHPLACE	Bountiful
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 1 Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 2 9 M. on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alice Aston

(~~Physician or~~ Midwife)

Given names added from a supplemental report

Address Bancroft

....., 19.....

Filed Dec 10, 1915 Ellis Kackly
Registrar

Ellis Kackly
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Dup 001915-336416

366-101-003-753

PLACE OF BIRTH

County of Blaine

City of Lund

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 11 File No. 34940

Primary Registration District No. 2048 Registered No. ____

FULL NAME OF CHILD Annie Cooler

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
B			yes	Dec 1 1915

FATHER		MOTHER	
FULL NAME	George H Cooler	FULL MAIDEN NAME	Annie Peterson
RESIDENCE	Lund Ida	RESIDENCE	Lund Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Logan Utah	BIRTHPLACE	Ogden Utah
OCCUPATION	Stock Ranches	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn) at 3 30 M. on the date above stated.

(Signature) Alice Aston

(Physician or Midwife)

Address Bancroft Idaho

Filed Dec 10, 1915 Ellis Karl Ley Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

____, 19____ Ellis Karl Ley Registrar

B-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

229-219-003-695

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bunk

City of Sida Springs

No. ..... St.

Hospital .....

Registration District No. 11 File No. 34941

Primary Registration District No. 2048 Registered No. 222

FULL NAME OF CHILD Bernice Skinner

Sex of Child	Twin Triplet or other? — and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	Date of Birth Nov 19 1915 (Month) (Day) (Year)
4			

FATHER		MOTHER	
FULL NAME	Wm Skinner, Jr	FULL MAIDEN NAME	Ava Winchell
RESIDENCE	Sida Springs	RESIDENCE	Sida Springs
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 1 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Eric Kaskly

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Eric Kaskly
Registrar

Address Sida Springs, Idaho

Filed Dec 10, 1915 Eric Kaskly
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 21 1963

OCT 3 1944

059.220.003.175

PLACE OF BIRTH

County of Bannock

City of Perry

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 34942

Primary Registration District No. 2048 Registered No. 224

FULL NAME OF CHILD Silva Agerson Herd

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl			Yes	Oct 20 1915

FATHER		MOTHER	
FULL NAME	Clarence Knowles Herd	FULL MAIDEN NAME	Mary Edmystle Agerson
RESIDENCE	Perry	RESIDENCE	Perry
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Franklin	BIRTHPLACE	Bear River City
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 4 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Lovedgreen
Midwife
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Treasureton Idaho

Filed Dec 10, 1915

Ellis Curley
Registrar

S-Y CO. 24655

Ellis Curley
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

813-210-003-8197

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bannock

City of Soda Springs

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 34943

Primary Registration District No. 2048 Registered No. 223

FULL NAME OF CHILD Ellen Hall

Sex of Child	Twin Triplet or other? — and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	Date of Birth Oct (Month) 10 (Day) 1915 (Year)
f			

FATHER		MOTHER	
FULL NAME	Bonney Hall	FULL MAIDEN NAME	Lillie Harding
RESIDENCE	Soda Springs	RESIDENCE	Soda Springs
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	N. C	BIRTHPLACE	N. C
OCCUPATION	Karcher	OCCUPATION	Clerk

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 11 9 M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs L. Lakey
Per D Karcher

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Soda Springs, Idaho

Ellis Karcher
Registrar

Filed Dec 10, 1915 Ellis Karcher
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-0—2

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

355-221-003-491

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Cleveland

No. _____ St.

Hospital _____

Registration District No. 11

File No. 34944

Primary Registration District No. 2048

Registered No. 228

FULL NAME OF CHILD Albert Rockwood Lee

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		yes	Nov 21 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Thomas Albert Lee	FULL MAIDEN NAME	Emely Drake Rockwood
RESIDENCE	Cleveland	RESIDENCE	Cleveland
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Salt Lake City	BIRTHPLACE	Centerville
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 3 P. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Landgreen

Midwife (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Treasureton Idaho

Eric Kackley Registrar

Filed Dec 10 1915 Eric Kackley Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

968-222-003-145

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Cleveland

No. _____ St.

Hospital _____

Registration District No. 11

File No. 34945

Primary Registration District No. 2048

Registered No. 227

FULL NAME OF CHILD Ora Ann Roholt

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		Yes	Nov 22 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	James Kristian Roholt	FULL MAIDEN NAME	Mary Ames
RESIDENCE	Cleveland	RESIDENCE	Cleveland
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Cleveland	BIRTHPLACE	Cleveland
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11:40 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Londgreen

Midwife (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Treasureton Idaho

Eris Kaxley Registrar

Filed Dec 10 1915 Eris Kaxley Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 17 1962

251-126-003-595

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Cleveland

No. _____ St.

Hospital _____

Registration District No. 11

File No. 34946

Primary Registration District No. 2048

Registered No. 226

FULL NAME OF CHILD Laron Wilford Seamons

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy		Yes	Nov 26 1915

FATHER		MOTHER	
FULL NAME	Wilfor LeRoy Seamons	FULL MAIDEN NAME	Mary Amanda Nielsen
RESIDENCE	Cleveland	RESIDENCE	Cleveland
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Hyde Park	BIRTHPLACE	Cleveland
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10 a. m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Lundgreen

Midwife (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Treasureton Idaho

Eric Kaxley Registrar

Filed Dec 10 1915 Eric Kaxley Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 3 - 1958

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 34946

Date Filed .....

RECEIVED JAN 3 - 1975 Bureau of Vital Statistics

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Laron Wilford Seamon (Name on Original Certificate) who was born (Was Born or Died) on Nov. 26, 1915 (Date of Event)
in Cleveland, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Insurance Policy and high school record (Bible Record, Insurance Policy, Etc.) prepared on Dec 16-1926 and Jan 2-1975 (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's last name	Seamon	Seamons
father's last name	Seamon	Seamons

Subscribed and sworn to before me this 6th day of January, 1975

Brenda D. Robbins
Notary Public, residing at Pocatello Idaho
My commission expires Dec. 5, 1977
(Seal)

Signed J V C Jones ✓
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
818 Univ Dr. Pocatello Idaho ✓
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bannock } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th day of January, 1975

J V C Jones
Notary Public, residing at Pocatello Idaho
My commission expires July 1, 1976
(Seal)

Signed R L Hanson ✓
(Signature of Any Credible Person)
2058 South Fairway Pocatello, Idaho
(Street Address, City, State)

FORM DH 60-155

CL 11/29/74 nm

Letter from Blackfoot Schoo Dist No.55 give name as Laron Seamons born Nov. 26, 1915. father's name given as W. L. Seamons. date of graduation 5/19/33. viwed by V. S.

JAN 1 5 1975

Insurance Policy from Beneficial Life Ins. Co. XXX Wilford L. Seamons, Beneficiary for the policy . Laron W. Seamons is the xxx insured. dared Dec 16, 1926. viewed by V. S.

249-113-003-915

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Cleveland

No. ..... St.

Hospital .....

Registration District No. 11

File No. 34948

Primary Registration District No. 2048

Registered No. 231

FULL NAME OF CHILD Golden Burton

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		Yes	June (Month) 13 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Caleb Johnson Burton	FULL MAIDEN NAME	Agnes Emilie Ransom
RESIDENCE	Cleveland	RESIDENCE	Cleveland Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Bountiful Utah	BIRTHPLACE	Cleveland
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Londgreen

Midwife (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Eleis Kackley Registrar

Address Treasureton Idaho

Filed Dec 10, 1915 Eleis Kackley Registrar

8-Y CO. 24653

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

595.10.003-559

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

CERTIFICATE OF BIRTH

34949

County of Bannock

City of Cleveland

Registration District No. 11 File No.

No. St.

Primary Registration District No. 2048 Registered No. 230

Hospital

FULL NAME OF CHILD Reed Alma Nielsen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural birth)	and	Number in order of birth	Legit.	Date of Birth (Month) (Day) (Year)
Boy				yes	June 10 1915

FATHER		MOTHER	
FULL NAME	Alma Nielsen	FULL MAIDEN NAME	Clara Nielsen
RESIDENCE	Cleveland Ida	RESIDENCE	Cleveland
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Cleveland Ida	BIRTHPLACE	Cleveland Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 6 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Landgreen
Midwife
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Treasureton Idaho

Filed Dec 10 1915

Leis Karl Ley
Registrar

Leis Karl Ley
Registrar

S-Y CO. 24688

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 1 7 1976

363-226-003-759

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Perry

No. _____ St.

Hospital _____

Registration District No. 11

File No. 34950

Primary Registration District No. 2048

Registered No. 229

FULL NAME OF CHILD Emma Estella Collins

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		yes	May 26 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	George David Collins	FULL MAIDEN NAME	Emma Perry
RESIDENCE	Perry Idaho	RESIDENCE	Perry Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Perry Idaho	BIRTHPLACE	Logan Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Lundgreen

Midwife (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Treasureton Idaho

Elis Kackley Registrar

Filed Dec 10, 1915 Elis Kackley Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 25 1961

493-221-003-595

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 34951
Local Reg. No.
Reg. Dist. No. 11

Amended 8/16/78

1. PLACE OF BIRTH
a. COUNTY: Bannock
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Treasureton
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Treasureton
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Ruby
b. (Middle): Jane
c. (Last): Millington

4. SEX: Female
5a. THIS BIRTH: SINGLE ____ TWIN ____ TRIPLET ____
5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____
6. DATE OF BIRTH (Month) (Day) (Year): Sept 21, 1915

FATHER OF CHILD

Time: 3:45 P.M.

7. FULL NAME
a. (First): Joshua
b. (Middle):
c. (Last): Millington

8. AGE (At time of this birth): 44 YEARS
9. BIRTHPLACE (State or foreign country) (City or Town): England
10. USUAL OCCUPATION: Farmer
11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Kristine
b. (Middle):
c. (Last): Nielsen

13. AGE (At time of this birth): 35 YEARS
14. BIRTHPLACE (State or foreign country) (City or Town): Denmark
15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 1
b. How many OTHER children were born alive but are now dead?
c. How many children were stillborn (born dead after 20 wks. pregnancy?)
16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Mary Landgreen
18. ATTENDANT AT BIRTH: M.D. ____ MIDWIFE X OTHER (Specify) ____
19. ADDRESS: Treasureton, Idaho
20. DATE SIGNED:
21. DATE REC'D BY LOCAL REG.: Dec 10, 1915
22. REGISTRAR'S SIGNATURE: Ellis Kackley
23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS
WEIGHT AT BIRTH ____ LBS ____ OZS

RACE OR COLOR OF FATHER: White
RACE OR COLOR OF MOTHER: White

METHOD OF DELIVERY:

Was 1% Silver Nitrate Used to prevent blindness? YES ____ NO ____

BIRTH INJURY TO INFANT
____ YES IF YES, DESCRIBE
____ NO

CONGENITAL MALFORMATIONS OF INFANT
____ YES IF YES, DESCRIBE
____ NO

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate must be filed with LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... } JL 11 2 48 PM '78

Certificate No. 34951

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Mary Ann Millington (Name on Original Certificate) who was born (Was Born or Died) on Sept 21, 1915 (Date of Event)
in Treasureton, Idaho (Bannock) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Mary Ann Millington	Ruby Jane Millington

Subscribed and sworn to before me this ..... day of
....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Salt Lake City }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7th day of June, 1978

Notary Public, residing at Salt Lake City, Utah
My commission expires 6-6-82
(Seal)

Signed John Millington
(Signature of Any Credible Person)

349 E 12th Ave
(Street Address, City, State)
Midvale Utah 84047

FORM DH 60-155

CL 4/7/78 2cc pd.

Diplomar from North Cache High school, Richmond, Utah gives name as Ruby J. Millington. dated May 11,1934. viewed by V S.

Dept of Registration Nurse Examination Borad grade slip gives name as Ruby J.Millington dated June 1939. Ex No. 89. viewed by V. S.

Membership record c from the LDS Church gives name as Ruby Jane Millington Galford born Sept 21, 1915 in Treasureton, Idaho. father's name as Joshua Millinton and mother's name as Christina Neilson. Baptized Nov 4x 3, 1923. viewed b V. S

595.207.003-145

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Cleveland

No. _____ St.

Hospital _____

Registration District No. 11

File No. 34952

Primary Registration District No. 2048

Registered No. 234

FULL NAME OF CHILD Eliza Ann Nielsen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl		yes	Sept 7 1915

FATHER		MOTHER	
FULL NAME	John Henry Nielsen	FULL MAIDEN NAME	Susannah Ames
RESIDENCE	Cleveland	RESIDENCE	Cleveland
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Mink Creek	BIRTHPLACE	Trenton
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9:30 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Lundgreen

Midwife (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Ellis Kackley Registrar

Address Treasureton Idaho

Filed Dec 19 1915 Ellis Kackley Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

145.270.003-363

PLACE OF BIRTH

Form V: S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34953

County of Ban

City of Perry

No. ..... St.

Hospital .....

Registration District No. 11 File No. .....

Primary Registration District No. 2048 Registered No. 233

FULL NAME OF CHILD Louisa LUCINDA Ames

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		yes	Sept 16 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Walter Ames	FULL MAIDEN NAME	Delila Francis Collins
RESIDENCE	Perry	RESIDENCE	Perry
COLOR	white AGE AT LAST BIRTHDAY 21 (Years)	COLOR	white AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE	Perry Idaho	BIRTHPLACE	Rock Canyon
OCCUPATION	Tinner & plumber	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 10:30 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Lundgreen
Midwife
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Treasureton Idaho

Eliskakey Registrar

Filed Dec 19 1915 Eliskakey Registrar

5-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

OCT 25 1941

State of Idaho } ss.
County of Bannock }

Certificate No. 34953

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Louise Lucinda Ames (Birth or death)
for Louise Lucinda Ames (Name on original certificate) who was born (Was born or died) on Sept. 16, 1915 (Date of event)
in Cleveland Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true
facts as shown by Walter Ames father (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
The name Collins appears here in error. The mothers maiden name is Collins		

Subscribed and sworn to before me this 20th
day of October, 1941

Signed
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

Notary Public, residing at Pocatello Idaho

My commission expires July 29 1944
[SEAL]

Walter Ames
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of } ss.
County of }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Signed
(Signature of any credible person other than the previous affiant)

Notary Public, residing at

My commission expires
[SEAL]

(Street Address, City, State)

Received for filing on by
(Registrar's signature)

JUL 14 1972

915-)06-003-365

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Cleveland

No. ..... St.

Hospital .....

Registration District No. 11

File No. 34954

Primary Registration District No. 2048

Registered No. 232

FULL NAME OF CHILD Harris Covert Ransom

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		Yes	Sept (Month) 6 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Hyrum Ames Ransom	FULL MAIDEN NAME	Lottie Covert
RESIDENCE	Cleveland	RESIDENCE	Cleveland
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Cleveland	BIRTHPLACE	Salt Lake City
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Londgreen, Midwife, (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Treasureton Idaho

Eric Karl Ly Registrar

Filed Dec 19 1915 Eric Karl Ly Registrar

6-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

145.29B.003-214

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34955

County of Bannock

City of Perry

No. ..... St.

Hospital .....

Registration District No. 11 File No. .....

Primary Registration District No. 2048 Registered No. 237

FULL NAME OF CHILD Mary Saunders Ames

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl			yes	Oct 8 1915

FATHER		MOTHER	
FULL NAME	Lyman Clark Ames	FULL MAIDEN NAME	Hester Saunders
RESIDENCE	Perry	RESIDENCE	Perry
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Trenton Utah	BIRTHPLACE	Ogden, Ut
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was 2 Live (Born alive or stillborn) at 7 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Landgreen
Midwife
(Physician or midwife)

Address Treasureton Idaho

Given names added from a supplemental report.

..... 19.....

Reis Kay Ly
Registrar

Filed Dec 19 1915

Reis Kay Ly
Registrar

S-Y CO. 84658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 1 9 1969

154-210-003-155

PLACE OF BIRTH

County of Bannock

City of Cleveland

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

34956

Registration District No. 11 File No. .....

Primary Registration District No. 2048 Registered No. 236

FULL NAME OF CHILD Elizabeth Anderson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl			yes	Oct 10 1915

FATHER		MOTHER	
FULL NAME	Alfred Anderson	FULL MAIDEN NAME	Hannah Peninah Jensen
RESIDENCE	Cleveland	RESIDENCE	Cleveland
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Weston Idaho	BIRTHPLACE	Cleveland Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6:12 P.M., on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Ellis Kayle
Registrar

(Signature) Mary Sandgreen
Midwife
(Physician or midwife)

Address Treasureton Idaho

Filed Dec 9 1915

Ellis Kayle
Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

123.106.003-693

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bunk

City of Bancroft

Registration District No. 11

File No. 34957

No. ....., ... St.

Primary Registration District No. 2048

Registered No. .....

Hospital .....

FULL NAME OF CHILD George Iven Aston

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
NB		yes	Sep 26, 1915

FATHER		MOTHER	
FULL NAME	John Iven Aston	FULL MAIDEN NAME	Cora Wicks
RESIDENCE	Bancroft Ida	RESIDENCE	Bancroft
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Bountiful Utah	BIRTHPLACE	Preston
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn), at 1 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alice Aston

..... (Physician or Midwife)

Given names added from a supplemental report

..... 19.....

Address Bancroft, Idaho

Elis Kaely Registrar

Filed Dec 10, 1915 Elis Kaely Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JAN 23 1964

JAN 30 1964

968-222-1003-915

PLACE OF BIRTH

County of Raymond

City of Thatcher

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

CERTIFICATE OF BIRTH

34958

Registration District No. 11 File No. .....

Primary Registration District No. 2048 Registered No. 239

FULL NAME OF CHILD Delecta Ransom Rohalt

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl			yes	Sept 22 1915

FATHER		MOTHER	
FULL NAME	Hans Jacob Rohalt	FULL MAIDEN NAME	Violet Ransom
RESIDENCE	Thatcher	RESIDENCE	Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Cleveland	BIRTHPLACE	Cleveland
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6 A. M. on the date above stated.

(Signature) Mary Sanderson

Midwife (Physician or midwife)

Address Treasureton Idaho

Filed Dec 10 19 15 Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

S-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

553-229-003-155

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Cleveland

No. _____ St.

Hospital _____

Registration District No. 11 File No. 34959

Primary Registration District No. 2048 Registered No. 238

FULL NAME OF CHILD Ivona Christina Nelson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		yes	Sept 29 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Anthon Nelson	FULL MAIDEN NAME	Effie Cecelia Jensen
RESIDENCE	Cleveland	RESIDENCE	Cleveland
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Mink Creek	BIRTHPLACE	Cleveland
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3:a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Lundgreen

Midwife (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Treasureton Idaho

Eliskar Ly Registrar

Filed Dec 10 1915 Eliskar Ly Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 1 9 1975

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Gooding } ss.

Certificate No. 34959

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Ivona Krestine Nielson (Name on Original Certificate) who was born (Was Born or Died) on Sept. 29, 1915 (Date of Event) in Cleveland, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Ivona Krestine Nielson	Ivona Christina Nelson
father's name	Nielson	Nelson

Subscribed and sworn to before me this 5 day of Feb, 1976

Jane M. Peterson
Notary Public, residing at Wendell
My commission expires 11/16/76
(Seal)

Signed Virgie Christina Nielson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Gooding } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5 day of Feb, 1976

Jane M. Peterson
Notary Public, residing at Wendell Idaho
My commission expires 11/16/76
(Seal)

Signed Virgie Christina Nielson
(Signature of Any Credible Person)

Rt #1 Wendell Idaho 83355
(Street Address, City, State)

FORM DH 60-155

CL 3/19/75 lbc pd. rec. # 2491

Certif of Blessing from the LDS Church gives name as Ivora Christina Nelson daughter of Anton Nelson and Effie G. Jensen. Born Sept. 29, 1915 at Cleveland Idaho. Blessed Dec 5, 1915. viewed by V. S.

FEB 2 ? 1976

Certif of Baptism and Confirmation from the LDS Church gives name as Ivora Christina Nelson daughter of Anton Nelson and Effie G. Jensen. Born Sept. 29, 1915 at Cleveland, Idaho. Baptized July 5, 1924. viewed by V. S.

995-221-003-238

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34960

County of Bannock

City of Lund

No. _____ St.

Hospital _____

Registration District No. 82

File No. _____

Primary Registration District No. 3161

Registered No. _____

FULL NAME OF CHILD Margaret Rindlesbacher

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
f		Yes	Nov 21 1915

FATHER		MOTHER	
FULL NAME	Fred A. Rindlesbacher	FULL MAIDEN NAME	Wilhelmina Schneider
RESIDENCE	Lund.	RESIDENCE	Lund
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Germany	BIRTHPLACE	Germany
OCCUPATION	Farming	OCCUPATION	— Wife

Number of child of this mother, including present birth 11

Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9:30 p. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. K. J. Smith

(Physician or midwife)

Address Bancroft Idaho

Filed Dec 10, 1915 Edie Karley Registrar

Given names added from a supplemental report.

_____ 19__

Edie Karley Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

962-110-003-313

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34961

County of Bannock

City of Chesterfield

Registration District No. 82 File No.

No. St.

Primary Registration District No. 3161 Registered No.

Hospital

FULL NAME OF CHILD Glen Roberts

Sex of Child	Twin / Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
m		Yes	Dec 10 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Leo Roberts	FULL MAIDEN NAME	Elva Rall
RESIDENCE	Chesterfield	RESIDENCE	Chesterfield
COLOR	W AGE AT LAST BIRTHDAY 26 (Years)	COLOR	W AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE	Alabama	BIRTHPLACE	Idaho
OCCUPATION	Farming	OCCUPATION	—

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9:45 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. R. J. Smith
(Physician or midwife)

Given names added from a supplemental report.

Address Bancroft

19

Elis Kackley Registrar

Filed Dec 10 1915 Elis Kackley Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

955-208-003-252

PLACE OF BIRTH amend 4-9-82

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Chesterfield

No. _____ St.

Hospital _____

Registration District No. 82 File No. 34962

Primary Registration District No. 3161 Registered No. _____

FULL NAME OF CHILD Adah Arpina Reese

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
f		Yes	Dec 8 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Thomas Edwards Reese	FULL MAIDEN NAME	Emma Sessions
RESIDENCE	Chesterfield	RESIDENCE	Chesterfield
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farming	OCCUPATION	—

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1.45 p M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr R. J. Smith
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Bancroft Ida

Elis Kaklig
Registrar

Filed Dec 19 1915 Elis Kaklig
Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

3-26-82

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

RECEIVED
BUREAU OF
VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho
County of Bannock } ss.

APR 5 3 21 PM '82

Certificate No. 34962
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for Ada Arpina Reese (Name on Original Certificate) who was born (Was Born, Died, etc.) on 12-8-15 (Date of Event)

in Chesterfield (Bannock) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs first name	Ada	Adah

Subscribed and sworn to before me this 29th day of March, 1982

Notary Public, Allyn Schrieber
Residing at Pocatello Idaho
My commission expires life
(Seal)

X Adah Arpina Reese
Signature of Applicant

Star Rt Box 103, Pocatello, Idaho 83201
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Caribou } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30 day of March, 1982.

Notary Public, Sara L Davids
Residing at Bancroft Idaho 83217
My commission expires 1-14-84
(Seal)

Bregretta Smith
Supporting Signature

304 S1 W. Bancroft Ida
Street Address, City, State

lcc pd

State of Idaho Public School Diploma from Bannock County gives Ada Reese completed course of study in the elementary schools on 4-25-30. Viewed by V.S.

APR 9 1982

LDS Church record gives Adah Arpina Henderson born 12-8-15 in Chesterfield to Thomas F Reese and Emma Sessions and was blessed 5-5-16. Viewed by V.S.

566-213-003-168

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Downey

State of Idaho

Registration District No. 11 File No. 34963

Primary Registration District No. 2046 Registered No.

Hospital

FULL NAME OF CHILD Hilda Coffin

Sex of Child female | Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of birth Nov 13 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	W B Coffin	FULL MAIDEN NAME	Anna M. Johnson
RESIDENCE	Downey	RESIDENCE	Downey
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Downey	BIRTHPLACE	Springville Utah
OCCUPATION	Farmer	OCCUPATION	Genl House Keeper

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9-15 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elizabeth Kendall

Midwife (Physician or Midwife)

Given names added from a supplemental report

Address Oxford

19

Eris Kanley Registrar

Filed Dec 16 1915 Eris Kanley Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

K

APR 5 1972

DECEASED

194-205-003-316

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Robin

No. ..... St.

Hospital .....

Registration District No. 11 File No. 34964

Primary Registration District No. 2048 Registered No. .....

FULL NAME OF CHILD Ruphenia Grey Armstrong ~~Armstrong~~

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	[illegible]

FATHER		MOTHER	
FULL NAME	George W Armstrong	FULL MAIDEN NAME	Etta Lawrence
RESIDENCE	Robin	RESIDENCE	Robin
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	[illegible]
BIRTHPLACE	Virginia	BIRTHPLACE	Virginia
OCCUPATION	Farmer	OCCUPATION	Unfl

Number of child of this mother, including present birth Eleven Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Nancy E. Marley

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Robin Bannock Co., Idaho

Eric Kakley Registrar

Filed Dec 10, 1915 Eric Kakley Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

[redacted]ld's Birth Cert. on File: (Idaho Birth) #287751 gives full maiden name of
[redacted]as Ruphenia Grey Armstrong - viewed by V.S. and a Notarized Photo Copy of
[redacted]om Family Bible; appears old and unaltered gives one child's full name as
[redacted]a Grey Armstrong, IDAHO STATE BOARD OF HEALTH
[redacted]vember 5, 1915 - viewed DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of IDAHO } ss.
County of BANNOCK }

Certificate No. 34964

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Armstrong (Name on Original Certificate) who born (Was Born or Died) on Nov. 5, 1915 (Date of Event)
in Robin (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Certificate of Blessing (Bible Record, Insurance Policy, Etc.) prepared on July 2, 1916 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Unnamed	Ruphenia Grey Armstrong

Subscribed and sworn to before me this 7th day of March, 1960

Notary Public, residing at Pocatello, Idaho
My commission expires 6-24-64
(Seal)

Signed Goldie A. Toler
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Arimo, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bannock }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th day of March, 1961

Notary Public, residing at Pocatello, Idaho
My commission expires 6-24-64
(Seal)

Signed Lemuel M. Toler
(Signature of Any Credible Person)
Arimo Idaho
(Street Address, City, State)

FORM DPH 55.155

NNCL 5-16-58 1 copy paid

[redacted]

SEP 15 1961

253 · 216 · 003 · 452

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bannock

City of Soda Springs

No. ____ St.

Hospital ____

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34965

Registration District No. 11 File No. ____

Primary Registration District No. 2048 Registered No. 242

FULL NAME OF CHILD Blackburn

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	—	—	yes	Nov 16, 1918

FATHER		MOTHER	
FULL NAME	Joseph Blackburn	FULL MAIDEN NAME	Ella Mackie
RESIDENCE	Soda Springs	RESIDENCE	Soda Springs
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	Rancher	OCCUPATION	Wife

Number of child of this mother, including present birth 3. Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ at 8 9 M (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Eric Karl Ley (Physician or midwife)

Address Soda Springs Idaho

Given names added from a supplemental report. ____ 19____

Eric Karl Ley Registrar

Filed Dec 19, 1918 Eric Karl Ley Registrar

S-Y CO. 24698

695·118'003-952

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Sidney Springs

No. ..... St.

Hospital .....

Registration District No. 11 File No. 34966

Primary Registration District No. 2048 Registered No. 241

FULL NAME OF CHILD Robert Clarence Finch

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M			—	yes	Nov 18, 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Henry Finch	FULL MAIDEN NAME	Lydia Kessmann
RESIDENCE	Sidney Springs	RESIDENCE	Sidney Springs
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Idaho	BIRTHPLACE	Mo.
OCCUPATION	Sheep raiser	OCCUPATION	Wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 5 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ellis K Cox Ley

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Sidney Springs

Ellis K Cox Ley Registrar

Filed Dec 10, 1915 Ellis K Cox Ley Registrar

8-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Caribou } ss.

Certificate No. [illegible]
Date Filed 34966

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Finch (Name on Original Certificate) who was born (Was Born or Died) on 11-18-15 (Date of Event)
in Soda Springs (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Insurance Policy (Bible Record, Insurance Policy, Etc.) prepared on June 5, 1947 (Give Date), are:
Employment Record viewed by v.s.

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Robert Clarence Finch

UPRR June 21, 1939, viewed by v.s.

Subscribed and sworn to before me this 21st day of June 1957
L. D. Mathews
Notary Public, residing at Soda Springs Idaho
My commission expires July 1, 1960
(Seal)

Signed Wm. A. Finch Lutie Finch
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Soda Springs Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Caribou } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21st day of June 1957
L. D. Mathews
Notary Public, residing at Soda Springs Idaho
My commission expires July 1, 1960
(Seal)

Signed Wm L. Back
(Signature of Any Credible Person)
Soda Springs Idaho
(Street Address, City, State)

FORM DPH 55. 155

NN 6-19-57 1 copy paid

23 1957

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

452-120-003-289

PLACE OF BIRTH

Form V. S. No. 11-C-20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bank

City of Sida Springs

No. ..... St.

Hospital .....

Registration District No. 11 File No. 34967

Primary Registration District No. 2048 Registered No. 240

FULL NAME OF CHILD Messenger

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	—		—	yes	Nov. (Month) 20 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Melvin Messenger	FULL MAIDEN NAME	Grace Byington
RESIDENCE	Sida Springs	RESIDENCE	Sida Springs
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Salesman	OCCUPATION	Wife

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 9 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ellis Kak Ley

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Ellis Kak Ley
Registrar

Address Sida Springs

Filed Dec 10, 1915 Ellis Kak Ley
Registrar

S-Y CQ. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

314-101003-763

PLACE OF BIRTH

Form V. S. No. 11-[illegible] 20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34968

County of Bannock

City of Lava Hot Springs

Registration District No. 11

File No.

No. St.

Primary Registration District No. 2047

Registered No.

Hospital

FULL NAME OF CHILD Campbell

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Nov. (Month)

FATHER		MOTHER	
FULL NAME	Chas. Grant Campbell	FULL MAIDEN NAME	Stella Mary Pot[illegible]
RESIDENCE	Lava Hot Springs	RESIDENCE	Lava Hot Springs
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Soda Springs Ida.	BIRTHPLACE	E Malad Idaho
OCCUPATION	Laborer	OCCUPATION	Wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10:45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frances F. Merrick

Midwife (Physician or midwife)

Given names added from a supplemental report

19

Address Lava Hot Springs

Eris Kaely Registrar

Filed Dec 10 1915 Eris Kaely Registrar

S-Y CO. 20174

623-211-003-197

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

34969

County of Bannock

City of Bancroft

Registration District No. 11 File No.

No. , St.

Primary Registration District No. 2048 Registered No.

Hospital

FULL NAME OF CHILD Lilie Aslon

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth 1	Legitimate?	Date of birth (Month) (Day) (Year)
F			yes	Nov 11, 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ray Aslon	Delphia Argyle
RESIDENCE	Bancroft Ida	Bancroft Ida
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	22	22
BIRTHPLACE	Bancroft	Bountiful
OCCUPATION	Horse Rancher	Wife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or stillborn) at 3 P. M. on the date above stated.

(Signature) Alice Aslon

(Physician or Midwife)

Address Bancroft

Filed Dec 19 1915 Ellis Kanda Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

, 19

Ellis Kanda Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

13-201-003 -197 (Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 34970
Local Reg. No.
Reg. Dist. No. 11

Amended 11/17/75

1. PLACE OF BIRTH

a. COUNTY: Bannock

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Bancroft

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Bannock

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Bancroft

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print) a. (First): Beatrice b. (Middle): c. (Last): Aston

4. SEX: Female

5a. THIS BIRTH: SINGLE ____ TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): Nov. 11, 1915

FATHER OF CHILD

7. FULL NAME a. (First): Roy b. (Middle): c. (Last): Aston

8. AGE (At time of this birth): 22 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Brancroft, Idaho

10. USUAL OCCUPATION: Rancher

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME a. (First): Delpha b. (Middle): c. (Last): Argyle

13. AGE (At time of this birth): 22 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Bountiful

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 2

b. How many OTHER children were born alive but are now dead?

c. How many children were stillborn (born dead after 20 wks. pregnancy?)

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Alice Aston

18. ATTENDANT AT BIRTH: M.D. ____ MIDWIFE X OTHER (Specify) ____

19. ADDRESS: Bancroft, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: Dec 19, 1915

22. REGISTRAR'S SIGNATURE: Ellis Kackley

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS

WEIGHT AT BIRTH ____ LBS. ____ OZS. TIME: 3:30 M.

RACE OR COLOR OF FATHER: W

RACE OR COLOR OF MOTHER: W

Was 1% Silver Nitrate Used to prevent blindness? YES ____ NO ____

METHOD OF DELIVERY:

BIRTH INJURY TO INFANT ____ YES IF YES, DESCRIBE ____ NO

CONGENITAL MALFORMATIONS OF INFANT ____ YES IF YES, DESCRIBE ____ NO

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
NOV 10 9 44 PM '75

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho
County of Bannock } ss.

Certificate No. 34970
Date Filed Nov. 6, 1975

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Alice Aston (Name on Original Certificate) who was born (Was Born or Died) on Nov. 11, 1915 (Date of Event)
in Bancroft, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by L.D.S. Church (Bible Record, Insurance Policy, Etc.) prepared on 22 April 1975 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Alice Aston	Beatrice Aston

Subscribed and sworn to before me this 6th day of November, 1975
Constance Hatch
Notary Public, residing at Bancroft Idaho
My commission expires Nov. 1, 1976
(Seal)

Signed Emily E Rawlins
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bannock } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th day of November, 1975
Constance Hatch
Notary Public, residing at Bancroft Idaho
My commission expires Nov. 1, 1976
(Seal)

Signed J. Leonard Watts
(Signature of Any Credible Person)

Bancroft, Idaho
(Street Address, City, State)

FORM DH 60-155 CL 4/1/75 nm

Certif of birth fromthe LDS Church gives name as Beatrice Aston born Nov. 11, 1915 at Bancroft, Idaho. father's nameas Roy Aston and mother's nameas Delpha Argyle. entered on record on Jan. 3, 1916. viewed by B.V. S.

family record gives name as Beatrice Aston bron Nov. 11, 1915 at Bancroft, Idaho. viewed by V. S.

863-101-093-199

PLACE OF BIRTH

Form V. S. No. 1—Cr-15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Soda Springs Registration District No. 11 File No. 34971

No. ____, ____ St. Primary Registration District No. 2048 Registered No. ____

Hospital ____

FULL NAME OF CHILD Dean Hickman

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) Dec (Day) 1 (Year) 1915
B				

FATHER		MOTHER	
FULL NAME	Dean Hickman	FULL MAIDEN NAME	Mary Arrowsmith
RESIDENCE	Bancroft	RESIDENCE	Bancroft
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Price Utah	BIRTHPLACE	Provo Utah
OCCUPATION	merchant	OCCUPATION	Wife

Number of child of this mother, including present birth 2 Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn) at 1 a M. on the date above stated.

(Signature) Alice Carlson

(Physician or Midwife)

Address Preston Idaho

Filed Dec 16 19 15 Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

____ 19____

Registrar

S-Y CO., 16678

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

155-28-04-916

PLACE OF BIRTH

County of Canyon

City of Parma

No. ..... St.

Hospital Home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-1-1-13

CERTIFICATE OF BIRTH

34973

Registration District No. 3 File No. .....

Primary Registration District No. 2007 Registered No. 74

FULL NAME OF CHILD Merle Hugh Jenkins

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	✓	✓	Yes	11 28 1915

FATHER		MOTHER	
FULL NAME	C. O. Jenkins	FULL MAIDEN NAME	Lucy Ramsey
RESIDENCE	Parma	RESIDENCE	Parma
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Mo
OCCUPATION	Rancher	OCCUPATION	Housework

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Premature at 2 a. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) P. J. Clune M. D.

(Physician or midwife)

Address Parma Ida

Filed Dec 1 1915 Lulu Waldrop Registrar

4-Y CO. 24656

DEC 1 7 1975

JUL 1 0 1942

DECEASED

712 [redacted]

PL[redacted]

County of [redacted]

City of Parma

Registration District No. 3

File No. 34974

No. ..... St.

Primary Registration District No. 2007

Registered No. 73

Hospital Home

FULL NAME OF CHILD Louise Helen Gabley

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
F	2	2	Yes	11 (Month) 5 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	C. A. Gabley	FULL MAIDEN NAME	Mary Simpson
RESIDENCE	Parma	RESIDENCE	Parma
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Mt.	BIRTHPLACE	Wis.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) R. J. Glen

M. O.

(Physician or midwife)

Address Parma Idaho

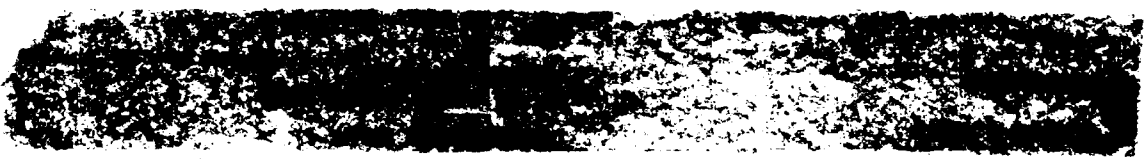
Filed Dec 1 1915 Lulu Waldrop Registrar

9-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



AUG 3 1 1943

386-204-014-235

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34975

County of Canyon

City of Parma

Registration District No. 3

File No.

No. St.

Primary Registration District No. 2007

Registered No. 72

Hospital Home

FULL NAME OF CHILD Violet Geraldine Thornton

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
F	2	2	Yes	11 (Month) 4 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	W. E. Thornton	FULL MAIDEN NAME	Hallie Stephen
RESIDENCE	Parma	RESIDENCE	Parma
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Kansas	BIRTHPLACE	Mo.
OCCUPATION	Delivery	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11.35 a.m. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R J Clue

M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address Parma Idaho

19

Filed Dec 1 1915 Lulu Waldrop

Registrar

Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 23 1942

319-202-014-551

Form V. S. No. 11—25m-1-1-18

PLACE OF BIRTH

County of Canyon

City of Parma

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 34976

Primary Registration District No. 2007 Registered No. 71

FULL NAME OF CHILD Dorothy Mae Carlysle

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F	✓		✓	Yes	11 (Month) 2 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Harvey A Carlysle	FULL MAIDEN NAME	Letita Evans
RESIDENCE	Parma	RESIDENCE	Parma
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Idaho	BIRTHPLACE	Oregon
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9.30 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. J. Clue

M. D.

(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Address Parma

Filed Dec 1 1915 Lulu Walchop

Registrar

Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

294-107014-289

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Wilder

No. ..... St.

Hospital .....

Registration District No. 3

File No. 34977

Primary Registration District No. 2007

Registered No. 76

FULL NAME OF CHILD David Johnathan Simpson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Nov. (Month) 7 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Dorsey Simpson	FULL MAIDEN NAME	Mabel Clare Slinker
RESIDENCE	Parma R.F.D. #1.	RESIDENCE	Parma R.F.D. #1.
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Canada	BIRTHPLACE	Colorado
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5-30 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. E. Waldorf, M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar

Filed Nov. 10 1915 Lulu Waldrop Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 14 1959

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

813-122-014-217

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34978

County of Canyon

City of Ronald

Registration District No. 3

File No.

No. ____ St.

Primary Registration District No. 2007

Registered No. 77

Hospital

FULL NAME OF CHILD William Benjamin Hall

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			yes	Nov 22 1915

FATHER

FULL NAME Raymond G. Hall

RESIDENCE Ronald

COLOR W AGE AT LAST BIRTHDAY 26 (Years)

BIRTHPLACE Mo.

OCCUPATION Carpenter

MOTHER

FULL MAIDEN NAME Bulah E. Bayles

RESIDENCE Ronald

COLOR W AGE AT LAST BIRTHDAY 19 (Years)

BIRTHPLACE Mo

OCCUPATION Housework

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10-309 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. E. Mulder, M.D.

(Physician or midwife)

Address

Given names added from a supplemental report.

....19....

Registrar

Filed Nov 26 1915 Lulu Waldorf Registrar

S-Y CO. 24655

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

343-129-028-249

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE [redacted]
BUREAU OF V[redacted]TICS

CERTIFICATE OF BIRTH

34979

County of Kootenai

City of Harrison

No. ..... St.

Hospital .....

Registration District No. 124 File No. .....

Primary Registration District No. 2207 Registered No. 82

FULL NAME OF CHILD Harlan Norval Tulley

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	—	6	Yes	Oct 29 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Lucian Tulley	FULL MAIDEN NAME	Anna Burlingame
RESIDENCE	Harrison Ida	RESIDENCE	Harrison Ida
COLOR	White	COLOR	W
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Org.	BIRTHPLACE	Org.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Oct 29 1915 at 29 M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. Finney MD
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Harrison Ida

Filed Dec 9 1915 R. S. Jensen
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

11-41

APR 2 4 1986

367-203-028-366

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34980

County of Kootenai

City of Harrison

No. _____ St.

Hospital _____

Registration District No. 124 File No. _____

Primary Registration District No. 2204 Registered No. 81

FULL NAME OF CHILD _____

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
female	—		1	Yes	Nov 3 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Henry Copsey	FULL MAIDEN NAME	Bessie Cowin
RESIDENCE	Harrison Ida	RESIDENCE	Harrison Ida
COLOR	W	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Wash	BIRTHPLACE	Mo
OCCUPATION	Cow Labor	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive Nov 3-1915 at 5 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible] M.D.
Physician
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Harrison Ida

Filed Dec 9 1915 R. S. Jensen
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

719-206-028-622

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Harrison

No. ..... St.

Hospital .....

Registration District No. 126 File No. 34981

Primary Registration District No. 2204 Registered No. 80

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	—	6	Yes.	Nov 6 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Roy Gardner	FULL MAIDEN NAME	Ethel Osborn
RESIDENCE	Harrison Ida	RESIDENCE	Harrison Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Ida	BIRTHPLACE	Ida
OCCUPATION	Com Labor	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive Nov 6 1915 at 2 a M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Emmey M D

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Harrison Ida

Filed Dec 9 1915 R S Jensen
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

BUREAU OF
CENTRAL

955-115-028-666

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Harrison

No. ..... St.

Hospital .....

Registration District No. 124

Primary Registration District No. 2204

File No. 34982

Registered No. 79

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	2	Yes.	Nov 15 1913

FATHER		MOTHER	
FULL NAME	Arthur F. Renicke	FULL MAIDEN NAME	Mable Woods.
RESIDENCE	Harrison Ida.	RESIDENCE	Harrison Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Mich	BIRTHPLACE	Oregon.
OCCUPATION	Coal Laborer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive Nov 15 1913 at 2 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. McInerney M. D.

(Physician or midwife)

Address Harrison Ida.

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Dec 9 1913 R. S. Jensen

Registrar

S-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DWPCO 1915-232813

691-208-028-255

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34983

County of Kootenai

City of Springston

No. ..... St.

Hospital .....

Registration District No. 124 File No. .....

Primary Registration District No. 2204 Registered No. 78

FULL NAME OF CHILD Charlotte Violet Franklin

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		3	Yes	Nov 8 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	J. L. Franklin	FULL MAIDEN NAME	Myrtle Bennett
RESIDENCE	Springston Ida	RESIDENCE	Springston Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Springfield Ohio	BIRTHPLACE	Mini
OCCUPATION	Cone Saban	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Nov 8 1915 at 5 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Finney M.D.

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Harrison Ida

Filed Dec 9 1915 R. S. Jensen
Registrar

Registrar

S-Y CO. 24665

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 2 1976

JUN 26 1951

433.121-028-299

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Harrison

No. ..... St.

Hospital .....

Registration District No. 126 File No. 34984

Primary Registration District No. 2204 Registered No. 77

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	6	Yes	Nov 21 1915

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Wm F McCloskie	FULL MAIDEN NAME	Edith Brighton
RESIDENCE	Harrison Ida	RESIDENCE	Harrison Ida.
COLOR	White	COLOR	W
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Pa	BIRTHPLACE	Pa.
OCCUPATION	Coal Miner	OCCUPATION	Housework

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive Nov 21 — 1915 at 10 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Finney M.D.
(Physician or midwife)

Address Harrison Ida.

Given names added from a supplemental report.

..... 19.....

Filed Dec 9 1915 R. S. Jensen
Registrar

..... Registrar

8-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

296-229-028-719

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34985

County of Kootenai

City of Harrison

No. ..... St.

Hospital .....

Registration District No. 126 File No. .....

Primary Registration District No. 2204 Registered No. 76

FULL NAME OF CHILD Pauline Ellen Browne

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	✓	3	Yes.	Nov 29 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John Browne	FULL MAIDEN NAME	Alice Garrel
RESIDENCE	Harrison Ida	RESIDENCE	Harrison Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Ireland	BIRTHPLACE	Iowa.
OCCUPATION	Corn Sabor	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Nov 29 15 at 2 a. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. McInerney M.D.

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Harrison Ida.

Filed Dec 9 1915 R. S. Jensen
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

APR 17 1942

JUN 25 1973

394 208'028-736

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Rose Lake

No. ..... St.

Hospital Residence

Registration District No. 126 File No. 34986

Primary Registration District No. 2204 Registered No. 75

FULL NAME OF CHILD ~~Not Named~~ Ruth Lee Clumpner

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	Single	First	Yes	Nov 8 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Frank Crumpner	FULL MAIDEN NAME	Cynthia Lee Glover
RESIDENCE	Rose Lake Ida	RESIDENCE	Rose Lake Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Wis.	BIRTHPLACE	Kansas
OCCUPATION	Saw Filer	OCCUPATION	Housewife

Number of child of this mother, including present birth First

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12 25 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. E. Worthington

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Rose Lake Ida

Filed Dec 7 1915 R. S. Jensen Registrar

Registrar

S-Y CO. 24655

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

249-20 SC 028-434

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Rose Lake

No. ..... St.

~~Hospital~~ Residence

Registration District No. 126 File No. 34987

Primary Registration District No. 2204 Registered No. 74

FULL NAME OF CHILD Not named

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Female	Single	4	yes	Dec 3 1915 (Month) (Day) (Year) 4 PM

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Arthur Smilcox	FULL MAIDEN NAME	Lizzie McDowell
RESIDENCE	Rose Lake	RESIDENCE	Rose Lake Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Reardan Wash	BIRTHPLACE	Missouri
OCCUPATION	Steam Engineer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4th Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 4 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. E. Worthington

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Rose Lake Idaho

Filed Dec 7 1915 R. S. Jensen
Registrar

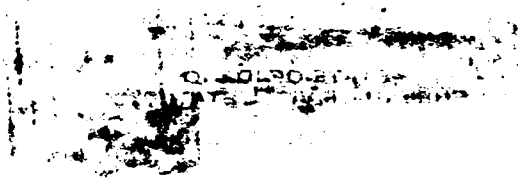
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



AUG 4 1970

819.102102/2-713

PLACE OF BIRTH

[redacted] No. 11-C-[redacted]

BUREAU OF VITAL [redacted]

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

Registration District No. 39

File No. 34988

Primary Registration District No. 2087

Registered No. .....

FULL NAME OF CHILD Lorain Elmer

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Nov. 2 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	James B. Hartwell	FULL MAIDEN NAME	Kathergn N. Patrick
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Ore.	BIRTHPLACE	Ky
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1 a. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. Witherbee

M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Buhl Ida.

Filed 11-10 1915 X J. F. Newfley

Registrar

Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

386-203-042-795

PLACE OF BIRTH

Form V. S. 11-C—25m-1-1-13

STATE OF [illegible]
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

Registration District No. 39

Primary Registration District No. 2081

File No. 34989

Registered No. .....

FULL NAME OF CHILD Uletta May Thompson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	Nov. 3 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Gan L. Thompson	FULL MAIDEN NAME	Bessie G. Green
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Kan	BIRTHPLACE	Kan
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10 A. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas Wilhelm

M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Buhl Idaho

Filed 11-10 1915 J. H. Murphy
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

695-207-042-366

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

Registration District No. 39 File No. 34990

No. _____ St.

Primary Registration District No. 2087 Registered No. _____

Hospital _____

FULL NAME OF CHILD Utahna Felma Winters

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		Yes	11 (Month) 7 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Guy S. Winters	FULL MAIDEN NAME	Mattie Low
RESIDENCE	7½ S - 2 W. Buhl Ida	RESIDENCE	7½ S - 2 W. Buhl Ida
COLOR	W. AGE AT LAST BIRTHDAY 24 (Years)	COLOR	W AGE AT LAST BIRTHDAY 17 (Years)
BIRTHPLACE	Coyote, Utah	BIRTHPLACE	Walla Walla Wash
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2:30 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. F. McClusky

Phys.
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Buhl Ida

Filed 11-15 1915 J. F. Humphrey
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

264-208-0012-695

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

Registration District No. 39 File No. 34991

No. ..... St.

Primary Registration District No. 2081 Registered No. .....

Hospital .....

FULL NAME OF CHILD ~~[illegible]~~ AGNES A. Kodesh

Sex of Child female	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	Date of Birth Nov. 8 1915 (Month) (Day) (Year)

FULL NAME Theodore FATHER Kodesh Reddy Kodesh	FULL MAIDEN NAME MOTHER Bertha French
RESIDENCE Buhl	RESIDENCE Buhl
COLOR white AGE AT LAST BIRTHDAY 20 (Years)	COLOR white AGE AT LAST BIRTHDAY 16 (Years)
BIRTHPLACE Bolemia	BIRTHPLACE Ran
OCCUPATION farmer	OCCUPATION housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. Wilhelm

M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Buhl Idaho

Filed 11-10 1915 J. F. Hampley
Registrar

Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

FEB 25 1942

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 34191
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Twin Falls (b) City Buhl
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 1 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Buhl
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state) Buhl, Idaho

4. FULL NAME OF CHILD Agnes A. Kodesh

5. Date of Birth of Child (Month, day, year) Nov. 8, 1916

6. Sex Female
7. Twin or Triplet --
If so—born 1st, 2nd, 3rd --
8. No. months of Pregnacy Full
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Theodore Kodesh
11. Color or Race White
12. Age at time of THIS birth yrs.
13. Birthplace Bohemia (City or town), Czecho-Slovakia (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bertha Alice Frennh
17. Color or Race White
18. Age at time of THIS birth 16 yrs.
19. Birthplace Cedar Point (City or town), Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Umatilla } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 41 years of age, that I have known this person for 26 years, and that Dr. Weatherby (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bertha Alice Acton Signature
Echo, Oregon P. O. Address

Subscribed and sworn to before me this 11 day of February, 1942
(SEAL) W. H. Gary Notary Public, residing at Echo, Oregon
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB by , Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

918-109-042-693

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

Registration District No. 39

File No. 34992

No. _____ St.

Primary Registration District No. 2087

Registered No. _____

Hospital _____

FULL NAME OF CHILD Ray

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	11 (Month) 9 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	J. W. Shurrum	FULL MAIDEN NAME	Hannah Wilson
RESIDENCE	4 S Buhl Ida	RESIDENCE	4 S Buhl
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Stella, Neb	BIRTHPLACE	Sprague Neb
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. McClusky

Phys (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Buhl Ida

Filed 11-15 1915 J. F. Murphy Registrar

Registrar

6-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

291-210-042-667

PLACE OF BIRTH NAME CHANGED PURSUANT COURT ORDER 11-22-88 Cert amend 11-30-88 dl

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Twin Falls

City of Ida.

No. ..... St.

Hospital .....

Registration District No. 39

Primary Registration District No. 2087

File No. 34993

Registered No. .....

FULL NAME OF CHILD ~~Jessie~~ RUTH LAVENA BRACKETT ~~Brackett~~

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	Nov 10 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Edward L. Brackett	FULL MAIDEN NAME	Nellie May Fox
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Col.	BIRTHPLACE	Mo.
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. Welherbee

M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Buhl Ida.

Filed 11-10 1915 J. H. Murphy Registrar

Registrar

S-Y CO. 24685

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FILED IN CLERK'S OFFICE
Salt Lake County Utah

NOV 22 1988

H. Dixon Hindley, Clerk 3rd Dist. Court
By _____
Deputy Clerk

Jay R. Mohlman (5113)
NIELSEN & SENIOR
Attorneys for Petitioner
1100 Beneficial Life Tower
36 South State Street
Salt Lake City, Utah 84111
Telephone: (801) 532-1900

IN THE THIRD JUDICIAL DISTRICT COURT OF SALT LAKE COUNTY

STATE OF UTAH

IN RE: RUTH BRACKETT TENNANT, a.k.a. JESSIE BRACKETT, Petitioner.	ORDER CHANGING NAME Civil No. 883901074NC

The ex parte motion of Petitioner Ruth B. Tennant, a.k.a Jessie Brackett, seeking an Order to change name to Ruth Lavena Brackett Tennant for all purposes except to Ruth Lavena Brackett for the purpose of her birth certificate came on for hearing;

The Court having heard the arguments of counsel in favor of the Petition and being fully advised on the premises, finds that the statements made in said Petition and accompanying Affidavit are true and that the desired change of name is proper and not detrimental to the interest of any person.

THEREFORE, IT IS ORDERED, ADJUDGED AND DECREED:

That the name of Jessie Brackett is hereby changed to Ruth Lavena Brackett Tennant for all purposes except to Ruth

Lavena Brackett for the purpose of her birth certificate.

DATED this 22 day of November, 1988.

BY THE COURT:

District Court Judge

56391

ATTEST
H. DIXON HINDLEY
CLERK
By
Deputy Clerk

I, THE UNDERSIGNED, CLERK OF THE DISTRICT COURT OF SALT LAKE COUNTY, UTAH, DO HEREBY CERTIFY THAT THE ANNEXED AND FOREGOING IS A TRUE AND CORRECT COPY OF AN ORIGINAL DOCUMENT ON FILE IN MY OFFICE AS SUCH CLERK.
WITNESS MY HAND AND SEAL OF SAID COURT
THIS 22 DAY OF Nov 19 88
H. DIXON HINDLEY, CLERK
BY DEPUTY

NOV 30 1992

212-263-042-243

PLACE OF BIRTH

Form V. S. No. 11-C—2m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

34994

County of Twin Falls

City of Rupert

Registration District No. 39 File No.

No. St.

Primary Registration District No. 7077 Registered No.

Hospital

FULL NAME OF CHILD Virginia Irene Baker

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births) and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	11 13 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Marshall M Baker	Bessie Barker
RESIDENCE	6 S 1/2 E Rupert Ida	6 S 1/2 E Rupert Ida
COLOR	W.	W
AGE AT LAST BIRTHDAY (Years)	42	32
BIRTHPLACE	Farmer	Johnson Co. Tenn
OCCUPATION	Johnson Co Tenn	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3:45 AM
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. G. McClusky M.D.

(Physician or midwife)

Address Rupert Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 11-15 1915 J. N. Murphy Registrar

S-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 20 1966

381-125'042-653

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

No. _____ St.

Hospital _____

Registration District No. 39 File No. 34996

Primary Registration District No. 2087 Registered No. _____

FULL NAME OF CHILD Frank Lloyd Charlton

Sex of Child: male	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	Date of Birth: Nov. 23 (Month) (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Frank David Charlton	FULL MAIDEN NAME	Verna Mary Wetenkamp
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Ark	BIRTHPLACE	Neb.
OCCUPATION	Clerk in Seed store	OCCUPATION	housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born a live (Born alive or stillborn) at 8 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. Wetherbee

M.D. (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Buhl Idaho

Filed 11-30 1915 J. H. Murphy Registrar

Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

793-225-042-433

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

Registration District No. 39 File No. 34997

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD Velma Isabelle Gilham

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
female				yes	Nov. 23 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Galen Smith Gilham	FULL MAIDEN NAME	Elizabeth G. McCannell
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	O	BIRTHPLACE	Buhl
OCCUPATION	Clerk-hardware Store	OCCUPATION	housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. Wetherbee

M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Buhl Ida

Filed 11-10 1915 J. A. Murphy
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 25 1971

619-127-042-234

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C

County of Twin Falls

City of Buhl

Registration District No. 39 File No. 34998

No. ..... St.

Primary Registration District No. 2087 Registered No. .....

Hospital .....

FULL NAME OF CHILD Richard Stary Farlow

Sex of Child male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of Birth Nov. 27 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Samuel Farlow	FULL MAIDEN NAME	Annie Pearley Stary
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Mo	BIRTHPLACE	Ida.
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 46 M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. Wethuber

M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Buhl Ida.

Filed 11-10 1915 J. T. Murphy
Registrar

Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

FEB 21 1942

OF BIRTH

JAN 14 1975

666-129-042-296

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

Registration District No. 39 File No. 34999

No. _____ St.

Primary Registration District No. 2081 Registered No. _____

Hospital _____

FULL NAME OF CHILD William Woodrow

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M.		Yes	11 (Month) / 29 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	C L Richardson	FULL MAIDEN NAME	Amanda Brown
RESIDENCE	58-5 W. Buhl	RESIDENCE	58-5 W. Buhl
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	50 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Swords Creek Va	BIRTHPLACE	Swords Cr. Va
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1:30 M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A F McClusky
Phys
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Buhl Ida

Filed 11-30 1915 J. T. Murphy
Registrar

_____ Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

255-200-030-713

PLACE OF BIRTH

County of Lemhi

City of Leadore

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

25m-9-8-15

35000

Registration District No. 41 File No. _____

Primary Registration District No. 2116 Registered No. 168

FULL NAME OF CHILD _____

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				12 25 191

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ernest Richard Benedict	Jessie Palmer
RESIDENCE	Leadore	Leadore
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	58	41
BIRTHPLACE	W. Illinois	Ohio
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at _____ M. on the date above stated.

(Signature) E. R. Benedict

Father

(Physician or midwife)

Address Leadore, Idaho

Filed 12/9 1915 Edith D. Jenkins Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____ Registrar

S-Y-CO. 36071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

STATE OF IDAHO
DEPARTMENT OF VITAL STATISTICS

CERTIFICATE OF BIRTH

249-219030-759

Form V. S. No. C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lemhi

City of Salmon

Registration District No. 41

File No. 35001

No. ..... St.

Primary Registration District No. 2116

Registered No. 169

Hospital .....

FULL NAME OF CHILD Dorothy Marie Smith

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		Yes	Nov 19th 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	William Chas Smith	FULL MAIDEN NAME	Anna Perry
RESIDENCE	Salmon	RESIDENCE	Salmon
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Kansas
OCCUPATION	Printer	OCCUPATION	House wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4.30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. S. Wright M.D.

Salmon
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed Nov. 30 1915 Edith L. Herndon
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

719-112-24-964

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

[redacted] County
Fruitland

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 5-1 File No. R' 35002

No. ..... St.

Primary Registration District No. 2130 Registered No. 23

Hospital .....

FULL NAME OF CHILD Alexander Graham Park

Sex of Child	Twin, Triplet or other? — and Number in order of birth — (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	— —	yes	Nov. 12 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Graham Mck. Park	Elinor H. Rodgers
RESIDENCE	Fruitland, Ida	Fruitland, Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	40	41
BIRTHPLACE	Scotland	Iowa
OCCUPATION	Plumber	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11:8 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Crispin Wright

Fruitland, Ida
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed Dec. 10 1915 Crispin Wright
Registrar

S-Y CO. 24695 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 31 1941

JAN 18 1944

JAN 16 1963

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

862-224-014-485

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Fruitland, Ida

No. ..... St.

Hospital .....

Registration District No. 51 File No. 2 35003

Primary Registration District No. 2180 Registered No. 22

FULL NAME OF CHILD Mildred Yost

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F.	—		—	yes	Nov. 24 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	S. S. Yost	FULL MAIDEN NAME	Dora Myers
RESIDENCE	Fruitland, Ida	RESIDENCE	Fruitland, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	49 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Oregon
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Crispin Wright

Fruitland, Ida
(Physician or midwife)

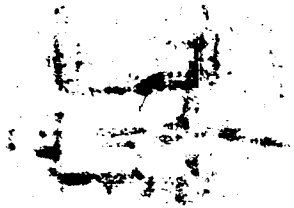
Given names added from a supplemental report.

..... 19.....

Address .....

Filed Dec. 10 1915 Crispin Wright
Registrar

S-Y CO. 24655



397-218-001-555

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Co[redacted] Ida

City of Eagle R F D

Registration District No. 9 File No. 35004

No. ..... St.

Primary Registration District No. 2001 Registered No. 61

Hospital .....

FULL NAME OF CHILD Maxine Elizabeth Light

Sex of Child F M	[redacted] or [redacted] and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth Sept 18 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Edward Light	FULL MAIDEN NAME	Eva Everts
RESIDENCE	Eagle R F D	RESIDENCE	Eagle R F D
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farming	OCCUPATION	H wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10 30 P M on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ole Hull MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Star, Idaho

Filed Sept 19 1915 Ole Hull MD

Registrar Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

[redacted]

[redacted]

259-207-201-847

PLACE OF BIRTH

County of Ada

City of Star

No.

Hospital

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35005

Registration District No. 9 File No.

Primary Registration District No. 7001 Registered No. 59

FULL NAME OF CHILD Virginia May Kirtley

Sex of Child F M | Twin Triplet or other | and Number in order of birth (Not recorded only in event of plural births) | Legitimate? yes | Date of Birth Dec 7 1915 (Month) (Day) (Year)

FULL NAME William Taylor Kirtley	FULL MAIDEN NAME Hazel Hughes
RESIDENCE Star, Idaho	RESIDENCE Star, Idaho
COLOR W AGE AT LAST BIRTHDAY 27 (Years)	COLOR W AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Kansas	BIRTHPLACE Idaho
OCCUPATION Merchant	OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1.30 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O W Hall M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address Star Idaho

Filed Dec 9 1915 O W Hall

Registrar

Registrar

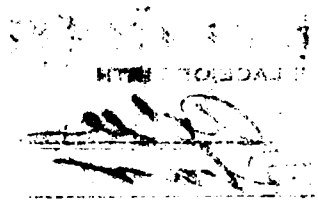
S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 19 1942



434-107-001-419

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Star Ida

No. ..... St.

Hospital .....

Registration District No. 1

Primary Registration District No. 2001

File No. 35006

Registered No. 55

FULL NAME OF CHILD HERBERT SAMUEL McDOWELL

Sex of Child M.	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	Date of Birth Dec 7 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Palace Ross McDowell	FULL MAIDEN NAME	Rubie C Marcom
RESIDENCE	Star Idaho	RESIDENCE	Star, Idaho
COLOR	W. AGE AT LAST BIRTHDAY 25 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2. Number of children of this mother now living, including present birth 2.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 3.15 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O W Hall MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Star Idaho

Filed Dec 10 1915 O W Hall

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 35006

County of Ada } Date Filed 5/19/42

The undersigned does solemnly swear that certain facts on the certificate of ~~Born~~ Birth (BIRTH OR DEATH)

for Herbert Samuel McDowell (NAME ON ORIGINAL CERTIFICATE) who Born (WAS BORN OR DIED) on Dec 7, 1913 (DATE OF EVENT)

in Star Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Herbert Samuel McDowel

Subscribed and sworn to before me this 19 day of May, 1942.

Notary Public, residing at Warren, Idaho

My commission expires 2-23-46

(SEAL)

Signed Ruby McDowell

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

.....

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.

County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19 .....

Notary Public, residing at .....

My commission expires .....

(SEAL)

Signed .....

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

.....

(STREET ADDRESS, CITY, STATE)

Received for filing on MAY 23 1942 By .....

(REGISTRAR'S SIGNATURE)

MAY 27

299-123-001-534

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Star

No. ..... St.

Hospital .....

Registration District No. 9

File No. 35007

Primary Registration District No. 2001

Registered No. 62

FULL NAME OF CHILD John William Birch

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M.		Yes.	Nov. 23 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ernest H. Birch	FULL MAIDEN NAME	Olive M. Elmore.
RESIDENCE	Star	RESIDENCE	Star
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Kas.	BIRTHPLACE	Iowa.
OCCUPATION	farmer.	OCCUPATION	House wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN ~~OR MIDWIFE~~

I hereby certify that I attended the birth of this child, who was Born alive at 10 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Louis Boeck

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19....

Address Boise Ida

Filed Dec 1915

Registrar

Registrar

S-Y CO. 24655

RGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

MAR 16 1954

28/2-11-001-295

PLACE OF BIRTH

County of Ada

City of Star

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

CERTIFICATE OF BIRTH

Registration District No. [redacted] File No. 35008

Primary Registration District No. 2001 Registered No. 60

FULL NAME OF CHILD Ora Ellen Shaul

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F M.			Yes	Nov 11 1915

FATHER		MOTHER	
FULL NAME	G D Shaul	FULL MAIDEN NAME	Augusta Krug
RESIDENCE	Star Ida	RESIDENCE	Star, Ida
COLOR	W	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Kansas	COLOR	W.
OCCUPATION	Farming	AGE AT LAST BIRTHDAY (Years)	28
		BIRTHPLACE	Missouri
		OCCUPATION	Wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3:30 P. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. O. Hall MD
(Physician or midwife)

Address Star, Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Nov 13 1915 O. O. Hall MD
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 22 1957

239.109.001-639

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Star

No. ..... St.

Hospital .....

Registration District No. 9 File No. 35009

Primary Registration District No. 2001 Registered No. 57

FULL NAME OF CHILD Donald Thomas Klingler

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M.		Yes	Aug (Month) 9 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	T. J. Klingler	FULL MAIDEN NAME	Nellie Flint
RESIDENCE	Star	RESIDENCE	Star
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Ohio
OCCUPATION	Atty at Law.	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN ~~OR MIDWIFE~~*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Boeck

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19....

Address Boise Ida

Filed Sep 15 1915 C W Hall

Registrar Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted] 01-212

[redacted] RTH

[redacted]

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35010

City of Eagle R F D

Registration District No. 9 File No.

No. St.

Primary Registration District No. 2001 Registered No. 63

Hospital

FULL NAME OF CHILD Wilbur William Wright

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		yes	Aug 24 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Earl D Wright	FULL MAIDEN NAME	Lottie F Baker
RESIDENCE	Eagle R F D	RESIDENCE	Eagle R F D
COLOR	W AGE AT LAST BIRTHDAY 25 (Years)	COLOR	W AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE	W Virginia	BIRTHPLACE	Idaho
OCCUPATION	Farming	OCCUPATION	H Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 3 9 M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O W Hall M W

(Physician or midwife)

Given names added from a supplemental report.

19

Address Star, Idaho

Filed 9-1 1915 O W Hall

Registrar Registrar

S-Y CO. 24655

K

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

FEB 1 1963

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted] 09-653

PLACE OF [redacted]

Form V. S. No. 11-C—Rev-1-1-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of [redacted]

City of Priest River

No. _____ St.

Hospital _____

Registration District No. 81 File No. 235011

Primary Registration District No. 2158 Registered No. 48

FULL NAME OF CHILD Chester Frank Bossio

Sex of Child: Male | Twin, Triplet or other? — and Number in order of birth — (To be answered only in event of plural births) | Legitimate? yes | Date of Birth: Nov (Month) 3 (Day) 191[illegible] (Year)

FATHER		MOTHER	
FULL NAME	Peter Bossio	FULL MAIDEN NAME	Mary Welch
RESIDENCE	Priest River	RESIDENCE	Priest River
COLOR	White	AGE AT LAST BIRTHDAY (Years)	28
COLOR	White	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Italy	BIRTHPLACE	Italy
OCCUPATION	Laborer	OCCUPATION	House wife

Number of child of this mother, including present birth: One

Number of children of this mother now living, including present birth: one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E D McCarty

Physician (Physician or midwife)

Address Priest River

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed Nov 12 1915 E D McCarty Registrar

S-Y CO. 24655

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Bonner } ss.

Certificate No. 35011

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for unamed (Name on Original Certificate) who was born (Was Born or Died) on Nov. 3rd. 1915 (Date of Event)
in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Chester F. Bossio

Subscribed and sworn to before me this 10th. day of January, 19 45

Georgia Hagman
Notary Public, residing at Priest River Ida
My commission expires Aug 1 - 1946
(Seal)

Signed Mary Bossio Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Bonner } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th. day of Jan. 19 45

Georgia Hagman
Notary Public, residing at Priest River, Ida.
My commission expires Aug. 1 1946
(Seal)

Signed Peter Bossio
(Signature of Any Credible Person Other Than Previous Year)

Priest River, Idaho.
(Street Address, City, State)

1945

769-202-009-769

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35012

County of Bonner

City of Trust River

No. _____ St.

Hospital _____

Registration District No. 81

Primary Registration District No. 2108

File No. _____

Registered No. 47

FULL NAME OF CHILD Vera Mae Porter

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Femal	—	—	Yes	Nov 2 1912

FATHER

FULL NAME: Frank Elmer Porter

RESIDENCE: Trust River.

COLOR: White

AGE AT LAST BIRTHDAY: 33 (Years)

BIRTHPLACE: Wisconsin

OCCUPATION: Forest Ranger

MOTHER

FULL MAIDEN NAME: Lela May Porter

RESIDENCE: Trust River

COLOR: White

AGE AT LAST BIRTHDAY: 24 (Years)

BIRTHPLACE: Washington

OCCUPATION: House wife

Number of child of this mother, including present birth: 2nd

Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12 20 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E D McCarty

Physician (Physician or midwife)

Address Trust River

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed Nov 10 1912 E D McCarty Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

OCT 8 1962

294115-009-493

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35013

County of Bonner

City of Priest River

No. _____ St.

Hospital _____

Registration District No. 81 File No. _____

Primary Registration District No. 2158 Registered No. 50

FULL NAME OF CHILD Earl Almiron Simpson

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Male	—	—	yes	Nov. 15 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Frank Simpson	FULL MAIDEN NAME	Hazel Miller
RESIDENCE	Kaniksu Nat. Forest	RESIDENCE	Kaniksu Nat Forest
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Iowa
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3rd

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4 P. M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Simpson

Father
(Physician or midwife)

Address Priest River Id

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed Nov. 21 1915 E. McCarty Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

755-108-009-391

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Priest River

No. _____ St.

Hospital _____

Registration District No. 81 File No. 35014

Primary Registration District No. 215-E Registered No. 49

FULL NAME OF CHILD Earnest Oliver Gentry

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—		—	yes	Nov 8 1915

FATHER		MOTHER	
FULL NAME	Earnest David Gentry	FULL MAIDEN NAME	Minnie Crawford
RESIDENCE	Priest River	RESIDENCE	Priest River
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Ill.	BIRTHPLACE	Washington
OCCUPATION	Common Labor	OCCUPATION	Housewife

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. D. McCarty

Physician
(Physician or midwife)

Address Priest River

Filed Nov. 15 1915 E. D. McCarty
Registrar

Given names added from a supplemental report.

_____ 19____

_____ Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 3 1975

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

745-19-009-747

PLACE OF BIRTH

County of Boone

City of Trust River

No. _____ St.

Hospital _____

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35015

Registration District No. 81 File No. _____

Primary Registration District No. 2158 Registered No. 51

FULL NAME OF CHILD Florence Marie Pingel

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Femal	—		—	yes	Nov 19 191.5

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Albert Lester Pingel	FULL MAIDEN NAME	Dora Lena Pingel
RESIDENCE	Trust River	RESIDENCE	Trust River
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Wisconsin
OCCUPATION	Carpenter	OCCUPATION	Housework

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E D McCarty

Physician

(Physician or midwife)

Address Trust River

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed Nov 25 19 15 E D McCarty Registrar

S-Y CO. 24655

APR 2 1953

MAR 20 1953

318-201-63

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIR[redacted]

STATE OF IDAHO
[redacted]AU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Neg Perce

City of 4 miles N. W of Culdesac Ida

Registration District No. 95 File No. 35016

No. ..... St.

Primary Registration District No. 1009 Registered No. 57

Hospital —

FULL NAME OF CHILD Opal Elizabeth Taylor

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	yes	Nov 1st 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Le Roy Taylor	FULL MAIDEN NAME	Alice Elsa Newby
RESIDENCE	4 miles N. W of Culdesac	RESIDENCE	4 miles N. W of Culdesac
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	m (Years)	AGE AT LAST BIRTHDAY	16 yrs 11½ mos (Years)
BIRTHPLACE	Anatone Wash	BIRTHPLACE	Anatone Wash
OCCUPATION	Rancher	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 610 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. F. Smith M. D.

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Culdesac Idaho

Filed Dec. 10 1915 L. J. Perkins

Registrar Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

NOV 21 1961

DUP001915-34697

414-204-035-81 ST

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35017

County of Nez Perce

City of Waha Ida

No. ..... St.

Hospital no

Registration District No. 95 File No. .....

Primary Registration District No. 1009 Registered No. 58

FULL NAME OF CHILD John Raymond Madden

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
boy		yes	Nov. 4 1910 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Patrick A. Madden	FULL MAIDEN NAME	Annie M. Hanslin
RESIDENCE	Waha Ida	RESIDENCE	Waha Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	California	BIRTHPLACE	Minnesota
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4 30 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. C. Carsson
Lewiston Ida
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

..... Registrar

Address .....

Filed Dec. 10 1915 L. J. Perkins
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 27 1942

342-165-035-523

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

Registration District No. 96

File No. 35018

No. ..... St.

Primary Registration District No. 1009

Registered No. 59

Hospital St Josephs

FULL NAME OF CHILD Kenneth Elmer Lukens.

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	Yes	Nov 5 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	A. E. Lukens.	FULL MAIDEN NAME	Sallie Estes
RESIDENCE	Lewiston Ida	RESIDENCE	Lewiston Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	North Carolina
OCCUPATION	Book Keeper	OCCUPATION	~~Bo~~ Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11.55 p M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. L. White M. D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Lewiston Ida

Filed 12-10-1915 L. J. Perkins

Registrar

Registrar

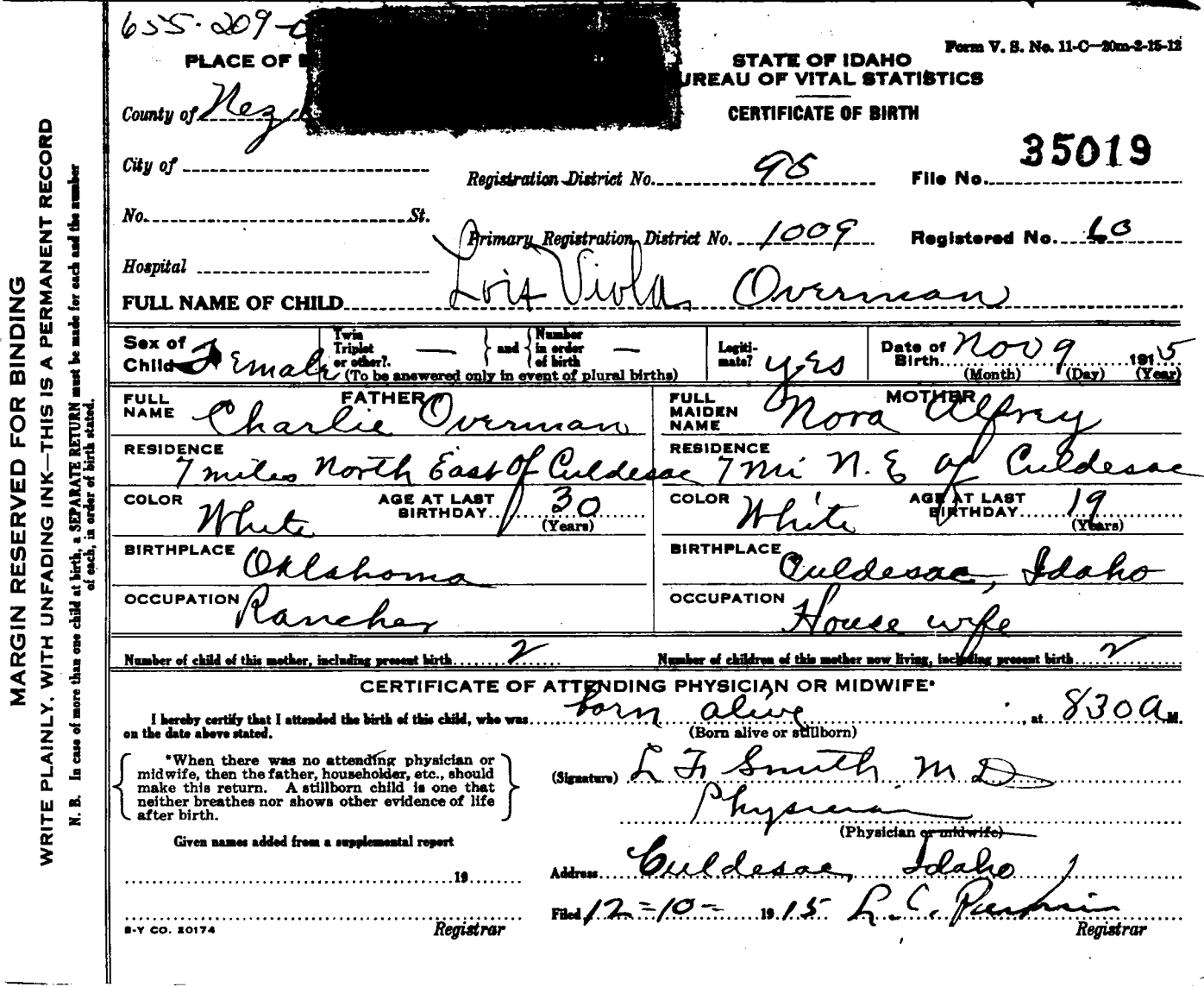
S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 30 1967



655-209-[redacted]

Form V. S. No. 11-C—20m-2-15-12

PLACE OF [redacted]

STATE OF IDAHO
[redacted]UREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez[redacted]

City of _____ Registration District No. 96 File No. 35019

No. _____ St. Primary Registration District No. 1009 Registered No. 60

Hospital _____

FULL NAME OF CHILD Lois Viola Overman

Sex of Child	Twin Triplet or other?. — and Number in order of birth — (To be answered only in event of plural births)	Legitimate? yes	Date of Birth Nov 9 1915 (Month) (Day) (Year)
Female			

FATHER		MOTHER	
FULL NAME	Charlie Overman	FULL MAIDEN NAME	Nora Alfrey
RESIDENCE	7 miles North East of Culdesac	RESIDENCE	7 mi N. E of Culdesac
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Oklahoma	BIRTHPLACE	Culdesac, Idaho
OCCUPATION	Rancher	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 830 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. F. Smith M.D.

Physician (Physician ~~or midwife~~)

Given names added from a supplemental report

_____ 19__

Address Culdesac, Idaho

Filed 12-10- 1915 L. C. Parkin Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 12 1974

NOT

DUP 001915-34699

265-209-035-265.

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 35020
Local Reg. No.
Reg. Dist. No. 95

Amended 6/21/77

1. PLACE OF BIRTH
a. COUNTY: Nez Perce
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Lindsey Creek
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: 6 Miles East Lewiston

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Lindsey Creek
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Genevieve
b. (Middle): Celiss
c. (Last): Swearingen

4. SEX: female
5a. THIS BIRTH: SINGLE ____ TWIN ____ TRIPLET ____
5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____
6. DATE OF BIRTH (Month) (Day) (Year): Nov 9, 1915

FATHER OF CHILD

7. FULL NAME
a. (First): N.
b. (Middle): R.
c. (Last): Swearingen

8. AGE (At time of this birth): 23 YEARS
9. BIRTHPLACE (State or foreign country) (City or Town):
10. USUAL OCCUPATION: Farmer
11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Mary
b. (Middle):
c. (Last): Swearingen

13. AGE (At time of this birth): 23 YEARS
14. BIRTHPLACE (State or foreign country) (City or Town):
15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living?
b. How many OTHER children were born alive but are now dead?
c. How many children were stillborn (born dead after 20 wks. pregnancy?)
16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: C. S. Whitford, M. D.
18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____
19. ADDRESS: Lewiston
20. DATE SIGNED:
21. DATE REC'D BY LOCAL REG.: 12-10-15
22. REGISTRAR'S SIGNATURE: L. J. Perkins
23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS
WEIGHT AT BIRTH ____ LBS. ____ OZS. 6 AM
RACE OR COLOR OF FATHER: W
RACE OR COLOR OF MOTHER: W
METHOD OF DELIVERY:
Was 1% Silver Nitrate Used to prevent blindness? YES ____ NO ____
BIRTH INJURY TO INFANT ____ YES IF YES, DESCRIBE ____ NO
CONGENITAL MALFORMATIONS OF INFANT ____ YES IF YES, DESCRIBE ____ NO

LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss. MAY 24 10 56 AM '77

County of ..... }

Certificate No. 35020

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth for Genevia Selio Swearingen (Name on Original Certificate) who was born (Was Born or Died) on Nov 9, 1915 (Date of Event) in Lindsey Creek, Idaho (Nez Perce) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Genevia Selio Swearingen	Genevieve Celiss Swearingen

Subscribed and sworn to before me this 18th day of May 19 77

Constance L. Hymer

Notary Public, residing at Madras, Oregon

My commission expires 7/25/79

(Seal)

Signed Lillian Knight (Sister)

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

LILLIAN KNIGHT (DOB: 11/13/13)

1601 Madison, LaGrande, OR 97850

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.

County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

.....

(Street Address, City, State)

FORM DH 60-155

CL 5/6/77

Statement by parents gives name as ~~Gne~~ Genevieve Celiss Swearingen. ~~age~~ signed by Mary Swearingen and Will Swearingen. dated June 12, 1933. viewed by V. S.

Marriage Certificate from Idaho gives names as William Richard Parker and the birde's name as Genevieve Celiss Swearingen. dated June 12 1933. viewed byVS

493.210-035-493

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

No. ..... St.

Hospital .....

Registration District No. 96 File No. 35021

Primary Registration District No. 1009 Registered No. 62

FULL NAME OF CHILD Lucille Genevieve Miller

Sex of Child Female | Twin Triplet or other? and Number in order of birth 3 (To be answered only in event of plural births) | Legitimate? L | Date of Birth Nov 10 (Month) (Day) 1915 (Year)

FATHER	MOTHER
FULL NAME Frank E Miller	FULL MAIDEN NAME Edna G Miller
RESIDENCE Snake River Ave No 535	RESIDENCE 535 Snake River Ave
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 28 (Years)	AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE Juliatta Ida	BIRTHPLACE 535 Snake River Ave
OCCUPATION Laborer	OCCUPATION Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 2-30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. S. Whitford

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Davies Blk Lewiston

Filed 12-10- 1915 L. J. Perkins

Registrar

S-Y-CO 35071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 3 1 1943

719-11-035-962

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No. New 4th St.

Hospital

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 7

File No. 35022

Primary Registration District No. 1009

Registered No. 63

FULL NAME OF CHILD Carl Edward Gardner

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male.		1st	Yes	Nov. 11. 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Carl A. Gardner	Harriet Robinson
RESIDENCE	Lewiston Idaho	Lewiston
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	23	22
BIRTHPLACE	Oregon.	Genesee Ida.
OCCUPATION	Driver N. Express Co	Housewife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 8 P. M. on the date above stated.

(Signature) Edgar L. White M.D

(Physician or midwife)

Address Lewiston Ida

Filed 12-10-19 15 L. J. Perkins
Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

.....19.....

.....
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 17 1940

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

432-113-035-957

PLACE OF BIRTH

County of Nez Perse

~~City of~~ Tammany

No. ..... St.

Hospital No

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 95 File No. 35023

Primary Registration District No. 1009 Registered No. 64

FULL NAME OF CHILD Wayne McKissick

Sex of Child Male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Nov (Month) 13th (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	James S McKissick	FULL MAIDEN NAME	Lilia Bugham
RESIDENCE	Tammany	RESIDENCE	Tammany
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Columbia Tenn.	BIRTHPLACE	Lewiston Ida
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3rd

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12-45-P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. P. Thourse M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Lewiston Idaho

Filed 12-10- 1915 L. J. Perkins

Registrar

Registrar

S-Y CO. 24653

JUN 16 1942

243.118.035-769

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of —

No. — St.

Hospital —

Registration District No. 95 File No. 35024

Primary Registration District No. 1009 Registered No. 65

FULL NAME OF CHILD (died)

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
male	single	6th	yes	Nov 8th 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Josiah E. Butler	FULL MAIDEN NAME	Maude Gordon
RESIDENCE	Lewiston Orchards	RESIDENCE	Lewiston Orchards
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	47	AGE AT LAST BIRTHDAY (Years)	42
BIRTHPLACE	Illinois	BIRTHPLACE	Illinois
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6th Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 10 30 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. C. Carssow

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Lewiston Idaho

Filed 12-10- 1915 L. J. Perkins
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

297-218-035-141

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

No. Orchards St.

Hospital no

Registration District No. 98 File No. 35025

Primary Registration District No. 1009 Registered No. 66

FULL NAME OF CHILD Bessie Sipes

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
girl	single	and	yes	11 / 18 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Delmore H Sipes	FULL MAIDEN NAME	Martha Adams
RESIDENCE	Lewiston Orchards	RESIDENCE	Lewiston Orchards
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE		BIRTHPLACE	Minnesota
OCCUPATION	Orchardist	OCCUPATION	House-wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. Garrison
Lewiston Idaho
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed 12-10-1915 L. J. Perkins
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IL
BUREAU OF VITAL

CERTIFICATE OF

BTH

DECEASED

285-222-035-355

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No. Orchard Tracts

Hospital Mo.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35027

Registration District No. 95 File No.

Primary Registration District No. 1009 Registered No. 68

FULL NAME OF CHILD Baby Sheets

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
girl	single (To be answered only in event of plural births)		yes	11 (Month) / 22 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Fred Sheets	FULL MAIDEN NAME	Nora Lee
RESIDENCE	Lewiston Orchards	RESIDENCE	Lewiston Orchards
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Blue Island Illinois	BIRTHPLACE	Radcliffe, Iowa
OCCUPATION	Orchardist	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. C. Carlsson

Lewiston Idaho (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address

Filed 12-10- 1915 L. J. Perkins Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Amended 11-5-59

PLACE OF BIRTH

752-224-075-751

County of Nez Perce

City of Lewiston

No. Orchards St.

Hospital yes

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 95 File No. 35028

Primary Registration District No. 1009 Registered No. 69

FULL NAME OF CHILD Martha Louise Peschel
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl			Yes	Nov. 24, [redacted] 1915

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	William M. Peschel	FULL MAIDEN NAME	Anna L. Peabody
RESIDENCE	Orchard Tracts	RESIDENCE	Orchard Tracts
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Dresden, Germany	BIRTHPLACE	Massachusetts
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 4:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. C. Carssow

Physician
(Physician or midwife)

Address Lewiston, Idaho

Give names added from a supplemental report.

....., 192....

..... Registrar.

Filed 12-10-1915 [redacted] L. J. Perkins
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

Documents listed on back -

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Kootenai }

Certificate No. 35028

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Martha Louise Peschall (Name on Original Certificate) who born (Was Born or Died) on Nov. 24, 1915 (Date of Event) in Lewiston, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name of Child	Martha Louise Peschall	Martha Louise Peschel
Name of Father	Wm. M. Peschal	William M. Peschel

Subscribed and sworn to before me this 27th day of Oct., 1959
Gretchen M. Kollis
Notary Public, residing at Post Falls
My commission expires 11/24/62
(Seal)

Signed Martha Z. Rodigrass
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Route 1, Post Falls, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Kootenai }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th day of Oct., 1959
Gretchen M. Kollis
Notary Public, residing at Post Falls
My commission expires 11/24/62
(Seal)

Signed George A. Snyder
(Signature of Any Credible Person)
103 E. Mullan Post Falls Idaho
(Street Address, City, State)

FORM DPH 55-155 L 10-23-59. nm

Documents/Listed on back/

Father's Own Death Certificate on file, #55-3075 gives full name as William Martin Peschel - viewed by V.S.

Father's Own Social Security Card, June 26, 1937, #519-03-2189 gives full name as William Martin Peschel - viewed by V.S.

Own Child's Birth Cert. on file, #375[illegible]24 gives full maiden name as Martha Louise Peschel - viewed by V.S.

Lewiston State Normal School, Lewiston, Idaho, June 3, 1935, Diploma gives full name as Martha Louise Peschel - viewed by V.S.

251-128075-957

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

No. 1464 = G St.

Registration District No. 96 File No. 35029

Primary Registration District No. 1009 Registered No. 70

Hospital

FULL NAME OF CHILD Clarence

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Nov 28 1916

FATHER		MOTHER	
FULL NAME	Charles E Knapp	FULL MAIDEN NAME	Beulah Inghram
RESIDENCE	Lewiston Idaho	RESIDENCE	Lewiston Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Lewiston Idaho
OCCUPATION	Teamster	OCCUPATION	House wife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or ~~stillborn~~) at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L J Perkins

(Physician or ~~Midwife~~)

Address Lewiston Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed 12-10- 1915 L J Perkins
Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

553-129-035-866

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

No. O. T. St.

Registration District No. 96 File No. 35030

Primary Registration District No. 1009 Registered No. 71

Hospital

FULL NAME OF CHILD Ronald Andrew Nelson

Sex of Child Male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes. | Date of Birth Nov 29 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John B. Nelson	FULL MAIDEN NAME	Frances Howard
RESIDENCE	Lewiston, O. T.	RESIDENCE	Lewiston, O. T.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Norway.	BIRTHPLACE	Oregon.
OCCUPATION	Horticulturist.	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7 40 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edgar L. White M.D

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Lewiston Idaho

Filed 12-10- 1915 L. J. Perkins

Registrar

Registrar

S-Y-CO 38071

DEC 2 2 1941

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

713-129-035-713

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

No. 335 Snake Run St.

Hospital Home

Registration District No. 96

File No. 35031

Primary Registration District No. 1009

Registered No. 72

FULL NAME OF CHILD Chester Patten

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of Birth
Male	2nd (To be answered only in event of plural births)	Li	11 (Month) 29 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Ed Patten	FULL MAIDEN NAME	Edna Patten
RESIDENCE	Lewiston	RESIDENCE	Lewiston
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Oregon
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive Nov 29 at 8 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. S. Whitford
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Lewiston

Filed 12-10- 1915 L. J. Perkins
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

267-129-035-815

PLACE OF BIRTH

County of Nez Perce.

City of Lewiston.

By. Water Reservoir.

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 35032

Primary Registration District No. 1009 Registered No. 73

FULL NAME OF CHILD Kenneth Ray Boggs

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male.		5	Yes	Nov 29 1915

	FATHER	MOTHER
FULL NAME	David L. Boggs.	Bertha Hance.
RESIDENCE	Lewiston Idaho.	Lewiston, Idaho.
COLOR	White.	White.
AGE AT LAST BIRTHDAY (Years)	45	38
BIRTHPLACE	Oregon.	Wisconsin
OCCUPATION	Farmer.	Housewife.

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 12:15 P. M. on the date above stated.

(Signature) Edgar L. White M.D

(Physician or midwife)

Address Lewiston Ida.

Filed 12-10-1915 L. J. Perkins
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

S-Y-CO 38071

AUG 6 1942

693-129-035-689

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

No. 0212 24th St.

Hospital

Registration District No. 96

File No. 35033

Primary Registration District No. 1009

Registered No. 74

FULL NAME OF CHILD Clifford Alvin Williams

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male	1st	Yes	Nov. 29 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Gilbert Williams	FULL MAIDEN NAME	Vina White
RESIDENCE	E. Lewiston	RESIDENCE	E. Lewiston
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Lewiston, Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 9:15 a.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edgar L. White M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Lewiston Idaho

Filed 12-10- 1915 L. G. Perkins
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 1 6 1976

OCT 15 1942

962-202-836-819

PLACE OF BIRTH

County of Onida

City of Stone

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

~~Form~~ V. S. No. 11-C—25m-1-1-18

CERTIFICATE OF BIRTH

Registration District No. ~~18~~ 26 File No. 35034

Primary Registration District No. 2071 Registered No. 99

FULL NAME OF CHILD ~~Nonia~~ DOROTHY Robbins

Sex of Child female | Twin Triplet or other? and Number in order of birth 7 (To be answered only in event of plural births) | Legitimate? yes | Date of Birth April (Month) 2 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Cyrus M. Robbins	FULL MAIDEN NAME	Sarrah Hard
RESIDENCE	Stone	RESIDENCE	Stone
COLOR	white	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Willard, Utah	BIRTHPLACE	Snowvill, Utah
OCCUPATION	farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6:30 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Bunderson
Midwife
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Stone Idaho

Filed 7-20 1915 D C Ray
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Franklin } ss.

Certificate No. 35034

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth or Death)
for (Name on Original Certificate) who (Was Born or Died) on (Date of Event)
in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Nonia Robbins	Dorothy Robbins

Subscribed and sworn to before me this 1st. day of August, 1942.

Notary Public, residing at Preston, Idaho
My commission expires May 1st. 1945
(Seal)

Signed Nonia Robbins
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Dayton Ida.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Franklin } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st. day of August, 1942.

Notary Public, residing at Preston, Idaho
My commission expires May 1st, 1945.
(Seal)

Signed Frank Thompson
(Signature of Any Credible Person Other Than Previous Year)

Preston Idaho
(Street Address, City, State)

AUG 12 1942

AUG 14 1942

766-217-036-291

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Oneida

City of Stone

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

CERTIFICATE OF BIRTH

Registration District No. 1576 File No. 35035

Primary Registration District No. 2071 Registered No. 100

FULL NAME OF CHILD Nola Foulder

Sex of Child female | Twin, Triplet or other? (To be answered only in event of plural births) | and | Number in order of birth 3 | Legitimate? yes | Date of Birth April 17 (Month) (Day) 1915 (Year)

FATHER

FULL NAME Amos Foulder

RESIDENCE Stone Idaho

COLOR White AGE AT LAST BIRTHDAY 32 (Years)

BIRTHPLACE Millcreek Utah

OCCUPATION farmer

MOTHER

FULL MAIDEN NAME Agnes Brockbank

RESIDENCE Stone Idaho

COLOR White AGE AT LAST BIRTHDAY 33 (Years)

BIRTHPLACE Cottonwood Utah

OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7-10 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Bunderson

Midwife
(Physician or midwife)

Address Stone Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 4-20 1915 D Ray Registrar

8-Y CO. 24688

Dup #1915 - DE80 - 178

415-130-036-693

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Samaria

No. ..... St.

Hospital .....

Registration District No. 26 File No. 35036

Primary Registration District No. 2069 Registered No. 101

FULL NAME OF CHILD Samuel James Mansfield

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male	six	yes	Apr (Month) 30 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Samuel Mansfield	FULL MAIDEN NAME	Mary J. Williams
RESIDENCE	Samaria Ida	RESIDENCE	Samaria Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Samaria Ida	BIRTHPLACE	Samaria Ida
OCCUPATION	Farming	OCCUPATION	

Number of child of this mother, including present birth six Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8-10 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary A. Reese

midwife (Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address Samaria Idaho

Filed July 15 1915 D. Kay Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

12-2-41

463-208-036-852

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

35037

County of Onida

City of Stone

No. ..... St.

Hospital .....

Registration District No. ~~18~~ 26 File No. .....

Primary Registration District No. 2071 Registered No. 102

FULL NAME OF CHILD Adeline Dockstader

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
feemail	(To be answered only in event of plural births)			yes	May 8 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Oscar E. Dockstader	FULL MAIDEN NAME	Ethel Hess
RESIDENCE	Stone Idaho	RESIDENCE	Stone Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Willford Utah	BIRTHPLACE	feelding Utah
OCCUPATION	farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 12-10 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Mary Bunderson

Midwife
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Stone Idaho

Filed Sept 15 1915 L. D. Kay
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

168-213-036-693

PLACE OF BIRTH

County of Oneida

City of Samaria

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 35038

Primary Registration District No. 2069 Registered No. 103

FULL NAME OF CHILD William John

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		3	yes	June 13 1915

FATHER		MOTHER	
FULL NAME	David John	FULL MAIDEN NAME	Mattie Williams
RESIDENCE	Samaria Ida	RESIDENCE	Samaria Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Samaria Ida	BIRTHPLACE	Samaria Ida
OCCUPATION	Farming	OCCUPATION	

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8:30 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) ~~Mary A Reese~~ Mary Price

(~~Physician or~~ midwife)

Address Samaria Ida

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed July 15 19 15 D Kay Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

165-13-036-693

Amended 8-25-67

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 35039
Local Reg. No. 104
Reg. Dist. No. 26

1. PLACE OF BIRTH

a. COUNTY: Oneida

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Gwenford

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Oneida

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Gwenford

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print) a. (First): Merle b. (Middle): c. (Last): John

4. SEX: Female

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH: (Month) June (Day) 13, (Year) 1915

FATHER OF CHILD

7. FULL NAME a. (First): William b. (Middle): c. (Last): John

8. AGE (At time of this birth): 24 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Samaria, Idaho

10. USUAL OCCUPATION: Farming

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME a. (First): May b. (Middle): c. (Last): Williams

13. AGE (At time of this birth): 19 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Samaria, Idaho

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 0

b. How many OTHER children were born alive but are now dead? 0

c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Mary A. Reese

18. ATTENDANT AT BIRTH: M.D. ____ MIDWIFE X OTHER (Specify) ____

19. ADDRESS: Samaria, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: July 15, 1915

22. REGISTRAR'S SIGNATURE: D.C. Ray

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

OR BLACK record typewriter ribbon in completing this certificate. This certificate MUST be filed with the
in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address
SION OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH 5-22-67

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED

State of ..... } ss. Certificate No. 35039

County of ..... } AUG 21 1967 Date Filed .....

Bureau of Vital Statistics

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Myrl John (Name on Original Certificate) who was born (Was Born or Died) on June 13, 1915 (Date of Event)

in Gwenford (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
childs first name	Myrl	Merle

Subscribed and sworn to before me this 25 day of May, 1967

Ernest E. [illegible]

Notary Public, residing at Boise Idaho

My commission expires 9-15-70

(Seal)

X Signed George A. Bri[illegible]

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.

County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

.....

(Street Address, City, State)

FORM DH 60-155

Insurance Policy issued by New York Life on Dec. 20, 1946 gives name as Merle John.
Viewed by V. S.

Own childs birth certificate, Frank Bruce Noble gives name of mother as Merle John. Child born July 12, 1939, certificate # 282119.
Viewed by V. S.

693.102.036-214

PLACE OF BIRTH

County of Oneida

City of Malad

No. _____ St.

Hospital _____

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35040

Registration District No. 26 File No. _____

Primary Registration District No. 2069 Registered No. 105

FULL NAME OF CHILD _____

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	July 2 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Joseph W Williams	Pearl Campbell
RESIDENCE	Malad	Malad
COLOR / AGE AT LAST BIRTHDAY (Years)	White 36	White 30
BIRTHPLACE	Malad	Malad
OCCUPATION	Farming	Housework

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 3 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J F Allen

Physician

(Physician or midwife)

Address Malad

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed July 10 1915

L E Clay Registrar

S-Y CO. 24695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Amended 11-6-56

PLACE OF BIRTH
169-10-036-356
County of Oneida

City of Malad

No. _____ St.

Hospital _____

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26

Primary Registration District No. 2069

File No. 35042

Registered No. 107

FULL NAME OF CHILD Lewis Ed Morgan

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	July 5 — 5 —

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Edward Morgan	Catherine Lewis
RESIDENCE	Malad	Malad
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	28	25
BIRTHPLACE	Malad	Malad
OCCUPATION	Farming	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 5:45 P.M. on the date above stated.

(Signature) J F Allen

Physician

(Physician or midwife)

Address Malad

Filed May 10 19 15

D Rees
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____
Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
NOV 5 - 1956
Division of Vital Statistics

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Oneida } ss.

Certificate No. 35242

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Missing (Name on Original Certificate) who was born (Was Born or Died) on July 5, 1915 (Date of Event)
in Malad (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Naval Discharge Record (Bible Record, Insurance Policy, Etc.) prepared on 28, November 1938, are:
Certificate of Ordination Nov. 30, 1947 Viewed by Vital Statistics (Give Date)

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Missing	Lewis E. Morgan

Subscribed and sworn to before me this 29th day of October, 19 56

E. L. Scott
Notary Public, residing at Malad, Idaho
My commission expires 5/19/59
(Seal)

Signed Catherine Morgan
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Malad, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Oneida } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29th day of October, 19 56

E. L. Scott
Notary Public, residing at Malad, Idaho
My commission expires 5/19/59
(Seal)

Signed Edmond Morgan
(Signature of Any Credible Person)

Malad, Idaho
(Street Address, City, State)

FORM DPH 55.155

NOV 2 1956

962.206.036-157

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

Registration District No. 26

File No. 35043

Primary Registration District No. 2069

Registered No. 103

FULL NAME OF CHILD Stella Roberts

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
fl		yes	7 (Month) 6 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	David M Roberts	FULL MAIDEN NAME	Emma Aigerer
RESIDENCE	Malad	RESIDENCE	same
COLOR	wh	COLOR	wh
AGE AT LAST BIRTHDAY	48 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Switzerland
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10 1/3 M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Ray M D

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Malad City Ida

Filed 7-12 1913 D C Ray

Registrar

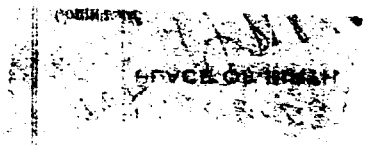
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



713.707-036-165

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida amended 11/12/81

City of Malad

Registration District No. 26 File No. 35044

No. _____ St.

Primary Registration District No. 2069 Registered No. 109

Hospital _____

FULL NAME OF CHILD Jenkins Leland Palmer

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male		Yes	7-7-1915

FATHER		MOTHER	
FULL NAME	Wm H Palmer	FULL MAIDEN NAME	Katherine Jones
RESIDENCE	Malad	RESIDENCE	same
COLOR	wh AGE AT LAST BIRTHDAY 43 (Years)	COLOR	wh AGE AT LAST BIRTHDAY 47 (Years)
BIRTHPLACE	Ida	BIRTHPLACE	Idaho
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Ray M D

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Malad

Filed 7-15 1915 D C Ray

Registrar Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 19 1963

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____

Certificate No. 35044
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Jenkins Palmer (Name on Original Certificate) who was born (Was Born, Died, etc.) on July 7, 1915 (Date of Event)

in Malad, Idaho (Oneida) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child'smiddle name	omitted	Leland

Subscribed and sworn to before me this 12 day of Nov, 1981.

Notary Public, [illegible] L. Cleverly
Residing at Boise Idaho
My commission expires April 1985
(Seal)

Jenkins L. Palmer
Signature of Applicant

4851 Sunderland
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____

(Must be completed __)
(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19__.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Selective Service card dated April 7, 1944 gives name as Jenkin Leland Palmer viewed by V. S.

NOV 12 1981

Marriage record from Idaho gives groom's name as Jenkin L. Palmer and the bride's name as Sara L. Thomas. dated Sept 9, 1936. viewed by V. S.

763-208-036-645

PLACE OF BIRTH

County of Oneida

City of Malad

No. _____ St.

Hospital _____

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH *

Registration District No. 26 File No. 35045

Primary Registration District No. 2071 Registered No. 110

FULL NAME OF CHILD Grace Potter

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
fe			yes	7 8 1913

FATHER		MOTHER	
FULL NAME	Geo F. Potter	FULL MAIDEN NAME	Bessie Odekirk
RESIDENCE	Malad Ida	RESIDENCE	same
COLOR	wh	COLOR	wh
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4:30 P. M. on the date above stated.
(Born alive or stillborn)

(Signature) D C Ray MD

(Physician or midwife)

Address Malad

Filed 7-15-1913

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____ Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

693-10-036-469

PLACE OF BIRTH

County of Oneida

City of Lamanna

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

Registration District No. 26

File No. 35046

Primary Registration District No. 2069

Registered No. 111

FULL NAME OF CHILD Edris Williams

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	7 – 10 – 15

FATHER		MOTHER	
FULL NAME	Lewis Williams	FULL MAIDEN NAME	Sarah Moss
RESIDENCE	Lamanna	RESIDENCE	same
COLOR	wh	COLOR	wh
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 8

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 110 M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Ray MD

(Physician or midwife)

Address Malad City Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 7-12 19 15 D C Ray Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 30 1964

DuPont 1915-251403

154-111-036-219

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Oneida

City of Malad

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 35047

Primary Registration District No. 2069 Registered No. 112

FULL NAME OF CHILD Loren DeVel Barnett Anderson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	7-11-1915

FATHER		MOTHER	
FULL NAME	Lawrence L Anderson	FULL MAIDEN NAME	Elizabeth Barnett
RESIDENCE	Malad	RESIDENCE	Same
COLOR	wh	COLOR	wh
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7:10 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Ray MD

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Malad City Idaho

Filed 7-13-1915 D C Ray

Registrar Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 2 7 1974

JUN 2 1942

DEC 5 1946

753-211-036-165

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Oneida

City of Malad

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 35048

Primary Registration District No. 2669 Registered No. 113

FULL NAME OF CHILD Edna Peck

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	July 11 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Henry Peck	FULL MAIDEN NAME	Lucretia Jones
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Malad	BIRTHPLACE	Malad
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 1:45 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J F Alton

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Malad

_____ 19__

Filed Aug 5 1915 L C Hay Registrar

_____ Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 30 1944

JUL 6 1944

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

815-23-036-155

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

Amended 3/1/76

Registration District No. 26

File No. 35049

No. _____ St.

Primary Registration District No. 2069

Registered No. 114

Hospital _____

FULL NAME OF CHILD Coy Delone Hanson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	7-13-1912

FATHER

FULL NAME: Leo Hanson

RESIDENCE: Ridgedale Idaho

COLOR: wh AGE AT LAST BIRTHDAY: 27 (Years)

BIRTHPLACE: Utah

OCCUPATION: farmer

MOTHER

FULL MAIDEN NAME: Marie Jensen

RESIDENCE: same

COLOR: wh AGE AT LAST BIRTHDAY: 26 (Years)

BIRTHPLACE: Utah

OCCUPATION: housewife

Number of child of this mother, including present birth: 3

Number of children of this mother now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9:20 M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Kay MD

(Physician or midwife)

Address Malad City Idaho

Given names added from a supplemental report.

.....19.....

Filed 7-15 19 13 D C Kay

Registrar

.....

Registrar

8-Y CO. 24655

STATE
BUREAU OF
CENTRIFIC

NOV 2 4 1975

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
VITAL STATISTICS
11 45 AM '76

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 35049

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Hansen (female) (Name on Original Certificate) who was born (Was Born or Died) on July 13, 1975 (Date of Event) in Malad, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed Hansen	Coy Delone Hanson
father's name	Leland Hansen	Leo Hanson
Mother's name	Maria Jensen	Marie Jenson

Subscribed and sworn to before me this 24 day of February, 1976

Notary Public, residing at Ogden, Utah

My commission expires March 2, 1976

(Seal)

Signed Marie Jenson Hanson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

2341 Madison Ave Apt 6 Ogd. Utah 84401
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155 CL 11/24/75

Membership record from LDS Church gives name as Coy Delone Hill born July 13, 1915 at Samaria, Idaho. Father's nameas Leo Reese Hanson and Marie Elizabeth Jensen. Blessed Oct 3, 1915 and Baptized Sept 7, 1924. viewed by V. S.

MAR 1 1976

Baptismal record from the LDS Church gives name as Coy Delone Hanson Hill born July 13, 1915 at Samaria, Idaho.daughter of Leo Reese Hanson and Marie Elizabeth Jensen. Baptized Sept. 3, 1924. viewed by V. S.

386-115-036-551

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Oneida

City of Malad

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 35050

Primary Registration District No. 2069 Registered No. 115

FULL NAME OF CHILD _____

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	1	6	yes	7 - 15 - 1915

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	George Thompson	FULL MAIDEN NAME	Ron Evans
RESIDENCE	Malad, R.F.D. No 1	RESIDENCE	Malad R.F.D. 1
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Lake Town U.	BIRTHPLACE	Samaria Idaho
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 9:55 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Kerns, MD
Malad Idaho
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address _____

Filed July 16 1915 L. Ray
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

663-216-036-753

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

No. _____ St.

Hospital _____

Registration District No. 26 File No. 35051

Primary Registration District No. 2069 Registered No. 116

FULL NAME OF CHILD Martha Naidene Folland

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	July 16 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Sidney J Folland	FULL MAIDEN NAME	Vera Peck
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Chalice Ida
OCCUPATION	Machinist	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 7-9 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J F Alton

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Malad

_____ 19____

Filed Aug 5 1915 D C Ray

_____ Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 2 1943

753.117.036-386

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Owyhee

City of Malad

No. _____ St.

Hospital _____

Registration District No. 26 — File No. 35052

Primary Registration District No. 2069 — Registered No. 119

FULL NAME OF CHILD Sanford Wayne Peterson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male			Yes	July 17 (Month) (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Sanford M. Peterson	FULL MAIDEN NAME	Mary E. Thomas
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Rigby	BIRTHPLACE	Malad
OCCUPATION	Laborer	OCCUPATION	Housework

Number of child of this mother, including present birth 3 — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 12:45 A M on the date above stated.

(Signature) J. F. Nelson

Physician

(Physician or midwife)

Address Malad

Filed Aug 5 19 15 — D. Kay, Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____ Registrar

S-Y CO. 24685

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED NOV 2 1965

State of UTAH
County of SALT LAKE } ss.

Certificate No. 35052

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Peterson (male child) (Name on Original Certificate) who was born (Was Born or Died) on July 17, 1915 (Date of Event)
in Malad, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by PERSONAL KNOWLEDGE (Bible Record, Insurance Policy, Etc.) prepared on (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Sanford Wayne Peterson

Subscribed and sworn to before me this 26 day of OCT, 1965

Notary Public, residing at SALT LAKE CITY, UTAH
My commission expires 7 DEC 12-1968
(Seal)

Signed Mary E. Peterson (Mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

3287 S. 8420 W. MAGNA UTAH
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of UTAH
County of SALT LAKE } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27 day of OCTOBER, 1965

Notary Public, residing at SALT LAKE CITY, UTAH
My commission expires 7 DEC 12-1968
(Seal)

Signed Ruth E. Ripley
(Signature of Any Credible Person)

2749 S. 8560 W.
(Street Address, City, State) MAGNA UTAH

FORM DH 60-155

CL 10-4-65. one copy pd. rec. #18759.

Marriage Certificate, State of Utah, County of Salt Lake, gives full name of groom as Sanford Wayne Peterson and full name of bride as Norma Hancock, married Aug. 10, 1937 - viewed by V.S.

NOV 3 1965

L.D.S. Church Cert. of Ordination to the Holy Priesthood as a Deacon, March 5, 1929 gives full name as Sanford Wayne Peterson - viewed by V.S.

693 128'036-551

[redacted]

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
[illegible]EAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

No. ..... *St.*

Hospital .....

Registration District No. 26

Primary Registration District No. 2069

File No. 35053

Registered No. 118

FULL NAME OF CHILD Vern Williams

Sex of Child male	**Twin Triplet or other?** and **Number in order of birth** (To be answered only in event of plural births)	**Legitimate?** yes	**Date of Birth** 7 (Month) - 28 (Day) 1902 (Year)

FATHER		**MOTHER**	
FULL NAME	Thomas O Williams	**FULL MAIDEN NAME**	Elizabeth Evans
RESIDENCE	Malad	**RESIDENCE**	Malad
COLOR	wh	**COLOR**	wh
AGE AT LAST BIRTHDAY (Years)	45	**AGE AT LAST BIRTHDAY** (Years)	37
BIRTHPLACE	Ida	**BIRTHPLACE**	Ida
OCCUPATION	farmer	**OCCUPATION**	housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive **at** 2.30 P.M **on the date above stated.**

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Ray M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Malad City Ida

Filed 7-30 19 12

D C Ray
Registrar

Registrar

S-Y CO. 24695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

359.130 036-165

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

No. _____ St.

Hospital _____

Registration District No. 26 File No. 35054

Primary Registration District No. 2069 Registered No. 119

FULL NAME OF CHILD _____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	July 30 1915

FATHER		MOTHER	
FULL NAME	Joseph Leigh	FULL MAIDEN NAME	Lizzie Jones
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Malad	BIRTHPLACE	Samaria
OCCUPATION	Electrician	OCCUPATION	Housework

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 12:45 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J F Allen

Physician

(Physician or midwife)

Address Malad

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed Aug. 5 19 15 D Kay Registrar

S-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

735-131-036-386

PLACE OF BIRTH

Amended 6/13/79

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

Registration District No. 26 File No. 35055

Primary Registration District No. 2069 Registered No. 170

FULL NAME OF CHILD John Clifford Gleed

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy		Five	Yes	July 31 1915

FATHER		MOTHER	
FULL NAME	Henry Gleed	FULL MAIDEN NAME	Emma Thorp
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Malad	BIRTHPLACE	Samaria
OCCUPATION	Farmer	OCCUPATION	Farmer's Wife

Number of child of this mother, including present birth Five

Number of children of this mother now living, including present birth Five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Borne Alive (Born alive or stillborn) on the date above stated. July 31 1915 at 8-15 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Mary E. Bolingbroke

Midwife —
(Physician or midwife)

Address Malad Ida

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Aug 10 15

Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

6/13/79

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Canyon } ss.

MAY 15 1 04 PM '79

Certificate No. 35055

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for John T. Gleede (Name on Original Certificate) who was born (Was Born or Died) on July 31, 1915 (Date of Event)
in Malad, Idaho (oneida) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	John T. Gleede	John Clifford Gleed
father's name	Henry Gleede	Gleed

Subscribed and sworn to before me this 28 day of April, 1979

Notary Public, residing at Malad

My commission expires 3-19-1982

(Seal)

Signed Bell Evans
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

526 N. 100 West Malad Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Oneida } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28 day of April, 1979

Notary Public, residing at Malad

My commission expires 3-19-1982

(Seal)

Signed Paul H. Strart
(Signature of Any Credible Person)

186 no 100 west, Malad Idaho
(Street Address, City, State)

FORM DH 60-156

CL 11/22/78 nm

Certif of Ordination XXXXXe from the LDS Church gives name as John Clifford Gleed. ordianed an Elder on March 14, 1965. viewed by V. S.

JUN 13 1973

Certif of Baptsim and Confirmation from the LDS Church gives name as John Clifford Gleed son of Henry Gleed and Emma Thorpe. born July 31, 1915 at Malad, Idaho. Baptized June 7, 1925. viewed by V. S.

386-101-036-433

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 35056

Registered No. 171

PLACE OF BIRTH

County of Ada

City of Malad

No. _____ St.

Hospital _____

Registration District No. 26

Primary Registration District No. 2669

FULL NAME OF CHILD _____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Aug 1 1918

FATHER

FULL NAME Ed C Thomas

RESIDENCE Malad

COLOR White AGE AT LAST BIRTHDAY 31 (Years)

BIRTHPLACE Malad

OCCUPATION Farming

MOTHER

FULL MAIDEN NAME Estella McClurg

RESIDENCE Malad

COLOR White AGE AT LAST BIRTHDAY 21 (Years)

BIRTHPLACE Iowa

OCCUPATION Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 6 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J F Allen

Physician

(Physician or midwife)

Address Malad

Given names added from a supplemental report.

_____ 19____

Filed Aug 5 1918 D C Day

_____ Registrar

Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

595·104·036-165

[redacted]

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Owyhee

City of Malad.

No. _____ St.

Hospital —

Registration District No. 26 File No. 35057

Primary Registration District No. 2069 Registered No. 122

FULL NAME OF CHILD Delmar Nielsen

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	1	1	Yes.	8 (Month) 4 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Edward Nielsen	FULL MAIDEN NAME	Myrtle Jones
RESIDENCE	Malad Ida	RESIDENCE	Malad,
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Brigham Utah	BIRTHPLACE	Malad Ida
OCCUPATION	Painter	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 4:20 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Kerns, M.D.

Malad Ida

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed Aug 5 1915 D. C. Ray

Registrar Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

[redacted]

JAN 1 1 1974

APR 1 1949

962-105-036-234

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35058

County of Ada.

City of Malad.

No. _____ St.

Hospital _____

Registration District No. 26 File No. _____

Primary Registration District No. 2069 Registered No. 173

FULL NAME OF CHILD Francis Noah Robitaille

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	/ (To be answered only in event of plural births)	3	Yes.	8 - 5 - 191 5

FATHER		MOTHER	
FULL NAME	Frank Robitaille	FULL MAIDEN NAME	Zina Stuart.
RESIDENCE	Malad Ida.	RESIDENCE	Malad.
COLOR	White.	COLOR	white
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Sioux City Iowa.	BIRTHPLACE	Malad.
OCCUPATION	Farmer & Horseman.	OCCUPATION	Housework.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11:20 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Kerns. M.D.

Malad Ida.

(Physician or midwife)

Address _____

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed Aug 6 19 15 _____ Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 5 1947

APR 29 1965

849-105-036-381

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ouida

City of Malad City

Registration District No. 26 File No. 35059

No. ..... St.

Primary Registration District No. 2069 Registered No. 174

Hospital .....

FULL NAME OF CHILD Thomas Chifford Hurd

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy	3	yes	Aug 5 1915

FATHER		MOTHER	
FULL NAME	John James Hurd	FULL MAIDEN NAME	Ida Chandler Hurd
RESIDENCE	Malad City	RESIDENCE	Malad City
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Snow vill utah	BIRTHPLACE	Logan City utah
OCCUPATION	Farmer	OCCUPATION	Farmer

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ~~Mary Stuart~~ alive at 2 M.P. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Stuart
Midwife
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Malad City

Filed Sept 15 1915 D C Ray
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

165 — 209-036-263

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

Registration District No. 76 File No. 35060

No. ..... St.

Primary Registration District No. 2069 Registered No. 125

Hospital .....

FULL NAME OF CHILD Doris B. Jones

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Aug 9 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John W Jones	FULL MAIDEN NAME	Margarette Bolingbroke
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Malad	BIRTHPLACE	Malad
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 5 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J F Alton

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Malad

Filed Aug 15 1915 L Ray Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Oneida

Certificate No. 35060

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth
(Birth or Death)
for Doris B Jones (Name on Original Certificate) who was born (Was Born or Died) on Aug. 9, 1915 (Date of Event)
in Malad City, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible record (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	none given	Doris B. Jones

Subscribed and sworn to before me this 14 day of June, 1944

Notary Public, residing at Malad Idaho

My commission expires Jany 20 1947
(Seal)

Signed [signature]
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Malad Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Oneida

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14 day of June, 1944.

Notary Public, residing at Malad Idaho

My commission expires Jany 20 1947
(Seal)

Signed Flora Jones
(Signature of Any Credible Person Other Than Previous Year)

Malad Idaho
(Street Address, City, State)

JUN 30 1944

643-223-036-965

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Stone

No. ..... St.

Hospital .....

Registration District No. 48 26 File No. 35062

Primary Registration District No. 20 71 Registered No. 127

FULL NAME OF CHILD Florence Fuller

Sex of Child feemail | Twin Triplet or other? and Number in order of birth 2 (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Aug. 23 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Luther C. Fuller	FULL MAIDEN NAME	Florence Roe
RESIDENCE	Stone	RESIDENCE	Stone
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Salt Lake City Utah	BIRTHPLACE	Snow Vill Utah
OCCUPATION	farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2:15 a.m. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Bunderson

Midwife (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Stone Idaho

Filed Sep 15 1915 D. Ray Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

693.124-036-551

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Oneida

City of Malad

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. **35063**

Primary Registration District No. 2069 Registered No. 178

FULL NAME OF CHILD Dean Evans Williams

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Aug 24 1915

FATHER		MOTHER	
FULL NAME	Thos Williams	FULL MAIDEN NAME	Irene Evans
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Malad	BIRTHPLACE	Samaria
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 5:40 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J F Alson

Physician

(Physician or midwife)

Address Malad

Given names added from a supplemental report.

_____ 19____ Registrar

Filed Sept 8 1915 D Kay Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 1 1976

Amended 11-17-66

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 35064
Local Reg. No. 129
Reg. Dist. No. 26

1. PLACE OF BIRTH

a. COUNTY: Oneida

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Stone

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Oneida

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Stone

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Stanley b. (Middle): John c. (Last): Petersen

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF BIRTH (Month) (Day) (Year)
Male	SINGLE X TWIN ____ TRIPLET ____	1st ____ 2nd ____ 3rd ____	Aug. 25, 1915

FATHER OF CHILD

7. FULL NAME

a. (First): Andrew b. (Middle): Peter c. (Last): Petersen

8. AGE (At time of this birth)	9. BIRTHPLACE (State or foreign country) (City or Town)	10. USUAL OCCUPATION	11. KIND OF BUSINESS OR INDUSTRY
34 YEARS	Denmark	Farmer	

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Nellie b. (Middle): Katie c. (Last): Olsen

13. AGE (At time of this birth)	14. BIRTHPLACE (State or foreign country) (City or Town)	15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
31 YEARS	Provo, Utah	a. How many OTHER children are now living? 4	b. How many OTHER children were born alive but are now dead?	c. How many children were stillborn (born dead after 20 wks. pregnancy?)

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Mary Bunderson

18. ATTENDANT AT BIRTH: M.D. ____ MIDWIFE X OTHER (Specify) ____

19. ADDRESS: Stone, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: Sept. 15, 1915

22. REGISTRAR'S SIGNATURE: D. C. Ray

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address ON OF VITAL STATISTICS, BOISE, IDAHO.

11-9-66

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED

NOV 14 1966

Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 35064

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Afton Petterson (Name on Original Certificate) who was born (Was Born or Died) on Aug 25, 1915 (Date of Event) in Stone, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
childs name	Afton Petterson	Stanley John Petersen
fathers name	Andrew P. Pettersen	Andrew Peter Petersen
mothers name	Katty Olson	Nellie Katie Olsen

Subscribed and sworn to before me this 14 day of November, 1966

Hazel L. Hurlbert

Notary Public, residing at Eagle, Idaho

My commission expires Sept. 28, 1968

(Seal)

Signed William [illegible] Carlson

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

.....

(Street Address, City, State)

FORM DH 60-155 1cp pd. rec. 2931

Certificate of Birth issued by the L.D.S. Church gives name spelled as Stanley John Petersen, son of Andrew Peter Petersen and Nellie Katie Olsen. Certificate entered on record Oct. 3, 1915. Copy issued Nov.10,1966

Viewed by V. S.

Family Record book gives name of child as Stanley John Petersen born Aug.25,1915 to Nellie Katie Olsen and Andrew Peter Petersen. Family record, obviously old.
Viewed by V. S.

813-202-036-955

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Arbon

Registration District No. 26 File No. 35065

No. ..... St.

Primary Registration District No. 2071 Registered No. 130

Hospital .....

FULL NAME OF CHILD Juanita Rae Hatfield

Sex of Child Female	Twin Triplet or other? Single and Number in order of birth — (To be answered only in event of plural births)	Legitimate? yes	Date of Birth Sept. 2 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Lee Hatfield	FULL MAIDEN NAME	Myrtle Reed
RESIDENCE	Arbon	RESIDENCE	Arbon
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Washington	BIRTHPLACE	Illinois
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 4:30 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. E. Tovey M.D.
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Malad, L. C. Ray

Filed Sep 14 1915

..... Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

16

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

JAN 12 1944

PLACE OF BIRTH

MAY 16 1967

331-112-036-[redacted]

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH [redacted] E OF IDAHO
VITAL STATISTICS
[redacted] CATE OF BIRTH

County of Oneida

City of Malad

Registration District No. 26

File No. 35067

No. ..... St.

Primary Registration District No. 2069

Registered No. 132

Hospital .....

FULL NAME OF CHILD Woodrow Wilson Clark

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Sept 12 1912 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Hugh L Clark	FULL MAIDEN NAME	Ida Lundell
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	wh	COLOR	wh
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Ida	BIRTHPLACE	Ida
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3 P M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D Ray M D

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Malad City

Filed 9-15 1912 D Ray Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 26 1951

319-117-036-735

PLACE OF BIRTH

County of Oneida

City of Malad

No. _____ St.

Hospital _____

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 35068

Primary Registration District No. 2069 Registered No. 133

FULL NAME OF CHILD LaMar Larsen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Sept 17 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Chris Larsen	FULL MAIDEN NAME	Rose Gleed
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 9:30 p.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. E. Dewey M.D.
Physician
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Malad, Idaho

Filed Oct 1 1915 D. Ray
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Social Security Card, #548-12-7683 gives full name as LaMar Larsen - viewed by V.S. and State of Utah Certificate of Marriage, Oct. 4, 1940 gives full name of groom as LaMar Larsen - viewed by V.S.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of UTAH } ss.
County of Box Elder }

Certificate No. 35068

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Larsen (Name on Original Certificate) who born (Was Born or Died) on Sept. 17, 1915 (Date of Event) in Malad, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	LaMar Larsen

Rose Larsen

Subscribed and sworn to before me this 19 day of August, 1959.

Signed Reed W. Hadfield
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Reed W. Hadfield
Notary Public, residing at Brigham City, Utah

My commission expires Jan 8, 1962
(Seal)

15 N 5th W. Brigham Utah
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of UTAH } ss.
County of Box Elder }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19 day of August, 1959.

Signed LaMar Larsen
(Signature of Any Credible Person)

Reed W. Hadfield
Notary Public, residing at Brigham City, Utah

My commission expires Jan 8, 1962
(Seal)

Corinne Utah
(Street Address, City, State)

FORM DPH 55.155 NNCL 11-2-59. one copy pd.

OCT 28 1959

819-218-036-55-1 Amended 4/22/69

PLACE OF BIRTH

County of Oneida

City of Malad

No. _____ St.

Hospital _____

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 35069

Primary Registration District No. 2069 Registered No. 134

FULL NAME OF CHILD Cosette Hardy

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Sept 18 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Elmer Hardy	FULL MAIDEN NAME	Isabelle Evans
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Malad
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 11:30 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J Fulton
Physician
(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Address Malad

Filed Sept 25 1915 L Kay
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
MAR 28 1968
Bureau of Vital Statistics

State of .....
County of ..... } ss.

Certificate No. 35069

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Hardy (Name on Original Certificate) who was born (Was Born or Died) on Sept. 12, 1915 (Date of Event)
in Malad, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on Sept. 12, 1915 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Unnamed	Cosette Hardy

Subscribed and sworn to before me this ..... day of ....., 19..

JOHN T. LEMING
NOTARY PUBLIC — CALIFORNIA
PRINCIPAL OFFICE IN
LOS ANGELES COUNTY
My Commission Expires Oct. 5, 1971

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed Thelma Hardy
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1852 Fourth Blvd, L.A. Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of .....
County of ..... } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25 day of March, 1968.

JOHN T. LEMING
NOTARY PUBLIC — CALIFORNIA
PRINCIPAL OFFICE IN
LOS ANGELES COUNTY
My Commission Expires Oct. 5, 1971

Notary Public, residing at Los Angeles, California
My commission expires 10-5-71
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DPH 55.155

A Notarized statement from Los Angeles City Schools Districts ~~x~~ gives name as Cosette Hardy. Gives birth date as September 18, 1915 in Malad, Idaho. Signed by Jonatham Swan, Records Storage Clerk Pupil Records and Microfilming Unit. Viewed VS.

APR 22 1969

Certificate of Marriage of John B. Thompson and Cosette Hardy Dated Oct. 7, 1933. Signed by R. A. Robinson. State of ~~XX~~ California and County of Los Angeles. Viewed by V. S.

819-124-036-819

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Cedar Hill

No. _____ St.

Hospital _____

Registration District No. 26

File No. 35070

Primary Registration District No. 2071

Registered No. 135

FULL NAME OF CHILD Vernon Harwood.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		Yes	Sept (Month) 2nd (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Clarence Henry Harwood	FULL MAIDEN NAME	Elizabeth Pearl Harwood
RESIDENCE	Cedar Hill	RESIDENCE	Cedar Hill
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Minnesota	BIRTHPLACE	Iowa
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth Second

Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive pre-mature at 12 M. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Sylvia Brownell

Trained Nurse
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Cedar Hill Oneida

Filed Oct 1 1915 [signature] Registrar

_____ Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE
BUREAU OF
DEPTH

666-224-036-813

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Ada

City of Malad

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 35071

Primary Registration District No. 2069 Registered No. 136

FULL NAME OF CHILD Anna Laura Woodland

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Sept. 24 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Daniel P. Woodland	FULL MAIDEN NAME	Blanche Hatch
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 1:45 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. E. Dewey
Physician
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Malad

Filed Oct 1 1915

_____ Registrar

_____ Registrar

S-Y CO. 24685

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 9 - 1947

165-127-036-386

Form V. S. No. 11-C—25m-1-1-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

Registration District No. 26 File No. 35072

No. — St.

Primary Registration District No. 2069 Registered No. 137

Hospital —

FULL NAME OF CHILD

Sex of Child Male	Twin Triplet or other? 1 and Number in order of birth 7 (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth 9 (Month) - 27 (Day) - 1915 (Year)

FATHER		MOTHER	
FULL NAME	Eli B. Jones.	FULL MAIDEN NAME	Mary Thomas.
RESIDENCE	Malad Ida	RESIDENCE	Malad Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Malad.	BIRTHPLACE	Malad. Ida
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 8 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Kerns. M.D.
Malad Ida
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 14/1 1915 L. L. Ray
Registrar

Registrar

S-Y CO. 24695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

269-129-036-799

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Samaria

No. ..... St.

Hospital .....

Registration District No. 76 File No. 35073

Primary Registration District No. 2069 Registered No. 138

FULL NAME OF CHILD Maurice Vere Sorenson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Sept. 29 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Royal Sorenson	FULL MAIDEN NAME	Ruth Price
RESIDENCE	Samaria	RESIDENCE	Samaria
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 9 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. E. Tewey
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Malad

Filed Oct 4 1915 D. C. Ray
Registrar

Registrar

S-Y CO. 24685

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 17 1957

FEB 15 1944

Use only BLACK INK if typewriter is not available. Please PRINT in ink. Avoid writing over printed words.
LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

PS 3/20-276-749 **(Be sure the information is complete and accurate)**

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 35074
Local Reg. No.
Reg. Dist. No. 26

Amended 1/30/74

1. PLACE OF BIRTH
a. COUNTY: Oneida
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Malad
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho b. COUNTY: Oneida
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Samaria
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print) a. (First): Rulon b. (Middle): c. (Last): Petersen

4. SEX: Male
5a. THIS BIRTH: SINGLE ____ TWIN ____ TRIPLET ____
5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____
6. DATE OF BIRTH: (Month) Sept. (Day) 30, (Year) 1915

FATHER OF CHILD

7. FULL NAME a. (First): Reuben b. (Middle): c. (Last): Petersen

8. AGE (At time of this birth): 26 YEARS
9. BIRTHPLACE (State or foreign country) (City or Town): Utah
10. USUAL OCCUPATION: Farmer
11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME a. (First): Mary b. (Middle): J. c. (Last): Price

13. AGE (At time of this birth): 26 YEARS
14. BIRTHPLACE (State or foreign country) (City or Town): Idaho
15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 1
b. How many OTHER children were born alive but are now dead?
c. How many children were stillborn (born dead after 20 wks. pregnancy?)
16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: D. C. Ray, M.D.
18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____
19. ADDRESS: Malad
20. DATE SIGNED:
21. DATE REC'D BY LOCAL REG.: 10-2-15
22. REGISTRAR'S SIGNATURE: D. C. Ray
23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS
WEIGHT AT BIRTH ____ LBS. ____ OZS. TIME: 1:25 PM
RACE OR COLOR OF FATHER: White
RACE OR COLOR OF MOTHER: White
METHOD OF DELIVERY:
Was 1% Silver Nitrate Used to prevent blindness? YES ____ NO ____

BIRTH INJURY TO INFANT ____ YES IF YES, DESCRIBE ____ NO

CONGENITAL MALFORMATIONS OF INFANT ____ YES IF YES, DESCRIBE ____ NO

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss. JAN 14 2 39 PM '74 Certificate No. 35074

County of ..... Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Rueben Petersen (Name on Original Certificate) who was born (Was Born or Died) on Sept. 30, 1915 (Date of Event)

in Malad, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Rueben Petersen	Rulon Petersen
Father's first name	Rueben	Reuben

Subscribed and sworn to before me this 9 day of [illegible], 19 74

Notary Public, residing at .....

My commission expires .....

(Seal)

OFFICIAL SEAL
ADELINE S. KELCY
NOTARY PUBLIC - CALIFORNIA
PRINCIPAL OFFICE IN
LOS ANGELES COUNTY
My Commission Expires July 14, 1975

Signed [illegible]

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

6466 White St. [illegible], Ca. 93063

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.

County of .....

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of

....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

.....

(Street Address, City, State)

FORM DH 60-155 CL 12/11/73 1cc pd.

Certificate of Blessing from LDS Church gives name as Rulon Peterson son of Reuben Peterson and Mary Price. Born Sept. 30, 1915. Was Blessed Jan. 2, 1916. Viewed by V. S.

Certificate of Baptism and confirmation from LDS Church gives name as Rulon Peterson son of Reuben Peterson and Mary Price. born Sept. 30, 1915. Was Baptized Oct. 6, 1923. Viewed by V.S.

693-104-036-255

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Ada

City of Malad

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 35075

Primary Registration District No. 2069 Registered No. 140

FULL NAME OF CHILD Hulon Williams

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	10-4-15

FATHER		MOTHER	
FULL NAME	David M Williams	FULL MAIDEN NAME	Martha Hunt
RESIDENCE	Malad R F D	RESIDENCE	same
COLOR	wh	COLOR	wh
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10 P M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) D Ray MD

(Physician or midwife)

Address Malad Oxygen

Filed 10-10-19 15 L J Day Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 3 1942

Registered No.

942-105036-463

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

Registration District No. 26 File No. 35076

Primary Registration District No. 2069 Registered No. 141

FULL NAME OF CHILD Mary Romanda Russell

Sex of Child Male	Twin Triplet or other? 1 and Number in order of birth 2 (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth 10 (Month) 5 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Curtis Shelton Russell	FULL MAIDEN NAME	Ella Dockstead
RESIDENCE	Holebrook Ida.	RESIDENCE	Holebrook Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Marysville Ida.
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 11:55 a.m. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Kerns, M.D.

Malad Ida.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 10/7 1915 D. L. Ray
Registrar

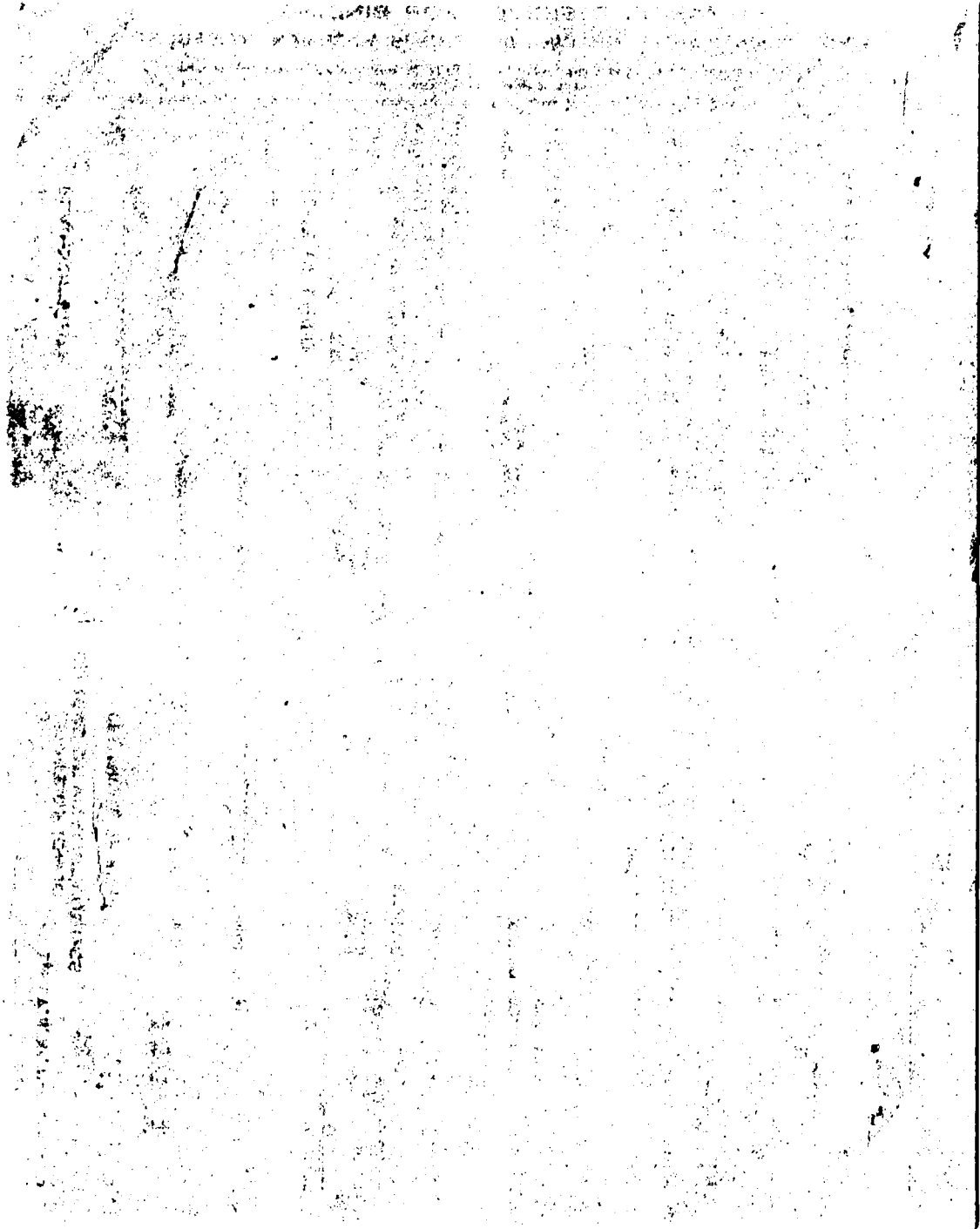
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Minidoka } ss.

Certificate No. 3V076

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Mary Romanda Russell (Name on Original Certificate) who born (Was Born or Died) on October 5, 1915 (Date of Event)
in Malad, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible record (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	none given	Mary Romanda Russell
Fathers name	Chas. B.	Curtis Sheldon Russell

Subscribed and sworn to before me this 3rd
day of April 1945
A C De Mary
Notary Public, residing at Rupert, Idaho.
My commission expires July 6, 1947
(Seal)

Signed Ella May Russell Edwards
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

APR 6 19..

469-206-036-693

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Oneida amended Oct. 18, 1977 **CERTIFICATE OF BIRTH**

City of Malad

Registration District No. 26 File No. 35077

No. ..... St.

Primary Registration District No. 2069 Registered No. 142

Hospital .....

FULL NAME OF CHILD Vella Loraine Morris

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	10 (Month) 6 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Hugh Morris	FULL MAIDEN NAME	Penelope Williams
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	wh	COLOR	wh
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Ida	BIRTHPLACE	Ida
OCCUPATION	Sheep herder	OCCUPATION	housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was four alive at 5 05 M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Ray M D

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Malad City Idaho

Filed 10-15 1915 D C Ray

Registrar Registrar

G.Y. CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

9/6/77

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of .....

Certificate No. 35077

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Morris (Name on Original Certificate) who was born (Was Born or Died) on October 6, 1915 (Date of Event) in Malad, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Vella Loraine Morris
Sex	Male	Female

Subscribed and sworn to before me this 6 day of Sept, 1977

Margaret Davis

Notary Public, residing at Boise

My commission expires Lifetime

(Seal)

Signed Mary M. Turner

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

4635 to 400 West Ogden Wale 84403

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of .....

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

.....

(Street Address, City, State)

FORM DH 60-155

Certificate of marriage from Boxelder County, Utah dated June 17, 1932 lists the marriage of Mr. Lester J. Bingham and Miss Vella Loraine Morris.

viewed by V.S. October 18, 1977

Own child's birth certificate from Westwood Hospital in Westwood, California, lists child born February 27, 1935 to Lester James Bingham listed as father and Vella Loraine Morris listed as mother.

Viewed by V.S. October 18, 1977

515-210-036-168

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Oneida

City of Arbon

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 35078

Primary Registration District No. 2071 Registered No. 143

FULL NAME OF CHILD Fern LeNora Van Horn

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Oct 10 1915

FATHER		MOTHER	
FULL NAME	Lee Van Horn	FULL MAIDEN NAME	Nola Johnson
RESIDENCE	Arbon	RESIDENCE	Arbon
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Washington	BIRTHPLACE	Washington
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 5:30 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) D. E. Dewey M.D.

Physician

(Physician or midwife)

Address .....

Filed Oct 20 1915 D. E. Ray Registrar

S-Y CO. 24655

JUN 2 1942

356-111-036-165

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 35079

Primary Registration District No. 2069 Registered No. 144

FULL NAME OF CHILD Leonel C. Lewis

Sex of Child: Male	Twin Triplet or other? 1 and Number in order of birth 1 (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth 10 (Month) 11 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	John Lewis	FULL MAIDEN NAME	Mallie Jones
RESIDENCE	Malad Ida	RESIDENCE	Malad Ida
COLOR	White AGE AT LAST BIRTHDAY 21 (Years)	COLOR	White AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE	Malad Ida	BIRTHPLACE	Malad Ida
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 11:55 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Kerns M.D.
Malad Ida
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed 10/12 1915 D. C. Ray Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Utah } ss.
County of Salt Lake }

Certificate No. 35079

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Lewis (Name on Original Certificate) who was born (Was Born or Died) on October 10, 1915 (Date of Event)
in Malad (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	omitted	Leonel C. Lewis
Date of birth	Oct. 10	Oct. 11

Subscribed and sworn to before me this 10th day of December, 1975

Notary Public, residing at Salt Lake City, Utah

My commission expires 5/30/78

(Seal)

Signed [signature]
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

[address]
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires

(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

Utah Operators License # A 670557 issued 1972 gives birth date for Leonel Clothworthy Lewis as October 11, 1915.
Viewed by V.S.

JUN 1 1 1976

Insurance policy issued by John Hancock Mutual Life Ins. Co. gives name as Leonel C. Lewis born January 11, 1915 in Malad, Idaho. Certificate issued January 7, 1959.
Viewed by V.S

Occidental Life Ins. Co. Policy # 1153169 gives name as Leonel C. Lewis born October 11, 1915 In Malad, Idaho.
Viewed by V.S

165-212-036-551

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Oneida

City of Malad

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 35080

Primary Registration District No. 2069 Registered No. 145

FULL NAME OF CHILD Pauline Jones

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
fe		yes	10-12-1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	David E. Jones	FULL MAIDEN NAME	Katherine Evans
RESIDENCE	Malad	RESIDENCE	same
COLOR	wh	COLOR	wh
AGE AT LAST BIRTHDAY	48 (Years)	AGE AT LAST BIRTHDAY	45 (Years)
BIRTHPLACE	Ida	BIRTHPLACE	Ida
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9:45 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Ray MD

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Malad City

Filed 10-15 1913 D C Ray

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

319-214-036-958

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Roy

No. _____ St.

Hospital _____

Registration District No. 26 File No. 35081

Primary Registration District No. 2071 Registered No. 146

FULL NAME OF CHILD Winnie Ellen Carson.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		Yes.	Oct. (Month) 14 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Forest Edward Carson	FULL MAIDEN NAME	Gussie Ellen Reynolds
RESIDENCE	Roy, Idaho.	RESIDENCE	Roy, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Lewis Station, Mo.	BIRTHPLACE	Clinton, Mo.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth Second. Number of children of this mother now living, including present birth Two.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7 30 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Sylvia Brownell

(Physician or midwife) Trained nurse

Given names added from a supplemental report.

_____ 19__

Address Holbrook, Idaho.

Filed Oct 25 1915 [signature] Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

APR 1 1952

245-117-0[illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VIRTAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

County of [illegible]

City of Malad

Registration District No. 26

File No. 35082

No. ..... St.

Primary Registration District No. 2069

Registered No. 147

Hospital .....

FULL NAME OF CHILD Leland Sunquist

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	10-17-1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Charles Sunquist	FULL MAIDEN NAME	Annie Jenkins
RESIDENCE	Malad	RESIDENCE	same
COLOR	wh	COLOR	wh
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Ida
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1:20 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Ray MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Malad City Ida

Filed 10-21 1915 D C Ray

Registrar

Registrar

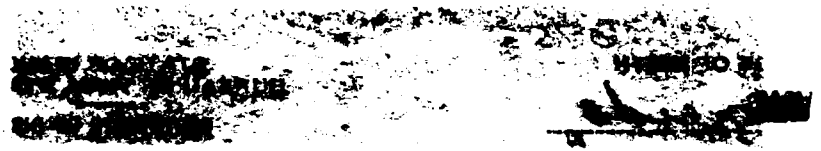
S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K



DECEASED

249-117036-79

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Holbrook

No. ..... St.

Hospital .....

Registration District No. 26

File No. 35083

Primary Registration District No. 2071

Registered No. 148

FULL NAME OF CHILD Lot Smith

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	10 (Month) 17 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Willard R Smith	FULL MAIDEN NAME	Melissa Parker
RESIDENCE	Holbrook	RESIDENCE	Same
COLOR	wh	COLOR	wh
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	42 (Years)
BIRTHPLACE	Ut	BIRTHPLACE	Ut
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 11

Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 12.35 a M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Ray M D

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Malad City Ida

Filed 10-20 1915

D C Ray
Registrar

Registrar

RESERVED FOR BINDING

UNFADING INK—THIS IS A PERMANENT RECORD

...an one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 23 1974

356-221-036-386

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

No. ——— St.

Hospital

Registration District No. 26

File No. 35084

Primary Registration District No. 2069

Registered No. 149

FULL NAME OF CHILD Dorothea Lewis

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	1	2	Yes	10 (Month) – 21 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Thomas Lewis.	FULL MAIDEN NAME	Martha Thomas.
RESIDENCE	Malad Ida	RESIDENCE	Malad Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Malad Ida	BIRTHPLACE	Samaria Ida.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 4:15 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Kerns. M.D.

Malad, Ida
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 10/23 1915

D. C. Ray
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

APR 25 1972

DECEASED

693-22-0756-577 amend name and day of birth 8-30-84 dl

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

No. _____ St.

Hospital _____

Registration District No. 26 File No. 35085

Primary Registration District No. 2069 Registered No. 150

FULL NAME OF CHILD ~~Edna~~ Mary Orinda Williams

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
fe			yes	oct ~~22~~ 23 1914

FATHER		MOTHER	
FULL NAME	Oliver Williams	FULL MAIDEN NAME	Rachel Eggleston
RESIDENCE	Malad	RESIDENCE	Samaria
COLOR	wh	COLOR	wh
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Ida	BIRTHPLACE	Ida
OCCUPATION	farmer	OCCUPATION	housework

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6 a. M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Kay M D

(Physician or midwife)

Address Malad City Ida

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed 10-22 1915 D C Kay Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

8-16-84

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
AUG 23 11 17 AM '84

State of _____ } ss.
County of _____

Certificate No. 35085
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Edna Williams (Name on Original Certificate) who was born (Was Born, Died, etc.) on Oct 22, 1915 (Date of Event)

in Malad (Oneida) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Edna Williams	Mary Orinda Williams
birth date	Oct 22, 1915	Oct 23, 1915

Subscribed and sworn to before me this 20th day of August, 1984.
Notary Public, Della F. Pugmire
Residing at Bountiful Utah
My commission expires May 1, 1988
(Seal)

x Mary W. Bright
Signature of Applicant
x 1927 So 400 East Bountiful, Utah
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____

(Must be completed __)
(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19__
Notary Public, Della F. Pugmire
Residing at Bountiful, Utah
My commission expires May 1, 1988
(Seal)

Williams
Emma [illegible]
Supporting Signature
1832 [illegible] Bountiful
Street Address, City, State

1 cc pd

Certificate of Blessing lists Mary Orinda Williams daughter of Oliver Williams and Ray Eggleston born Oct 23, 1915 was blessed Jan 2, 1916. Viewed by V.S.

Baptism record for Mary Orinda Williams in LDS Church gives date of baptism as may 4, 1924 and date of birth as Oct 23, 1915. Viewed by V.S.

619-127-036-955

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35086

County of Oneida

City of Cedar Hill

No. _____ St.

Hospital _____

Registration District No. 96

Primary Registration District No. 2071

File No. _____

Registered No. 151

FULL NAME OF CHILD Harvey Wardrop.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy			Yes	Oct. 27 1915

FATHER

FULL NAME: Collins Campbell Wardrop

RESIDENCE: Cedar Hill

COLOR: White

AGE AT LAST BIRTHDAY: 62 (Years)

BIRTHPLACE: Wellsville Utah

OCCUPATION: Farmer.

MOTHER

FULL MAIDEN NAME: Clara Mabel Reese.

RESIDENCE: Cedar Hill

COLOR: White

AGE AT LAST BIRTHDAY: 29 (Years)

BIRTHPLACE: Osratoma, Minn

OCCUPATION: Housewife.

Number of child of this mother, including present birth: Fourth

Number of children of this mother now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Sylvia Brownell

Trained nurse (Physician or midwife)

Address Holbrook, Idaho

Given names added from a supplemental report. _____ 19____

Filed 10/20 1915

_____ Registrar

_____ Registrar

S-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

546-28-036-697

PLACE OF BIRTH

County of Oneida

City of Malad

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-2-15-12

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 35087

Primary Registration District No. 2069 Registered No. 152

FULL NAME OF CHILD Edna Edwards

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
♀				yes	oct 28 1915

FATHER		MOTHER	
FULL NAME	David M Edwards	FULL MAIDEN NAME	Elizabeth Wight
RESIDENCE	Malad	RESIDENCE	same
COLOR	wh	COLOR	wh
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Ida	BIRTHPLACE	Ida
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11.30 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Ray M D

(Physician or midwife)

Address Malad City Ida

Given names added from a supplemental report

....., 19.....

Registrar

Filed Nov 1 1915 D C Ray

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 3 1975

933-128 E36251

Form V. S. No. 11-C—25m-1-1-18

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 — File No. 35088

Primary Registration District No. 2069 — Registered No. 153

FULL NAME OF CHILD Frederick Sevil Illum

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Apr. 28 1915

FATHER		MOTHER	
FULL NAME	David Illum	FULL MAIDEN NAME	Nellie Beard
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Malad	BIRTHPLACE	Wales
OCCUPATION	Farming	OCCUPATION	Housework

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 4:45 A. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) J. F. Alston M.D.

Physician

(Physician or midwife)

Address Malad

Filed 11/8 19 15 D C Kay

Registrar

S-Y CO. 24695

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of IDAHO }
County of ONEIDA } ss.

Certificate No. 35088

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of BIRTH (Birth or Death)
for UNNAMED (Name on Original Certificate) who WAS BORN (Was Born or Died) on 10-28-1915 (Date of Event)
in MALAD, IDAHO (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by BIBLE RECORD (Bible Record, Insurance Policy, Etc.) prepared on 10-28-1915 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Frederick ~~Levi~~ Illum SEVIL

Subscribed and sworn to before me this 30th
day of April, 1942
John N. McAllister by D.D. Jones Deputy
Notary Public, residing at Malad, Idaho
My commission expires Clerk of the District Court
(Seal)

Signed S. F. Illum
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Malad, Idaho R.F.D. #1
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO }
County of ONEIDA } ss.

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30th
day of April, 1942
John N. McAllister by D.D. Jones Deputy
Notary Public, residing at Malad, Idaho
My commission expires Clerk of the District Court
(Seal)

Signed Khalil Kingsbury
(Signature of Any Credible Person Other Than Previous Year)
Malad Ida.
(Street Address, City, State)

MAY 2 1942

MAY 7 1942

249-131-036-551

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

No. _____ St.

Hospital _____

Registration District No. 26

File No. 35089

Primary Registration District No. 2069

Registered No. 154

FULL NAME OF CHILD Vern Evans Smith

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male		yes	10-31-1915

FATHER		MOTHER	
FULL NAME	Wm H Smith	FULL MAIDEN NAME	Effie Evans
RESIDENCE	Malad	RESIDENCE	—
COLOR	wh	COLOR	wh
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Utah	BIRTHPLACE	Ida
OCCUPATION	carpenter	OCCUPATION	housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1:30 P M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Ray M D

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Malad City

Filed Nov 5 1915

D C Ray

Registrar

Registrar

S-Y CO. 24685

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

551-101-036-165

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

No. ..... *St.*

Hospital .....

Registration District No. 26 **File No.** 35090

Primary Registration District No. 2069 **Registered No.** 155

FULL NAME OF CHILD Darroll Evans (died)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Nov 1 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Richard J Evans	FULL MAIDEN NAME	Rachel P Jones
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Malad	BIRTHPLACE	Malad
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 2 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J F Alton

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Malad

Filed 11/8 1915 L D Roy
Registrar

Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

D

695-204-036-266

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Oneida

City of Samaria

Registration District No. 26

File No. 35091

No. ....., ... St.

Primary Registration District No. 2069

Registered No. 156

Hospital .....

FULL NAME OF CHILD Leona Barbara Winger

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
female	ONE		yes	Nov. 4, 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

	FATHER		MOTHER
FULL NAME	Joseph A. Winger	FULL MAIDEN NAME	Grace Bowen
RESIDENCE	Samaria	RESIDENCE	Samaria
COLOR	White ~~Light~~ AGE AT LAST BIRTHDAY 35 (Years)	COLOR	White ~~Light~~ AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE	Hyrum, Utah	BIRTHPLACE	Tooele, Utah
OCCUPATION	farmer	OCCUPATION	House keeping

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9:45 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Catherine Hamblin

Midwife (Physician or Midwife)

Given names added from a supplemental report

..... 19.....

Address Samaria, Oneida Co., Idaho

Filed 11/15 1915 D. Kay Registrar

..... Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

FEB 1 3 1976

234-206-036-493

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Cedar Hill

No. _____ St.

Hospital _____

Registration District No. 76

File No. 35092

Primary Registration District No. 2071

Registered No. 157

FULL NAME OF CHILD Dorothy Sluder

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		Yes	Nov (Month) 6 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Joseph Oren Sluder	FULL MAIDEN NAME	Emily Estelle Ditmore
RESIDENCE	Cedar Hill	RESIDENCE	Cedar Hill
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Fleetwood, N. C.	BIRTHPLACE	Lafette, Ga.
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth Two

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 4:00 a. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Sylvia Brownell

Trained nurse (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Holbrook, Idaho.

Filed Nov 15 1915

J. C. Ruy
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 6 1961

AUG 2 4 2009

766-110-036-469

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

No. _____ St.

Hospital _____

Registration District No. 26

File No. 35093

Primary Registration District No. 2069

Registered No. 158

FULL NAME OF CHILD _____

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Nov (Month) 10 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Thomas C Powell	FULL MAIDEN NAME	Catherine Morse
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Samaria
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 5:30 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J F Alton

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Malad

_____ 19__

Filed 11/20 1915

D C Ray Registrar

_____ Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 2 1972

514-213-036-253

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

No. _____ St.

Hospital _____

Registration District No. 26

File No. 35094

Primary Registration District No. 2069

Registered No. 159

FULL NAME OF CHILD _____

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Nov 13 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Edwin Vaughn	FULL MAIDEN NAME	Elizabeth J Bell
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Malad	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alva at 12:15 P M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J F Alton

Physician

(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Address Malad

Filed 11/20 1915 D Kay

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 2 1976

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

319-113-036-249

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35095

Registration District No. 26 File No. .....

Primary Registration District No. 2069 Registered No. 160

FULL NAME OF CHILD Arvil Ingram Larsen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	1.	8	Yes	11 — 13 — 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Rant Larsen	Rhesa Smith
RESIDENCE	Malad Ida	Malad Ida
COLOR / AGE AT LAST BIRTHDAY (Years)	White 37	White 31
BIRTHPLACE	Denmark	Brigham U.
OCCUPATION	Carpenter	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 12:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Nuno

M.D. Malad Ida (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed 11/20 1915 D C Ray Registrar

8-Y CO. 24655

JAN 22 1975

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
VITAL STATISTICS
APR 25 11 02 AM '75

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Canyon } ss.

Certificate No. 35095

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Larsen (Male) (Name on Original Certificate) who was born (Was Born or Died) on Nov. 13, 1915 (Date of Event)
in Malad, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Arvil Ingram Larsen

Subscribed and sworn to before me this ..... day of
....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of .....
County of ..... } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of
....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155 CL 1/22/75

Application to the Prudential Ins. Co. gives name as ~~X~~ Gretta Larsen. Listes Beneficiary as Arvil I. Larson. dated 2-4-69. viewd by V. S.

JUL 17 1975

Marriage certif. from Utah gives names as Arvil Ingram Larsen and Gretta Ware. dated Nov. 20, 1934. viewed by V. S.

386-115-036-466

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35096

County of Cassia

City of Malad

No. ..... St.

Hospital .....

Registration District No. 26

Primary Registration District No. 2069

File No. .....

Registered No. 161

FULL NAME OF CHILD EPHRAIM MOON THOMAS

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	1	1	Yes	11 — 15 — 1915

FATHER		MOTHER	
FULL NAME	Benj. W. Thomas	FULL MAIDEN NAME	Rachel Moon
RESIDENCE	Malad, Ida	RESIDENCE	Malad Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Malad	BIRTHPLACE	Malad R.F.D. No 11
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 8:20 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. Karns M.D.

Malad Ida
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed 11/20 1915

Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada

Certificate No. 35096
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Unnamed Thomas (Name on original certificate) who (Was born or died) on Nov. 15 - 1915 (Date of event)
in (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
	Unnamed Thomas	Ephraim Moon Thomas

Subscribed and sworn to before me this 9th
day of Dec., 1941

S. L. Gill
Notary Public, residing at Burley, Idaho
My commission expires 5-2-45
[SEAL]

Signed x Benj F Thomas
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
201 So. 16th
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

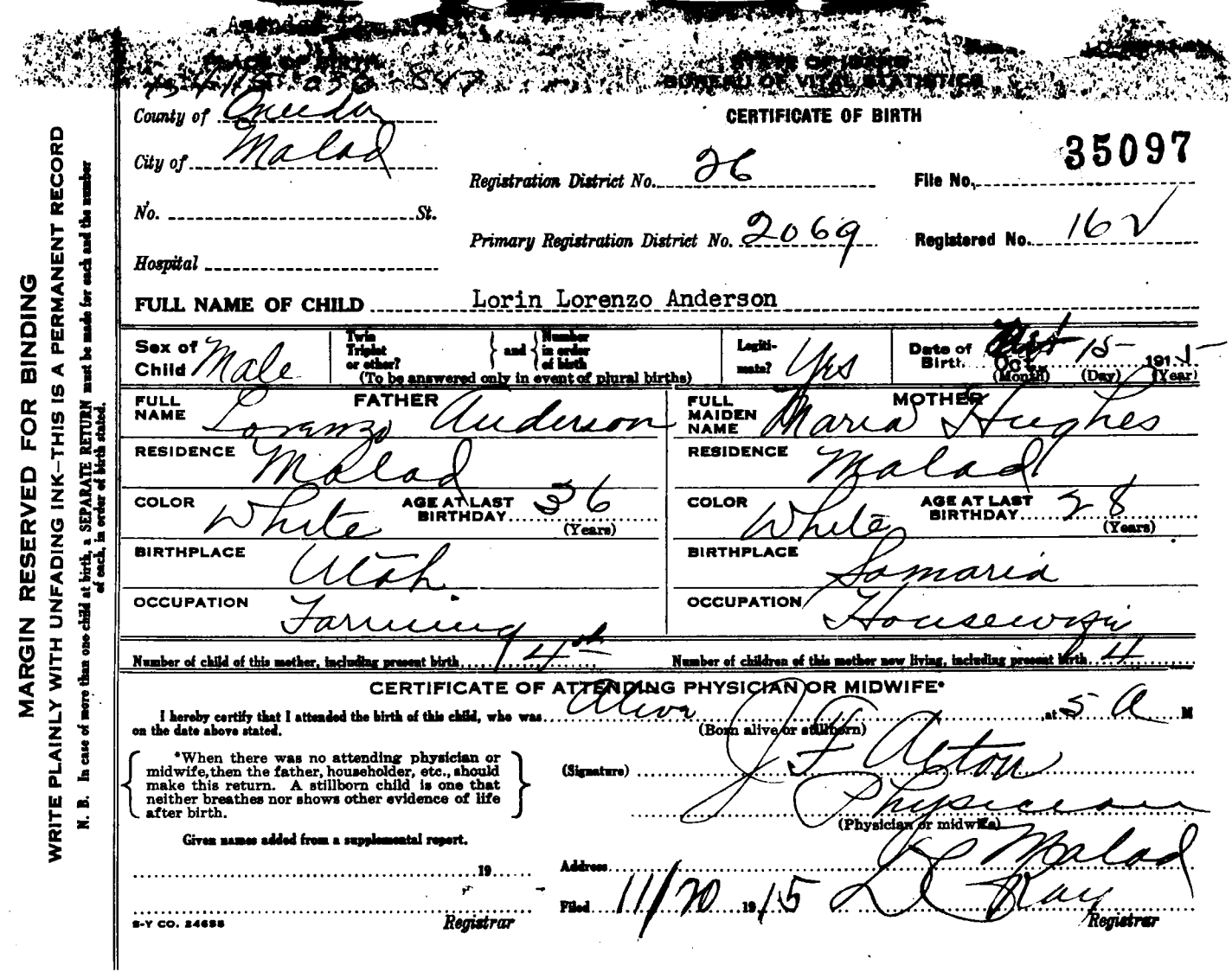
Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
[SEAL]

Signed
(Signature of any credible person other than the previous affiant.)
(Street Address, City, State)

Received for filing on By
(Registrar's signature)

JAN 20 1966



MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH 13-4-15-038-547

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Oneida

City of Malad

No. _____ St.

Hospital _____

CERTIFICATE OF BIRTH

35097

Registration District No. 26 File No. _____

Primary Registration District No. 2069 Registered No. 16 ✓

FULL NAME OF CHILD Lorin Lorenzo Anderson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Oct 15 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Lorenzo Anderson	FULL MAIDEN NAME	Maria Hughes
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Samaria
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 4th Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 5 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J F Acton

Physician
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Malad

Filed 11/20 1915 L Kay
Registrar

S-Y CO. 24655

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Oneida } ss.

Certificate No. 35097

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed (Name on Original Certificate) who was born (Was Born or Died) on Oct. 15, 1915 (Date of Event) in Malad (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on October 15, 1915 (Give Date), are:

Affidavit by Father Viewed by Vital Statistics

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Unnamed	Lorin Lorenzo Anderson

Subscribed and sworn to before me this 26th day of November, 1956

Jedd G. Owens
Notary Public, residing at Malad, Idaho
My commission expires 1/15/59
(Seal)

Signed Lorenzo Anderson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Malad, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Oneida } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26th day of November, 1956

Jedd G. Owens
Notary Public, residing at Malad, Idaho
My commission expires 1/15/59
(Seal)

Signed Marie Hughes Anderson Mother
(Signature of Any Credible Person)

Malad, Idaho
(Street Address, City, State)

FORM DPH 55.155

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

35098

City of Malad

Registration District No. 26

File No.

No. St.

Primary Registration District No. 2069

Registered No. 163

Hospital

FULL NAME OF CHILD Phyllis Hughes

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of Birth
Girl	Five (To be answered only in event of plural births)	Yes	November 16th 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Tomer R Hughes	FULL MAIDEN NAME	Mary Edith Bolingbroke
RESIDENCE	Malad City	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36" (Years)	AGE AT LAST BIRTHDAY	29" (Years)
BIRTHPLACE	Samaria	BIRTHPLACE	Malad
OCCUPATION	Farmer	OCCUPATION	General House Work

Number of child of this mother, including present birth Five

Number of children of this mother now living, including present birth Five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive Nov 18" 1915 at 9-40 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary E. Bolingbroke

Midwife
(Physician or midwife)

Given names added from a supplemental report

19

Address Malad Ida

Filed 12/1 1915

D. Lay
Registrar

Registrar

S-Y CO. 20174

JUL 1 1 1966

6 5 72

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

RECEIVED
BUREAU OF
VITAL STATISTICS
JUN 5 1972

Certificate No. 35098

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth for Ethel B. Hughes who was born on November 16, 1915 in Malad are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... prepared on ....., are:

(Name on Original Certificate) (Was Born or Died) (Birth or Death) (Date of Event) (Place of Event) (Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	Ethel B. Hughes	Phyllis Hughes

Subscribed and sworn to before me this 5th day of June, 1972

Florence Cartright

Notary Public, residing at Burley

My commission expires 4-20-72

(Seal)

Signed Ernest A. Filion

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

Certificate of Blessing gives name as Phyllis Hughes daughter of Gomer Hughes and Mary Bolingbroke born Nov. 16, 1915 at Malad was blessed January 2, 1916 in L.D.S.Church. Father Gomer Hughes.
Viewed by V.S.

JUN 5 1972

Certificate of Baptism gives name as Phyllis Hughes daughter of Homer Hughes and Mary Bolingbroke born Nov. 16, 1915 in Malad. Baptieed January 6, 1924.
Viewed by V.S.

Marriage Certificate issued by County of Oneida ,State of Idaho gives name of bride as Phyllis Hughes married to Ernest Alfred Filion. Married May 17, 1941.
Viewed by V.S.

456-103-035-666

PL[illegible]E OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

[illegible]HO
BUREA[illegible] STATISTICS
[illegible] BIRTH

County of Nezperce

City of Slickpoo

No. _____ St.

Hospital _____

Registration District No. _____

Primary Registration District No. _____

File No. 35099

Registered No. _____

FULL NAME OF CHILD _____

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	11-3-1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Theo Defour	FULL MAIDEN NAME	Maud Woods
RESIDENCE	Slickpoo	RESIDENCE	Slickpoo
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Maine	BIRTHPLACE	Iowa
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 11

Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 4 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elton B. Rogers

Physician
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Winchester

Filed Nov 10 1915 H. N. Gregg
Registrar

Registrar

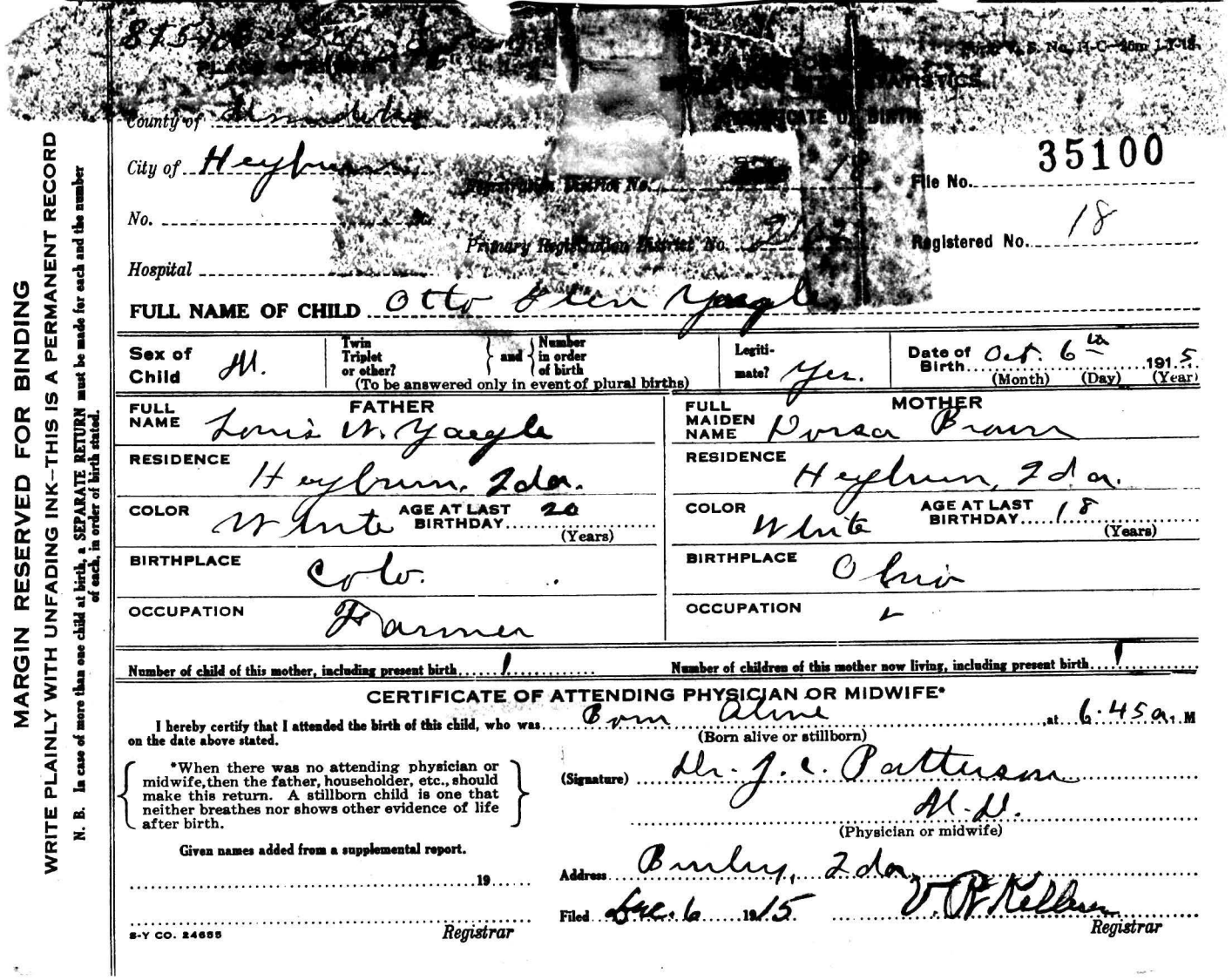
8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]



MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

875-100-[illegible]

[illegible] V. S. No. H-C—[illegible] 1-7-18

[illegible] STATISTICS

CERTIFICATE OF BIRTH

County of [illegible]

City of Heyburn

Registration District No. [illegible] 18

File No. 35100

No. [illegible]

Primary Registration District No. [illegible]

Registered No. 18

Hospital

FULL NAME OF CHILD Otto Glen Yaegle

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M.		Yes.	Oct. 6th 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Louis W. Yaegle	FULL MAIDEN NAME	Dorsa Brown
RESIDENCE	Heyburn, Ida.	RESIDENCE	Heyburn, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	20	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Colo.	BIRTHPLACE	Ohio
OCCUPATION	Farmer	OCCUPATION	—

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 6.45 a. M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson

M. D.

(Physician or midwife)

Given names added from a supplemental report.

Address Burley, Ida.

19

Filed Dec. 6 1915

V. R. Kellum

Registrar

Registrar

S-Y CO. 24655

[illegible]

315-205-034-816

Form V. S. No. 11-C—25m-1-4-1[illegible]

PLACE OF BIRTH

County of Minidoka

City of Heyburn

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 35101

Primary Registration District No. 2102 Registered No. 22

FULL NAME OF CHILD MILDRED Tanner

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F.		Yes	Nov. 5 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Emery Tanner	FULL MAIDEN NAME	Levee Hjorth
RESIDENCE	Heyburn, Ida.	RESIDENCE	Heyburn, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah.
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 11.30 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Burley, Ida

Filed Dec. 6 1915 V. R. Kellen
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 1 0 1975

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

466-12-034-734

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Hazelton

No. ..... St.

Hospital .....

Registration District No. 18 File No. 35102

Primary Registration District No. 2102 Registered No. 23

FULL NAME OF CHILD Elmer Rumen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
M.			Yes.	Nov. 12th (Month) (Day) 1915 (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	J. E. Rumen	Mattie A. Phillips
RESIDENCE	Hazelton, Ida.	Hazelton, Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	24	19
BIRTHPLACE	Colo.	Mo.
OCCUPATION	Farmer	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 8-10a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Dr. J. C. Patterson
M. D.
(Physician or midwife)

Address Burley, Ida.

Filed Dec 6 1915 V. P. Dillon
Registrar

S-Y CO. 24658

ROWEN

155·103·034-165

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Minidoka

City of Heyburn

No. ....., ... St.

Hospital .....

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

35103

Registration District No. 18 File No. .....

Primary Registration District No. 2102 Registered No. 20

FULL NAME OF CHILD Marion Arthur Jensen

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Nov. 3 1915

FATHER		MOTHER	
FULL NAME	Joseph Arthur Jensen	FULL MAIDEN NAME	Jerusha Jones
RESIDENCE	Heyburn	RESIDENCE	Heyburn
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Labour	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) V. R. Killen M.D.

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed Dec. 10 1915 V. R. Killen Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Form V. S. No. 11-C-10m-7-11

STATE OF IDAHO

Statistics

249.107.034.864

PLACE OF BIRTH

County of Minidoka

City of Heyburn

Amended 3-26-81

No. ____, ____ St.

Hospital ____

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 35104

Primary Registration District No. 2102 Registered No. 19

FULL NAME OF CHILD Arthur David Smith

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	Nov 7 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Harry D Smith	Minnie Young
RESIDENCE	Heyburn	Heyburn
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	46	26
BIRTHPLACE	IOWA	Montana
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 39. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) V. R. Killen M.D.

(Physician or Midwife)

Address ____

Given names added from a supplemental report

____, 19____

____ Registrar

Filed Dec. 6 1915 V. R. Killen Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

SEP 1 1 1974

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
SEP 8 - 1980
Bureau of Vital Statistics

State of _____ } ss.
County of _____ }

Certificate No. 35104
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for Unnamed Smith (Male) who was born on Nov 7, 1915
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)
in Heyburn, Idaho (Minidoka) are erroneous or were omitted:
(Place of Event)

ITEMS TO BE CORRECTED	FROM	TO
Child's name	Unnamed	Arthur David Smith
father's birthplace	Kansas	[redacted] Iowa

Subscribed and sworn to before me this 9 day of July, 1980.
Notary Public, Gerald E. Davis
Residing at Burley, Idaho
My commission expires 6-1-83
(Seal)

Arthur D. Smith
Signature of Applicant.
Route 2 Heyburn, Idaho
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

(Must be completed __)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19__.
Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

CC 8-13-79 Recpd. [redacted]

Application to Metropolitan Life Sin co. gives namea as Arthur D. Smith born Nov 11, -7, 1915 in Idaho. dated May 15, 1963. viewed by V. S.

Obituary in newspaper, 1950, gives name of father as Harry David Smith born Feb. 20, 1869, surviving twosons, one Arthur David Smith. Father, Harry David Smith was born in Lucas county Iowa.
Viewed by V.S.

Family Register of births gives name as Harry David born in Lucas County Iowa in Feb. 1869. Family register, old.
Viewed by V.S.

Heyburn High School Diploma issued to Arthur David Smith has satisfactorily compl completed the Course of Study prescribed for Graduation from this High School and is awarded this Diploma. May 23, 1934.
Viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

79[illegible]-218-034-813

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35105

PLACE OF BIRTH

County of Minidoka

City of Heyburn

No. ..... St.

Hospital Residence

Registration District No. 18 File No. .....

Primary Registration District No. 2102 Registered No. 21

FULL NAME OF CHILD Leo Ferm Griffiths

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	1	Yes	Oct 18 1915

FATHER		MOTHER	
FULL NAME	Willard Wallace Griffiths	FULL MAIDEN NAME	Lillian Blanch ~~Griffith~~ Hall
RESIDENCE	Heyburn	RESIDENCE	Heyburn
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	American Fork Utah	BIRTHPLACE	Greenwood Nebr
OCCUPATION	Farmer	OCCUPATION	House Work

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Minter

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed Dec 6 1915 V. R. Kilburn Registrar

Registrar

S-Y CO. 24655

APR 8 1975

316230-028-577

Form V. S. No. 11-C—[illegible]-1-1-18

[illegible]E OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of

No. St.

Hospital

Registration District No. 17

File No. 35106

Primary Registration District No. 2051

Registered No. 835

FULL NAME OF CHILD Evelyn Gertrude Lawrence

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
female		Yes	Nov. 30. 1915

FATHER		MOTHER	
FULL NAME	Earl D. Lawrence	FULL MAIDEN NAME	Ella C. Eggers
RESIDENCE	Athol, Ida.	RESIDENCE	Athol, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Wash.	BIRTHPLACE	Minn.
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9.00 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Wenz

Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Rathdrum, Idaho

Filed 12/10 1915 D D Drennan
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

49 3527.028-433

PLACE OF BIRTH

County of Kootenai

City of

No. St.

Hospital

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 17 File No. 35107

Primary Registration District No. 2051 Registered No. 834

FULL NAME OF CHILD Lemuel Elmer Miller

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male		Yes	Nov. 27 1915

FATHER		MOTHER	
FULL NAME	Dewey P. Miller	FULL MAIDEN NAME	Mabel L. McLane
RESIDENCE	Hayden Lake Ida	RESIDENCE	Hayden Lake, Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Ore.	BIRTHPLACE	Oregon
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1.30 p. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Wenz
Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Address Rathdrum, Ida.

Filed 12/10 1915 D. D. Drennen
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

219-204-028-432

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of near Athol

No. ..... St.

Hospital .....

Registration District No. 12

File No. 35108

Primary Registration District No. 2057

Registered No. 833

FULL NAME OF CHILD Mary Eileen Barrett

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
female		Yes	Novbr. 4th 1915

FATHER		MOTHER	
FULL NAME	William P. Barrett	FULL MAIDEN NAME	Catherine F. McKenna
RESIDENCE	Athol, Ida.	RESIDENCE	Athol - Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa -
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12.30 p. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Wenz

Physician

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19.....

Address Rathdrum, Idaho.

Filed 12/10 1915 D D Drummond

Registrar

Registrar

S-Y CO. 24655

MAR 26 1945

SEP 28

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

319 [redacted] 14-345

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of [redacted]

City of New Plymouth — Registration District No. 5 — File No. **35109**

No. _____ St. — Primary Registration District No. 1009 — Registered No. 42

Hospital _____

FULL NAME OF CHILD Charles Egbert Carper

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	Nov 17 1915

FATHER

FULL NAME Orlen D. Carper

RESIDENCE New Plymouth, Ida

COLOR W — AGE AT LAST BIRTHDAY 29 (Years)

BIRTHPLACE Kansas

OCCUPATION Tracker

MOTHER

FULL MAIDEN NAME Madla Lundstrum

RESIDENCE New Plymouth

COLOR W — AGE AT LAST BIRTHDAY 29 (Years)

BIRTHPLACE Iowa

OCCUPATION Housewife

Number of child of this mother, including present birth 3 — Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm J. Drysdale M D

(Physician or midwife)

Address New Plymouth Ida

Filed Dec 10 19 15 Wm J. Drysdale
Registrar

Given names added from a supplemental report.

..... 19.....

.....
Registrar

S-Y-CO 38071

11/29/40 L. B.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

268-219.014-165

PLACE OF BIRTH

County of Owyhee

City of Payette

No. ____ St.

Hospital ____

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ____ File No. 35110

Primary Registration District No. ____ Registered No. ____

FULL NAME OF CHILD KATHRYN ELIZABETH Boyd

Sex of Child: F. | Twin, Triplet or other? ____ and Number in order of birth ____ (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth: Nov (Month) 19 (Day) 1915 (Year)

FATHER

FULL NAME: Lee Boyd.

RESIDENCE: Nyssa, Oregon.

COLOR: W. AGE AT LAST BIRTHDAY: 28 (Years)

BIRTHPLACE: Ark.

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Ruth Johnson.

RESIDENCE: Nyssa, Ore.

COLOR: W AGE AT LAST BIRTHDAY: 24 (Years)

BIRTHPLACE: Idaho

OCCUPATION: Housewife

Number of child of this mother, including present birth: 4

Number of children of this mother now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 P. M. on the date above stated.

(Signature) Wm J. Drysdale M.D.

(Physician or midwife)

Address New Plymouth Ida

Filed Dec 10 1915 Wm J. Drysdale
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

____
Registrar

S-Y-CO 38071

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

1945

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington
County of Snohomish } ss.

Certificate No. 35110
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Kathryn Elizabeth Boyd (Name on Original Certificate) who Born (Was Born or Died) on Nov 19, 1915 (Date of Event) in Payette Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on Nov 19, 1915 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed Boyd	Katherere Elizabeth Boyd
		Kathryn Elizabeth Boyd

Subscribed and sworn to before me this ..... day of MAY 1945, 19..
John M. Kilbeni
Notary Public, residing at Sultan, Wn.
My commission expires 6/14/45
(Seal)

Signed Robert Lee Boyd
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Gold Bar Wash
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington
County of Snohomish } ss.

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws,)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of MAY 1945, 19..
John M. Kilbeni
Notary Public, residing at Sultan, Wn
My commission expires 6/14/45
(Seal)

Signed D. A. McGilvery
(Signature of Any Credible Person)
Sultan - Wash.
(Street Address, City, State)

MAY 7 1973

JAN 9 1973

942-281-014-293

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Fruitland

Registration District No. _____ File No. 35111

No. _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Dorothy Esther Russell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
f.			Yes	Oct 31 (Month) (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Leonard Russell	FULL MAIDEN NAME	Matilda Delilah Sickett
RESIDENCE	Nr Plymouth R F D 1	RESIDENCE	Nr Plymouth
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Ill.	BIRTHPLACE	Mo.
OCCUPATION	farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm J. Drysdale M.D.

(Physician or midwife)

Address Nr Plymouth Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Dec. 10 19 15 Wm J. Drysdale Registrar

5-Y-CO 36071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

AUG 10 1943

689-111-014-293

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of New Plymouth Registration District No. 5 File No. 35112

No. ____ St. Primary Registration District No. 1009 Registered No. 41

Hospital ____

FULL NAME OF CHILD Ralph Seymour White

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	Nov 11 1915

FATHER		MOTHER	
FULL NAME	Roy S. White	FULL MAIDEN NAME	Lillian Van Sickle
RESIDENCE	New Plymouth	RESIDENCE	New Plymouth
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	New York	BIRTHPLACE	Ohio
OCCUPATION	Hardware Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1 30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm J. Drysdale M.D.

(Physician or midwife)

Address New Plymouth Ida

Filed Dec 10 19 15 Wm J. Drysdale
Registrar

Given names added from a supplemental report.

....19....

....
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

AUG 23 1944

DOE C 1915-192650

331-2151 185

PLACE OF BIRTH

County of Kootenai

City of Rhodda

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

Registration District No. 91

Primary Registration District No. 2168

File No. 35113

Registered No. 67

FULL NAME OF CHILD Agnes May Clark

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	Oct. 15 1915

FATHER		MOTHER	
FULL NAME	Scott Clark	FULL MAIDEN NAME	Hattie Myers
RESIDENCE		RESIDENCE	Rhodda, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Washington
OCCUPATION	Housewife	OCCUPATION	Laborer

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4:15 P.M. on the date above stated.

(Signature) Ede W. Horsell M.D

(Physician or ~~midwife~~)

Address Wallace Idaho

Filed Dec 10 1915 J. M. Daisley Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

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..... Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted] APR 2 1948

533.219018-666

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Clearwater

City of Fraser, Ida

Registration District No. 90

File No. 35114

No. _____ St.

Primary Registration District No. 2168

Registered No. 68

Hospital _____

FULL NAME OF CHILD Doris Eller

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	Oct. 19 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Sam Eller	FULL MAIDEN NAME	Martha Woodson
RESIDENCE	Fraser, Idaho	RESIDENCE	Fraser, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Indiana	BIRTHPLACE	West Virginia
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10:30 p.m. on the date above stated.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earle W. Horsell M.D.

(Physician ~~or midwife~~)

Given names added from a supplemental report.

Address Orofino, Idaho

Filed Dec 10 1915 J. M. Fairly

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 21 1953

766-224-018-469

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kearnatin

City of Tekean

No. _____ St.

Hospital _____

Registration District No. 90

Primary Registration District No. 2168

File No. 35115

Registered No. 69

FULL NAME OF CHILD Setha Belle Poole

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
female		yes	Oct 24 1915

FATHER		MOTHER	
FULL NAME	Albert Poole	FULL MAIDEN NAME	Lillian Moretz
RESIDENCE	Tekean, Idaho	RESIDENCE	Tekean, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Iowa	BIRTHPLACE	West Virginia
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2:30 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earle W. Horsvill M.D.

(Physician or ~~Midwife~~)

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Address Orofino, Idaho

Filed Dec 10 1915 J. M. Fairly Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

235-227-018-213

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

County of Clearwater

City of Tekean

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 90 -

File No. 35116

Primary Registration District No. 2168

Registered No. 70

FULL NAME OF CHILD Nina Elizabeth Slead

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	Oct (Month) 27 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Allen G. Slead	FULL MAIDEN NAME	Nellie Baldus
RESIDENCE	Tekean, Idaho	RESIDENCE	Tekean, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1:45 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Erle W. Horsnill M.D.

(Physician or midwife)

Given names added from a supplemental report.

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Address Orofino, Idaho

Filed Dec 10 1915 J. M. Finley

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

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MAR 26 1974

493.102(018-868

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Clearwater

City of Orofino

No. _____ St.

Hospital _____

Registration District No. 90 File No. 35117

Primary Registration District No. 2168 Registered No. 71

FULL NAME OF CHILD David Floyd Millican

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Nov 2 1915

FATHER		MOTHER	
FULL NAME	A. J. Millican	FULL MAIDEN NAME	Leona Hayt
RESIDENCE	Orofino, Ida	RESIDENCE	Orofino, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	16
BIRTHPLACE	Wm	BIRTHPLACE	Iowa
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Fairly
Physician
(Physician or midwife)

Address Orofino Idaho

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed Nov 3 1915 J. M. Fairly Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 2 9 1945

395·203·018-413

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Clearwater

City of Orofino

No. _____ St.

Hospital _____

Registration District No. 90

File No. 35118

Primary Registration District No. 2168

Registered No. 72

FULL NAME OF CHILD Ida Irene Lindstrom

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Nov 3 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Nels Lindstrom	FULL MAIDEN NAME	Bertha Palmer
RESIDENCE	Orofino, Ida	RESIDENCE	Orofino, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Nebr
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Fairly

Physician (Physician or midwife)

Address Orofino, Ida

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed Dec 1 1915 J. M. Fairly Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 3 1946

4/26/41 L. E.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

384-195-018-459

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Clearwater

City of Orofino

No. ..... St.

Hospital .....

Registration District No. 90 File No. 35119

Primary Registration District No. 2168 Registered No. 73

FULL NAME OF CHILD Woodrow Andra Tyra

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Nov 15 1915

FATHER		MOTHER	
FULL NAME	Boone Tyra	FULL MAIDEN NAME	Olga M. Meifert
RESIDENCE	Orofino, Idaho	RESIDENCE	Orofino, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Ky	BIRTHPLACE	Wisconsin
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Faidly

Physician (Physician or midwife)

Address Orofino, Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Nov 16 1915 J. M. Faidly Registrar

S-Y-CO 38071

815-114-018-553

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Orofino

No. _____ St.

Hospital _____

Registration District No. 90

File No. 35120

Primary Registration District No. 2168

Registered No. 74

FULL NAME OF CHILD _____

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Nov 14 1915

FATHER		MOTHER	
FULL NAME	Ingvart Hanson	FULL MAIDEN NAME	Hansina Nelson
RESIDENCE	Orofino, Ida	RESIDENCE	Orofino, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	44
BIRTHPLACE	Germany	BIRTHPLACE	Denmark
OCCUPATION	Iceman	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5:45 P. M. on the date above stated.

(Signature) J. M. Fairly

Physician (Physician or midwife)

Address Orofino, Ida

Filed Dec 1 1915

J. M. Fairly
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____ Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

855-114-018-691

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Charwater

City of Orofino

Registration District No. 90

File No. 35121

No. _____ St.

Primary Registration District No. 2168

Registered No. 75

Hospital _____

FULL NAME OF CHILD Kenneth Henager

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Nov 14 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John L. Henager	FULL MAIDEN NAME	Lucy J. Franklyn
RESIDENCE	Orofino, Ida	RESIDENCE	Orofino Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	51 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Kentucky	BIRTHPLACE	Mo
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 9

Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9:00 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Fairly

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address Orofino, Ida

Filed Nov 15 1915 J. M. Fairly Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 3 0 1973

595-119-018415

PLACE OF BIRTH

County of Kootenai

City of Ahsahka

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

35122

Registration District No. 90 File No. .....

Primary Registration District No. 2168 Registered No. 76

FULL NAME OF CHILD Enekiel

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Nov 19 1915

FATHER	MOTHER
FULL NAME Benjamin Hines	FULL MAIDEN NAME Emma Davis
RESIDENCE Ahsahka Ida	RESIDENCE Ahsahka Ida
COLOR Indian	COLOR Indian
AGE AT LAST BIRTHDAY 50 (Years)	AGE AT LAST BIRTHDAY 35 (Years)
BIRTHPLACE Idaho	BIRTHPLACE Idaho
OCCUPATION None	OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 A. M. on the date above stated.

(Signature) J. M. Fairly

Orofino Idaho (Physician or ~~midwife~~)

Address .....

Filed Nov 30 1915 J. M. Fairly Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 36071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

813.127.018-464

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Clearwater

City of Orofino

Registration District No. 90 File No. 35123

No. ..... St.

Primary Registration District No. 2168 Registered No. 77

Hospital .....

FULL NAME OF CHILD Wallace Hall

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Nov 27 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Edgar N. Hall	FULL MAIDEN NAME	Etta Dodd
RESIDENCE	Orofino, Idaho	RESIDENCE	Orofino Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Virginia	BIRTHPLACE	Kansas
OCCUPATION	Telegrapher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Fairly

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Orofino, Idaho

Filed Nov 27 1915 J. M. Fairly

Registrar Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 11 1953

685-116-018-249

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

County of Kearney

City of Orofino

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35124

Registration District No. 40 File No. .....

Primary Registration District No. 2165 Registered No. 78

FULL NAME OF CHILD Sloyd Wheeler

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Nov 16 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Samuel Wheeler	FULL MAIDEN NAME	Ethel Smith
RESIDENCE	Orofino	RESIDENCE	Orofino
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 P.M. on the date above stated.

(Signature) Erle W. Horsell M.D.

(Physician [redacted])

Address Orofino, Idaho

Filed Dec 1 1915 J. H. Gaisley Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 36071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

415-118-018-859

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Clearwater

City of Tekean

Registration District No. 90 **File No.** 35125

No. ..... *St.*

Primary Registration District No. 2168 **Registered No.** 79

Hospital .....

FULL NAME OF CHILD Marion Edward Davis

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Nov (Month) 18 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Robert Davis	FULL MAIDEN NAME	Cora Herring
RESIDENCE	Tekean	RESIDENCE	Tekean
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	South Dakota
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8:30 p.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earle W. Horswill M.D.

(Physician [redacted])

Given names added from a supplemental report.

..... 19.....

Address Grafino, Idaho

Filed Dec 1 1915 J. W. Haisly

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

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Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Charnotes

City of Ahsahka

No. _____ St.

Hospital _____

Registration District No. 90

File No. 35126

Primary Registration District No. 2168

Registered No. 80

FULL NAME OF CHILD Bert Randall Pederson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Jan 17 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Theodore Pederson	FULL MAIDEN NAME	Emma Olsen
RESIDENCE	Ahsahka, Ida	RESIDENCE	Ahsahka, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Wis	BIRTHPLACE	Calif
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8.30 p. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Fairly

Physician (Physician or midwife)

Address Orofino

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Filed Dec 1 1915 J. M. Fairley Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Clearwater

City of Elk River

Registration District No. ____ File No. 35127

No. ____, ____ St.

Primary Registration District No. ____ Registered No. ____

Hospital ____

FULL NAME OF CHILD Dorothy Evelynne Dunnwoodie

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	Oct 9th 1914

FATHER		MOTHER	
FULL NAME	H. L. Dunnwoodie	FULL MAIDEN NAME	Blanche C Smith
RESIDENCE	Elk River Idaho	RESIDENCE	Elk River Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Colby, Mich.	BIRTHPLACE	Clay Center Neb
OCCUPATION	Lumberman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Duncan M.D.

(Physician or Midwife)

Address Elk River Idaho,

Given names added from a supplemental report

....., 19.....

Registrar

Filed DEC 19 15

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

[redacted]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

799.283.016

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Albion

Registration District No. 118

File No. 35128

No. ..... St.

Primary Registration District No. .....

Registered No. .....

Hospital .....

FULL NAME OF CHILD Louise Ethel Price

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Female			1	Yes	Nov	23	191 J

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	J W Price	Mamie Nantz
RESIDENCE	Albion	Albion
COLOR	White	White
AGE AT LAST BIRTHDAY	24 (Years)	20 (Years)
BIRTHPLACE	Mo	Idaho
OCCUPATION	Printer	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Living (Born alive or stillborn) at 10.45 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R H Greene

Physician

(Physician or midwife)

Given names added from a supplemental report

Nov 8 1915

R H Greene
Registrar

Address Albion Ida

Filed Nov 8 1915

R H Greene
Registrar

S-Y CO. 20174

FEb 7 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Cache

STATE OF Idaho
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35129

City of Albion

Registration District No. _____ File No. _____

No. _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Hortense Powell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Female	—	4	Yes	Oct 1 (Month) (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	William J Powell	FULL MAIDEN NAME	Isadora Loveland
RESIDENCE	Albion	RESIDENCE	Albion
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Ida	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2 - P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. A. Hyman

Midwife
(Physician or midwife)

Given names added from a supplemental report

Oct 4 1915

R W Greene Registrar

Address Albion

Filed Oct 4 1915 R W Greene Registrar

S-Y CO. 20174

753-127-016-553

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of ~~Canyon~~ Albion

No. ..... St.

Hospital .....

Registration District No. 118 File No. 35130

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD David Milford Peterson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		7	Yes	July (Month) 27 (Day) 1915 (Year)

(To be answered only in event of plural births)

	FATHER		MOTHER
FULL NAME	Christian P Peterson	FULL MAIDEN NAME	Johanna R. Nelson
RESIDENCE	Albion	RESIDENCE	Albion
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	43 (Years)
BIRTHPLACE	Denmark	BIRTHPLACE	Denmark
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 7 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R H Greene

Physician (Physician or midwife)

Given names added from a supplemental report

July 30 1915

R H Greene Registrar

Address Albion

Filed July 30 1915 R H Greene Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 2 4 1966

791-230-016-866

PLACE OF BIRTH

Form V. S. No. 11-C—20m-3-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35131

County of Cassia

City of Albion

Registration District No. 118 File No.

No. St.

Primary Registration District No. Registered No.

Hospital

FULL NAME OF CHILD Nena Belle Gray

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth
Female			1	Yes	July 30 (Month) (Day) 1915 (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Calvin Gray	Pearl J Howell
RESIDENCE	Albion Ida	Albion
COLOR	White	White
AGE AT LAST BIRTHDAY	38 (Years)	18 (Years)
BIRTHPLACE	Idaho	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 8 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

(Signature) R N Greene

Physician

(Physician or midwife)

Address Albion Ida

Filed July 30 1915 R N Greene Registrar

R N Greene M D Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 29 1961

238.126.016.763

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Cassia

City of Cotterel

Registration District No. ____ File No. 35132

No. ____, ____ St.

Primary Registration District No. 118 Registered No. ____

Hospital ____

FULL NAME OF CHILD Earl Lewis Schrenk

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
Male			Yes.	Sept 26 (Month) (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Emanuel Schrenk	FULL MAIDEN NAME	Dorothea Pflugrade
RESIDENCE	Cotterel	RESIDENCE	Cotterel
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Russia	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth ... 1st

Number of children, of this mother, now living, including present birth ... 1st

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn) at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Olga H. Dreg

Midwife (Physician or Midwife)

Address Idahome

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Dec 10. 1915 R. H. Greene Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

APR 17 1947
APR 21 1947

381-1/12016-815

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Albion

Registration District No. 118 File No. 35133

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital Residence

FULL NAME OF CHILD Joseph William Shatburn

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Male			4	Yes	Sept	12	1913

	FATHER	MOTHER
FULL NAME	John B Shatburn	FULL MAIDEN NAME Zella Handy
RESIDENCE	Albion	RESIDENCE Albion
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	34 (Years)	25 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE Idaho
OCCUPATION	Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. W. Greene

Physician (Physician or midwife)

Address Albion Ida

Given names added from a supplemental report

Sept 15 1913

R. W. Greene Registrar

Filed Sept 15 1913 R. W. Greene Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MAR 2 3 1943

445-126-#16-2-38

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

35134

County of Canyon

City of Idahome

Registration District No. ..... File No. .....

No. ....., ... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Hans Georg Mueller

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		1	Yes	July 26, 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Paul Gustav Mueller	Hanna Schneider
RESIDENCE	Idahome Idaho	Idahome, Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	25	29
BIRTHPLACE	Potsdorf, Germany	Grafenstaden Germany
OCCUPATION	Farmer	

Number of child of this mother, including present birth ..... 1 .....

Number of children of this mother now living, including present birth ..... 1 .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 5-9 M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. H. Greene

Physician

(Physician or Midwife)

Address Albion

Given names added from a supplemental report

..... 19.....

Filed July 26 1915 R H Greene

Registrar

S-Y CO., 16870

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

FEB 28 1958

SEP 27 1957

623-103021-319

PLACE OF BIRTH

County of Franklin

City of Preston

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

Registration District No. 27 File No. 35135

Primary Registration District No. 2119 Registered No. 292

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes.	Nov. 3 1915

FATHER		MOTHER	
FULL NAME	Peter Ostragard	FULL MAIDEN NAME	Elma Carlson
RESIDENCE	Clifton, Ida.	RESIDENCE	Clifton, Idaho.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	46	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Denmark	BIRTHPLACE	Denmark.
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. K. Cullen

Physician (Physician or midwife)

Address Preston, Idaho.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 12/10 1915 D. K. Cullen Registrar

5-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

855-231-021-866

PLACE OF BIRTH birth date amend 4-10-84 dl

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

County of Franklin

City of ~~Preston~~ Clifton

Registration District No. 27 File No. 35136

No. _____ St.

Primary Registration District No. 2119 Registered No. 295

Hospital _____

FULL NAME OF CHILD Esther Henderson

Sex of Child female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes. | Date of Birth Oct. ~~12~~ (Month) 31 ~~28~~ (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Seth V. Henderson	FULL MAIDEN NAME	Inez Elizabeth Howell
RESIDENCE	Clifton, Ida.	RESIDENCE	Clifton, Ida.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Clifton, Ida.	BIRTHPLACE	Clifton, Ida.
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Allen R. Cutler

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Address Preston, Idaho

Filed 12/18 1915 D. A. R. Cutler

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

RECEIVED
BUREAU OF
VITAL STATISTICS
APR 9 1 39 PM '84

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____

Certificate No. 35136
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for Esther Henderson (Name on Original Certificate) who was born (Was Born, Died, etc.) on Dec. 30, 1915 (Date of Event)
in Clifton, Idaho (Franklin) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
date of birth	DEcember 30, 1915	October 31,1915
father's age	29	35

Subscribed and sworn to before me this 3rd day of April, 1984.
Notary Public, Veraveen Lee
Residing at Ogden, Utah
My commission expires August 10, 1987
(Seal)

Esther Henderson Merrell
Signature of Applicant
940 Binford St Ogden Utah 84404
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah
County of Weber } ss.

(Must be completed __)
(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd day of April, 1984.
Notary Public, Veraveen Lee
Residing at Ogden, Utah
My commission expires August 10, 1987
(Seal)

Phyllis H. Ware
Supporting Signature
923 Binford St. Ogden, Utah
Street Address, City, State

LDS Church certificate of birth lists Esther Henderson born Oct 31, 1915 in Clifton, Idaho to Seth V Henderson and Inez Howell. Recorded Dec 5, 1915. Viewed by V.S.

APR 1 0 NR4

Baptisms and confirmations from LDS Church lists Esther Henderson daughter of Seth Henderson and Inez Howell born Oct 31, 1915 was baptised in 1925. Viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

239-110-021-623

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

Registration District No. 27 File No. 35137

No. ..... St.

Primary Registration District No. 2119 Registered No. 296

Hospital .....

FULL NAME OF CHILD Nyman Oscar Struve

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	12 10 1915

FATHER	MOTHER
FULL NAME Wm "Nyman Oscar" Struve	FULL MAIDEN NAME Minnie Oscar
RESIDENCE Preston, Ida.	RESIDENCE Preston, Ida.
COLOR W.	COLOR W.
AGE AT LAST BIRTHDAY 45 (Years)	AGE AT LAST BIRTHDAY 38 (Years)
BIRTHPLACE Germany	BIRTHPLACE Germany
OCCUPATION Cement Contractor	OCCUPATION Housework

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7:35 a M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. A. R. Cullen

Physician

(Physician or midwife)

Address Preston, Ida.

Given names added from a supplemental report.

..... 19.....

Filed 12/10 19 15 D. A. R. Cullen

S-Y-CO 38071

Registrar

Registrar

MAR 2 5 1976

AUG 1 0 1942

669-2061003-433

PLACE OF BIRTH

Form V. S. No. [illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Treasureton

No. ..... St.

Hospital .....

Registration District No. 27 File No. 35138

Primary Registration District No. 2119 Registered No. 308

FULL NAME OF CHILD Lena Margaret Workman

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Nov. (Month) 6 (Day) 1915 (Year)

FATHER	MOTHER
FULL NAME: Myrl Workman	FULL MAIDEN NAME: Rhoda McCarreal
RESIDENCE: Treasureton, Idaho.	RESIDENCE: Treasureton, Idaho.
COLOR: White — AGE AT LAST BIRTHDAY: 21 (Years)	COLOR: White — AGE AT LAST BIRTHDAY: 19 (Years)
BIRTHPLACE: Francis, Utah.	BIRTHPLACE: Mercer, Utah.
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. States

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Preston, Idaho.

Filed 12/10 1915 D. A. R. Cullen Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 30 1942

365·209·003·695

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Treasureton

No. ..... St.

Hospital .....

Registration District No. 27 File No. 35139

Primary Registration District No. 2119 Registered No. 307

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Nov. (Month) 8 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	E.E.Conlins	FULL MAIDEN NAME	Ruby Field
RESIDENCE	Treasureton, Idaho.	RESIDENCE	Treasureton, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Ogden, Utah.	BIRTHPLACE	Ogden, Utah.
OCCUPATION	Farmer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1 p.M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G W States

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Preston, Idaho.

Filed 12/10 1915 [signature] Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

813-113-221-264

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
DEPARTMENT OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Franklin

City of Fairview

No. _____ *St.*

Hospital _____

Registration District No. 27 **File No.** 35140

Primary Registration District No. 2119 **Registered No.** 306

FULL NAME OF CHILD Herman Edwin Hall

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Nov. 13 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Hall	FULL MAIDEN NAME	Harriet Bodily
RESIDENCE	Fairview, Idaho.	RESIDENCE	Fairview, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Fairview, Idaho.	BIRTHPLACE	Fairview, Idaho.
OCCUPATION	Farmer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G W States

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19____

_____ *Registrar*

Address Preston, Idaho.

Filed 12/10 1915 D A R Cutler *Registrar*

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

264-216-021-413

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-13

CERTIFICATE OF BIRTH

County of Franklin

City of Fairview

No. ..... St.

Hospital .....

Registration District No. 27 File No. 35141

Primary Registration District No. 2119 Registered No. 305

FULL NAME OF CHILD ARLA MATKIN BODILY

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	Twin	First	Yes	Nov. 16 1915

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Christopher Bodily	FULL MAIDEN NAME	Blanche Matkin
RESIDENCE	Fairview, Ida.	RESIDENCE	Fairview. Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Fairview, Ida.	BIRTHPLACE	Hyde Park, Utah.
OCCUPATION	Framer and Stockman	OCCUPATION	housewife.

Number of child of this mother, including present birth 01 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5.45 a.M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G W States

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Preston, Idaho.

Filed 12/10 1915 Dr A R Cullen
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

See Cert. #35142.

JUN 4 1942

264-116-021-413

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Franklin

City of Fairview.

No. ..... *St.*

Hospital .....

Registration District No. 27 **File No.** 35142

Primary Registration District No. 2119 **Registered No.** 304

FULL NAME OF CHILD Arlo Matkin Bodily

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	Twin	Second	Yes	Nov. 16 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Christopher R. Bodily	FULL MAIDEN NAME	Blanche Matkin
RESIDENCE	Fairview, Ida.	RESIDENCE	Fairview, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Fairview, Idaho.	BIRTHPLACE	Hyde Park, Utah.
OCCUPATION	Farmer and stockman	OCCUPATION	Housewife.

Number of child of this mother, including present birth ..... 2 ..... Number of children of this mother now living, including present birth ..... 2 .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. States

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Preston, Idaho.

Filed 12/10 1915 [signature] Registrar

..... Registrar

S-Y CO. 24685

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 25 1942

cc 2/25/41 rmf

363-217003-319

PLACE OF BIRTH

[redacted]ATE OF I[redacted]

BU[redacted]STICS

Form V. S. No. 11-C—25m-1-1-18

35143

County of Bannock

City of Treasureton,

No. _____ St.

Hospital _____

Registration District No. 27

File No. _____

Primary Registration District No. 2119

Registered No. 303

FULL NAME OF CHILD Lenna Erma Cole

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Nov. (Month) 17 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Riley H. Cole	FULL MAIDEN NAME	Ester Larson,
RESIDENCE	Treasureton, Idaho.	RESIDENCE	Treasureton, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Willard, Utah.	BIRTHPLACE	Cove, Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5.50 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G W Stale

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Preston, Idaho.

Filed 12/10 1915 Dr A R Cullen Registrar

_____ Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

STATE OF [redacted]

BUREAU [redacted]

[redacted]

FILED OF BIRTH

APR 12 1977

Filing of

4-12-72

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Franklin }

Certificate No. 35143

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Cole (Name on Original Certificate) who was born (Was Born or Died) on Nov. 17, 1915 (Date of Event)
in Treasureton (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
childs name	omitted	Lenna Erma Cole

Subscribed and sworn to before me this 16 day of April 1972

Dale L. Grayson
Notary Public, residing at Preston Idaho
My commission expires 3-4-74
(Seal)

Signed X Esther L. Cole
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Banida Idaho 83264
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Franklin }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16 day of April, 1972

Dale L. Grayson
Notary Public, residing at Preston Idaho
My commission expires 3-4-74
(Seal)

Signed X Goldie M Christensen
(Signature of Any Credible Person)
Banida, Idaho 83264
(Street Address, City, State)

FORM DH 60-155

c.c. (C) 1 copy pd Rec. # 35332

Own child's birth certificate on filein Idaho gives child's name as Shana Lee Lowe (File No. 345526). Born Apr. 25, 1942. Father's name given as Theran Reuben Lowe and mother's name as Lenna Erma Cole. Viewed by V. S.

JUL 24 1972

Letter from LDS Church Banida Ward, Banida, Idaho gives name as Lenna Erma Cole Lowe. Born Nov. 17, 1915. Parents namees as Riley H. Cole and Esther Larson. Signed by Verl M. Christensen, Ward Clerk. Viewed by V. S.

262-219-021-863

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

BUREAU OF [illegible]

CERTIFICATE OF [illegible]

35144

County of Franklin

City of Preston,

No. _____ St.

Hospital _____

Registration District No. 27 File No. _____

Primary Registration District No. 2119 Registered No. 302

FULL NAME OF CHILD Maud

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Nov. 18 1915

FATHER	MOTHER
FULL NAME: Robert Bosworth.	FULL MAIDEN NAME: Minnie Hollonsworth
RESIDENCE: Preston, Idaho.	RESIDENCE: Preston, Idaho.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 30 (Years)	AGE AT LAST BIRTHDAY: 33 (Years)
BIRTHPLACE: Weber County, Utah.	BIRTHPLACE: Preston, Idaho.
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1.30 p.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G W Stalker

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Address Preston, Idaho.

Filed 12/10 1915 D A Wullos Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

BUREAU
CERTIFICATE

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each [illegible] of each, in order of birth stated.

PLACE OF BIRTH

County of Franklin

City of Preston

No. ..... St.

Hospital .....

STATE OF [illegible]

[illegible] VITAL [illegible]

CERTIFICATE OF BIRTH

Form V. S. No. 11-C Dec. 1-1-18

Registration District No. 27 File No. 35145

Primary Registration District No. 2119 Registered No. 301

FULL NAME OF CHILD Donald George Elwell

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Nov. (Month) 19 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Isaac Elwell,	FULL MAIDEN NAME	Frances Louise Carter
RESIDENCE	Preston, Idaho.	RESIDENCE	Preston, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Birmingham, England.	BIRTHPLACE	Preston, Idaho.
OCCUPATION	Tinsmith,	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1.40 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. Staters

Physician
(Physician or midwife)

Given names added from a supplemental report.

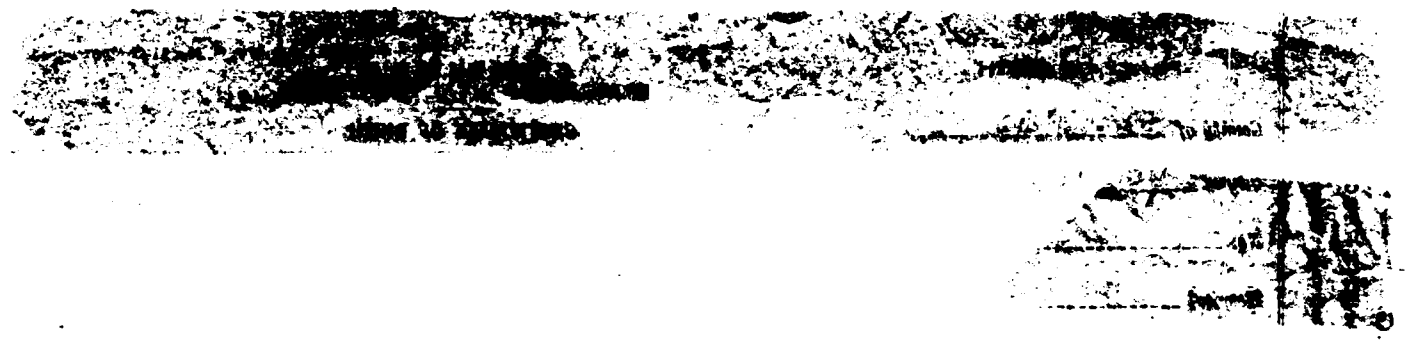
..... 19.....

..... Registrar

Address Preston, Idaho.

Filed 12/10 1915 Dr. A. R. Cullen
Registrar

S-Y CO. 24655



L.D.S. Church Cert. of Blessing, Jan. 2, 1916 gives full name of child as Donald George Elwell, son of Isaac Elwell and Frances L. Carter, born Nov. 19, 1915 at Preston, Idaho - viewed by V.S. and L.D.S. Church Cert. of Baptism and Confirmation, Dec. 15, 1915 gives full name as Donald George Elwell, son of Isaac Elwell and Frances L., born Nov. 19, 1915 at Preston, Idaho - viewed by V.S.

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Franklin }

Certificate No. 35145

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Elwell (male child) (Name on Original Certificate) who was born (Was Born or Died) on Nov. 19, 1915 (Date of Event) in Preston, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Donald George Elwell

Subscribed and sworn to before me this 16 day of February, 1962

Notary Public, residing at Preston, Idaho
My commission expires 1/20/65
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Donald George Elwell
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Franklin }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16 day of February, 1962

Notary Public, residing at Preston
My commission expires 1/20/65
(Seal)

Signed Geo. E. Bodily Jr.
(Signature of Any Credible Person)
72 South 4 West, Preston Idaho
(Street Address, City, State)

FORM DH 60.155 CL 2-13-62. nm

FEB 21 1962

NOV 25 1991

389.222-003 814

PLACE OF BIRTH

Form V. S. No. 11-C—Mar-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bannock

City of Mink Creek

No. ..... St.

Hospital .....

Registration District No. 27 File No. 35146

Primary Registration District No. 2119 Registered No. 300

FULL NAME OF CHILD Ella Janet Christensen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Nov. 22 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Henry Christensen.	FULL MAIDEN NAME	Serena Hammersmark
RESIDENCE	Mink Creek, Idaho.	RESIDENCE	Mink Creek, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Mink Creek, Idaho.	BIRTHPLACE	Soggendaf, Norway,
OCCUPATION	Farmer,	OCCUPATION	Housewife.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3.20 a.M on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. Staten

Physician, (Physician or midwife)

Given names added from a supplemental report.

..... 19....

..... Registrar

Address Preston, Idaho

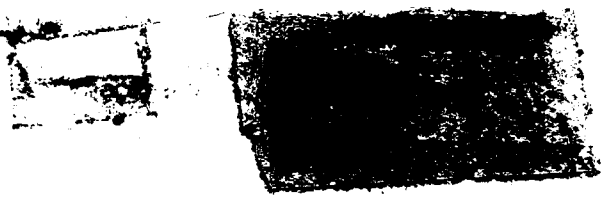
Filed 12/10 1915 Dr. A. R. Cullen Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Franklin } ss.

Certificate No. 35146

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of _____ (Birth or Death)
for _____ (Name on Original Certificate) who _____ (Was Born or Died) on _____ (Date of Event)
in _____ (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by _____ (Bible Record, Insurance Policy, Etc.) prepared on _____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Ella Janetle	~~Janette Christensen~~ Ella Janet Christensen

Subscribed and sworn to before me this 17th. day of February, 1943.

Notary Public, residing at Preston, Ida.

My commission expires May 1st. 1943. (Seal)

Signed Serena Hammers mark

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Mink Creek, Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Franklin } ss.

[This Affidivat MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17th. day of February, 1943.

Notary Public, residing at Preston, Ida.

My commission expires May 1, 1945. (Seal)

Signed Joan McQueen

(Signature of Any Credible Person Other Than Previous Year)

Preston, Idaho

(Street Address, City, State)

FEB 25 1943

Amended 7/6/71

157-224-003-389

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 35147
Local Reg. No.
Reg. Dist. No. 27

1. PLACE OF BIRTH
a. COUNTY: Bannock
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Mink Creek
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Mink Creek
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME *(Type or print)*
a. (First): Elden
b. (Middle): Andrew
c. (Last): Jepsen

4. SEX: Male
5a. THIS BIRTH: SINGLE X TWIN ___ TRIPLET ___
5b. IF TWIN OR TRIPLET (This child born): 1st ___ 2nd ___ 3rd ___
6. DATE OF BIRTH (Month) (Day) (Year): Nov. 24, 1915

FATHER OF CHILD

7. FULL NAME
a. (First): Thomas
b. (Middle):
c. (Last): Jepsen

8. AGE (At time of this birth): 28 YEARS
9. BIRTHPLACE (State or foreign country) (City or Town): Mink Creek, Idaho
10. USUAL OCCUPATION: Farmer
11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Annie
b. (Middle): Christena
c. (Last): Christensen

13. AGE (At time of this birth): 24 YEARS
14. BIRTHPLACE (State or foreign country) (City or Town): Mink Creek, Idaho
15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 1
b. How many OTHER children were born alive but are now dead?
c. How many children were stillborn (born dead after 20 wks. pregnancy?)
16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: G. W. States
18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ___ OTHER (Specify) ___
19. ADDRESS: Preston, Idaho
20. DATE SIGNED:
21. DATE REC'D BY LOCAL REG.: 12/10/15
22. REGISTRAR'S SIGNATURE: Dr. A. R. Cutler
23. DATE ON WHICH GIVEN NAME ADDED BY ___ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ___ NO ___ DATE ___

Was a standard serological test for syphilis performed? YES ___ NO ___ APPROXIMATE DATE ___

LENGTH OF PREGNANCY ___ WEEKS
WEIGHT AT BIRTH ___ LBS. ___ OZS.
RACE OR COLOR OF FATHER: White
RACE OR COLOR OF MOTHER: White
METHOD OF DELIVERY:
Was 1% Silver Nitrate Used to prevent blindness? YES ___ NO ___

BIRTH INJURY TO INFANT
___ YES IF YES, DESCRIBE
___ NO

CONGENITAL MALFORMATIONS OF INFANT
___ YES IF YES, DESCRIBE
___ NO

Use only BLACK ... Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

RECEIVED
JUN 17 1971
Bureau of Vital Statistics

State of ..... Certificate No. 35147

County of ..... ss. Date Filed .....

The undersigned does solemnly swear that certain statements on the certificate of birth (Birth or Death)
for Andrew Carl Jepsen (Name on Original Certificate) who was born (Was Born or Died) on Nov. 24, 1915 (Date of Event)
in Mink Creek, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Andrew Carl Jepsen	Elden Andrew Jepsen
Mother's maiden name	Stenna Christensen	Annie Christena Christensen

Subscribed and sworn to before me this 9 day of June, 1971

Notary Public, residing at Preston Idaho

My commission expires 3-4-74

(Seal)

Signed Annie Christena Jepsen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Franklin } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9 day of June, 1971

Notary Public, residing at Preston Idaho

My commission expires 3-4-74

(Seal)

Signed A. C. Christensen
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155 CL 6/2/71 MM 1cc pd.

Marriage Certificate from State of Utah, County of Salt Lake, gives groom;s name as Elden Andrew Jepsen anf bride's name as Roberta Elvira Martin. Dated January 16,.1942 Signed by. Ward Author. Viewed by V. S.

Honorable Discharge from the Army of the United States gives name as Elden A. Jepsen 19010343, Private 1cl, Comapny B, 7th Infantry. Dated July 15, 1941 at Ft. Lewis, Washington. Signed by Harrison McAlpine, Colonel, 7th Infantry. Viewed VS

Family record gives name as Elden Andrew Jepsen. Born at Mink Creek, Idaho Nov. 24, 19 1915. Blessed C. G. Christensen, Jan. 2, 1916. Does not give paretns names. Baptized by Thomas Jepsen Sept. 7, 1924. Viewed by V. S.

Certificate of Marriage from state of Utah, county of Cache gives grooms name as Thomas Jepson and birde's name as Annie C. Christensen. Signed by Wm. Budge, Elder of theLDS Church. Dated June 2, 1910. Viewed by V. S.

Family Record gives father's name as Thomas Jepsen and mother's name as Annie Christena Jepsen. Lists children's names. Gives child's name as Elden Andrew Jepsen. Appears to be old. Viewed by V. S.

843-128-021-651

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. [illegible] 1-1-13

35148

County of Franklin

City of Whitney

No. _____ St.

Hospital _____

Registration District No. 27 File No. _____

Primary Registration District No. 2119 Registered No. 297

FULL NAME OF CHILD ROBERT EUGENE HULL

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Nov. 28 1915

FATHER		MOTHER	
FULL NAME	LeRoy Hull	FULL MAIDEN NAME	Allabell Weaver,
RESIDENCE	Whitney, Idaho.	RESIDENCE	Whitney, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Whitney, Idaho.	BIRTHPLACE	Mdlvitle, Utah.
OCCUPATION	Farmer and stockman.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3.40 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G W States

Physician
(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Address Preston, Idaho.

Filed 12/10 19 15 D A R Cullen
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Franklin } ss.

Certificate No. 35148

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for unnamed (Name on Original Certificate) who born (Was Born or Died) on November 28, 1915 (Date of Event)
in Whitney, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on January 13, 1915 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Robert Eugene Hull

Subscribed and sworn to before me this 7 day of [illegible], 1943

[illegible]
Notary Public, residing at Preston

My commission expires 1/21/45
(Seal)

Signed Leroy Hull
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Franklin } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7 day of [illegible], 1943

[illegible]
Notary Public, residing at Preston, Idaho

My commission expires 1/21/45
(Seal)

Signed Emma N. Callan
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

K

43
11/26/85

11

15
11
25

SEP 1 0 1945

261-127-021-155

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston,

No. ..... *St.*

Hospital .....

Registration District No. 27 **File No.** 35149

Primary Registration District No. 2119 **Registered No.** 298

FULL NAME OF CHILD Aurelius

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Nov. (Month) 27 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Milo Swainston.	FULL MAIDEN NAME	Myrtle Jenkins
RESIDENCE	Preston, Idaho.	RESIDENCE	Preston, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Whitney, Idaho.	BIRTHPLACE	Fairview, Idaho.
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 pm on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. States

Physician, (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... *Registrar*

Address Preston, Idaho.

Filed 12/10 1915 Dr A R Cullen *Registrar*

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

141-204-021-713

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of

No. St.

Hospital

Registration District No. 27 File No. 35150

Primary Registration District No. 2119 Registered No. 309

FULL NAME OF CHILD Una Adams

Sex of Child F. | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of Birth Nov. 4 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Edsel Hyrum Adams	FULL MAIDEN NAME	Nessie Packer
RESIDENCE	Riverdale	RESIDENCE	Riverdale
COLOR	W AGE AT LAST BIRTHDAY 25 (Years)	COLOR	W AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11:25 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Curtis Bland

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Address Preston Idaho

Filed 12/10 1915 Dr. A. R. Cullen

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

318-216-021-133

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of

No. St.

Hospital

Registration District No. 27

File No. 35151

Primary Registration District No. 2119

Registered No. 310

FULL NAME OF CHILD Marjorie Afton Taylor

Sex of Child F.

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? yes

Date of Birth November 16 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ross Taylor	FULL MAIDEN NAME	Eliza Allen
RESIDENCE	Franklin Co.	RESIDENCE	Franklin Co.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Curtis Bland

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Preston, Idaho

Filed 12/16 1915 D A R Culter

Registrar

S-Y-CO 38071

FEB 16 1977

256-108-021-262

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35152

County of Franklin

City of Preston

No. _____ St.

Hospital _____

Registration District No. 27 File No. _____

Primary Registration District No. 2119 Registered No. 311

FULL NAME OF CHILD _____

Sex of Child: Male	Twin Triplet or other? One and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth 11 (Month) 8 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	E. V. Snow	FULL MAIDEN NAME	Dora Boson
RESIDENCE	Riverdale Ida.	RESIDENCE	Riverdale Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Mantic Ut.	BIRTHPLACE	Ephrem Ut.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alex (Born alive or stillborn), at 3a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. G. Parkinson

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address Preston Ida

Filed 12/10 1915 Dr A R Cella Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 2 8 1975

319-126-021-235

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35153

County of _____

City of _____

No. _____ St.

Hospital _____

Registration District No. 27 File No. _____

Primary Registration District No. 2119 Registered No. 312

FULL NAME OF CHILD Stephen Carbridge

Sex of Child Male	Twin Triplet or other One and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	Date of Birth 10 (Month) 26 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	S. L. Carbridge	FULL MAIDEN NAME	Effie Stephens
RESIDENCE	Preston Ida	RESIDENCE	Preston Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Franklin	BIRTHPLACE	Winder Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth Five Number of children of this mother now living, including present birth five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 2 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. S. Parkinson

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Address Preston Ida

Filed 12/10 1915 D. A. Cuello Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

291-120-021-249

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of _____

City of _____

No. _____ St.

Hospital _____

Registration District No. 27 File No. 35154

Primary Registration District No. 2119 Registered No. 313

FULL NAME OF CHILD _____

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Male	One		Yes	11-20-1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	H. C. Bradbury	FULL MAIDEN NAME	Lildia Burr
RESIDENCE	Preston Ida	RESIDENCE	Preston Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	England	BIRTHPLACE	Salt Lake Ut.
OCCUPATION	Baker	OCCUPATION	Housewife

Number of child of this mother, including present birth Five Number of children of this mother now living, including present birth five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was also (Born alive or stillborn), at 5 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. L. Parkinson

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Preston Ida

_____ 19____

Filed 12/10 1915 Dr A. Cullen

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

231-114-021-354

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of _____

City of _____

No. _____ St.

Hospital _____

Registration District No. 27

File No. 35155

Primary Registration District No. 2119

Registered No. 314

FULL NAME OF CHILD Wendell L. Blair

Sex of Child Male

Twin Triplet or other? One and Number in order of birth —
(To be answered only in event of plural births)

Legitimate? yes

Date of Birth 11 (Month) — 14 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Earl M. Blair	FULL MAIDEN NAME	Edith Tincherini
RESIDENCE	Preston Ida	RESIDENCE	Preston Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Lewiston Ut.	BIRTHPLACE	Salt Lake Ut.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth One

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. T. Parkinson

Physician
(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

_____
Registrar

Address _____

Filed 12/10 1915 Dra R Cullen
Registrar

S-Y-CO 38071

MAR 27 1961

493.122-021-893

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Amended 8/22/74

CERTIFICATE OF BIRTH

County of _____

City of _____

No. _____ St.

Hospital _____

Registration District No. 27 File No. 35156

Primary Registration District No. 2119 Registered No. 315

FULL NAME OF CHILD Morris Mickelsen

Sex of Child Male | Twin, Triplet or other? One (To be answered only in event of plural births) | Number in order of birth | Legitimate? Yes | Date of Birth 11-22 (Month) (Day) 1915 (Year)

FATHER

FULL NAME Christian Mickelson

RESIDENCE Egypt Ida

COLOR White AGE AT LAST BIRTHDAY 29 (Years)

BIRTHPLACE Lago Idaho

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Mary Ann Hill

RESIDENCE Egypt Ida

COLOR White AGE AT LAST BIRTHDAY 24 (Years)

BIRTHPLACE Salem Ida

OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G G Parkinson

Physician (Physician or midwife)

Address Preston Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 12/10 19 15 D A Cutler Registrar

5-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
AUG 16 1974
Bureau of Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Montana } ss.
County of Gallatin }

Certificate No. 35156

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Mickleson (Male) who was born on Nov. 22, 1915
Whitney, (Name on Original Certificate) (Was Born or Died) (Date of Event)
in Egypt, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by bible record (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Morris Mickelsen
father's name (last)	Mickleson	Chris Mickelsen
		Mary Ann Hilb Michelsen

Subscribed and sworn to before me this 14th day of August, 19 74

Margaret Hertell

Notary Public, residing at Bozeman, Montana

My commission expires 6/1/76

(Seal)

Signed [signature] (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Maudlow, Montana 59742 (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires

(Seal)

Signed (Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

CL 7/29/74 nm

Own child's birth Certif. on file in Idaho (#441654) gives child's name as Myron Dale Mickelsen born 8-14-47. father's name given as Morris Mickelson and the mother's ~~xx~~ name as Elizabeth Broadhurst. viewed by V. S.

AUG 22 1974

~~xxxx~~

Family record for Christain Neils Mickelson and Mary Ann Williamson Hill gives child' name as Morris Mickelsen born Nov. 22, 1915. viewed by V. S.

s

262-106-021957

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35157

County of Franklin

City of Preston

No. ..... St.

Hospital .....

Registration District No. 27 File No. .....

Primary Registration District No. 2119 Registered No. 315

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes.	10 (Month) 6 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Ephriam Bosworth	FULL MAIDEN NAME	Elizabeth Ingel
RESIDENCE	Preston, Ida	RESIDENCE	Preston, Ida.
COLOR	W.	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Utah.	BIRTHPLACE	England
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ~~[illegible]~~ born alive at 8:15 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R Cutler
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Preston, Ida.

Filed ~~[illegible]~~ 17 10 1915 A R Cutler
Registrar

Registrar

8-Y CO. 24685

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 1 8 1969

DEC 1 9 1974

592-210-021-632

PLACE OF BIRTH

County of Franklin

City of Banida

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

35158

Registration District No. 27 File No. ____

Primary Registration District No. 2119 Registered No. 282

FULL NAME OF CHILD Lula Nissen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	Nov. 12 1915

FATHER	MOTHER
FULL NAME: Norman H. Nissen	FULL MAIDEN NAME: Annie Mary Olsen
RESIDENCE: Banida, Ida.	RESIDENCE: Banida, Ida.
COLOR: W. AGE AT LAST BIRTHDAY: 31 (Years)	COLOR: W. AGE AT LAST BIRTHDAY: 31 (Years)
BIRTHPLACE: Preston, Ida.	BIRTHPLACE: Munkcreek, Ida.
OCCUPATION: farmer	OCCUPATION: housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1:10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Albert R Curtis

Physician

(Physician or midwife)

Address Preston, Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 12/10 1915 Albert R Curtis Registrar

8-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

235-121-021-115

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

No. _____ St.

Hospital _____

Registration District No. 27 File No. 35159

Primary Registration District No. 2119 Registered No. 283

FULL NAME OF CHILD Golden Stephenson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes.	10 ~~20~~ 21 1915

FATHER		MOTHER	
FULL NAME	Daniel P. Stephenson	FULL MAIDEN NAME	Agness Jensen
RESIDENCE	Fairview, Ida.	RESIDENCE	Fairview, Ida
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Richfield Utah.	BIRTHPLACE	Lago. Idaho.
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R. Cutler

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Preston, Idaho

Filed 12/10 1915 D. A. R. Cutler

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

533-211-021-465

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

Registration District No. 27 File No. 35160

No. ..... St.

Primary Registration District No. 2119 Registered No. 284

Hospital .....

FULL NAME OF CHILD Zelma Elliott

Sex of Child female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes. | Date of Birth 10 (Month) 11 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	James Wilford Elliott	FULL MAIDEN NAME	Marion Marinda Monson
RESIDENCE	Preston, Ida.	RESIDENCE	Preston, Ida.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Lago Idaho.	BIRTHPLACE	Whitney, Idaho.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) 11:5 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R Cutler

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Preston, Idaho.

Filed 10/10 1915 D A R Cutler

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 9 195

465·120·021-281

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35161

County of Franklin

City of Preston

No. _____ St.

Hospital _____

Registration District No. 27 File No. _____

Primary Registration District No. 2119 Registered No. 285

FULL NAME OF CHILD Lionel Dea Montague

Sex of Child Male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of Birth 10 (Month) 20 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Lyonal A Montague	FULL MAIDEN NAME	Cloe Sharp
RESIDENCE	Preston, Ida	RESIDENCE	Preston, Ida
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Preston, Ida	BIRTHPLACE	Soda Springs
OCCUPATION	Student	OCCUPATION	housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R Cutler

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address Preston Ida

Filed 12/10 1915 Dr A R Cutler Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 1 1942

799.114.021-753

PLACE OF BIRTH

Amended 4/16/79

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

County of Franklin

City of Weston

No. ..... St.

Hospital .....

Registration District No. 27

File No. 35162

Primary Registration District No. 2119

Registered No. 286

FULL NAME OF CHILD John Lloyd Price

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	10 14 1915

FATHER		MOTHER	
FULL NAME	Loyd S. Price	FULL MAIDEN NAME	Olga Peterson
RESIDENCE	Weston, Ida.	RESIDENCE	Weston, Ida.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Paradise, Ut.	BIRTHPLACE	Denmark.
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R Culler

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Pres[illegible] Idaho

Filed 12/18 [illegible] 15 D A R Culler

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
VITAL STATISTICS
MAR 6 7 56 AM '79

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 35162

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Price (Male) (Name on Original Certificate) who was born (Was Born or Died) on Oct. 14, 1915 (Date of Event)
in Weston, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	John Lloyd Price

Subscribed and sworn to before me this 1st day of March, 1979

Thurial E. Anderson

Notary Public, residing at West Jordan, Utah

My commission expires 12-18-81

(Seal)

Signed Sara P. Price

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

574 No. 1st W. Logan, Utah 84321

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Salt Lake }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st day of March, 1979

Thurial E. Anderson

Notary Public, residing at West Jordan, Utah

My commission expires 12-18-81

(Seal)

Signed .....

(Signature of Any Credible Person)

591 So. 8th W. Logan, Utah 84321

(Street Address, City, State)

FORM DH 60-155 CL 1/10/74 nm

Certif of Ordination to the Holy Priesthood gives nzme as John Lloyd Price ordained a Deacon on Feb 5, 1928. viewed by V. S.

APR 1 6 1979

Certif of Baptism from the LDS Church gives name as John Lloyd Price son of Lloyd S. Price and Olga S. Petersen. born Oct 14,1915 at Weston, Idaho Baptized Dec 22, 1923 viewed by V. S.

553228-021-816

PLACE OF BIRTH.

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35163

County of Franklin

City of Preston

Registration District No. 27 File No.

No. St.

Primary Registration District No. 2119 Registered No. 287

Hospital

FULL NAME OF CHILD Carmen Rhoda Nelson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes.	10 28 1915

FATHER

FULL NAME Taylor Nelson

RESIDENCE Preston, Ida.

COLOR W. AGE AT LAST BIRTHDAY 36 (Years)

BIRTHPLACE Franklin, Ida.

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Susie Hawks.

RESIDENCE Preston, Ida.

COLOR W. AGE AT LAST BIRTHDAY 33 (Years)

BIRTHPLACE Utah.

OCCUPATION housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11:45 P. M. on the date above stated.

(Signature) D. A. Reuter

Physician (Physician or midwife)

Address Preston, Ida.

Filed 12/10 1915 D. A. Reuter Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

8-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Franklin }

Certificate No. 35163

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (BIRTH OR DEATH)
for (NAME ON ORIGINAL CERTIFICATE) who (WAS BORN OR DIED) on (DATE OF EVENT)
in (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
NAME	CARMEN NELSON	CARMEN RHODA NELSON

Subscribed and sworn to before me this 24
day of Apr, 19 42

Notary Public, residing at Preston Ida

My commission expires May 1 - 1945
(SEAL)

Signed Susie T. Nelson
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.) (mother)

Preston Ida
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Franklin }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24
day of Apr, 19 42

Notary Public, residing at Preston Ida

My commission expires May 1 - 1945
(SEAL)

Signed Taylor Nelson
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Preston Ida
(STREET ADDRESS, CITY, STATE)

K

Received for filing on By
(REGISTRAR'S SIGNATURE)

APR 2 0 1942

453-219-021-363

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

Registration District No. 27

File No. 35164

No. ..... St.

Primary Registration District No. 2119

Registered No. 288

Hospital .....

FULL NAME OF CHILD Oma Tolman Mecham

Sex of Child female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of Birth 11 (Month) 19 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	L. S. Mecham	FULL MAIDEN NAME	Charlott Tollman
RESIDENCE	Preston, Ida.	RESIDENCE	Preston, Ida.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Franklin, Ida.	BIRTHPLACE	Chesterfield, Ut.
OCCUPATION	Insurance Solicitor	OCCUPATION	housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6:20 A.M. on the date above stated.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R Cutler

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Preston, Ida.

Filed 12/10 1915 Dr A R Cutler

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Own Child's Birth Cert. on file: (Idaho Birth) #326402 gives full maiden name of mother as Oma Tolman Mecham - viewed by V.S. L.D.S. Church Blessing, Aug. 20, 1932 gives full name as Oma Tolman Mecham, daughter of Leonidos Smart Mecham & Charlotte May Tolman, born Nov. 19, 1915 at Preston, Idaho - blessing given at Riverside, Idaho - viewed by V.S. L.D.S. Church Cert. of Baptism and Confirmation, Nov. 7, 1948 gives full name as Marilyn Conrad, daughter of Jasper Cosgrove Conrad and Oma Tolman Mecham, born Oct. 19, 1940 at Idaho Falls, Idaho - viewed by V.S.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Bannock } ss.

Certificate No. 35164
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Oma Tolman Mecham (Name on Original Certificate) who was born (Was Born or Died) on Nov. 19, 1915 (Date of Event) in Preston, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by High School Diploma (Bible Record, Insurance Policy, Etc.) prepared on June 2, 1933 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Unnamed	Oma Tolman Mecham

Subscribed and sworn to before me this 30 day of Jan, 1957

Notary Public, residing at Pratt Ida
My commission expires April 15, 1960
(Seal)

Signed [illegible] Higgins (Mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Bancroft Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bannock } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30th day of Jan, 1957

Notary Public, residing at Pratt Ida
My commission expires April 15, 1960
(Seal)

Signed George Higgins Step Father
(Signature of Any Credible Person)

Bancroft Idaho
(Street Address, City, State)

FORM DPH 55.155

NOV 5

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

527-16-021-819

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35165

County of Franklin

City of Bamida

Registration District No. 27 File No.

No. St.

Primary Registration District No. 219 Registered No. 289

Hospital

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	11 26 1915

FATHER

FULL NAME: Ethen Caplin

RESIDENCE: Bamida, Ida.

COLOR: W. AGE AT LAST BIRTHDAY: 39 (Years)

BIRTHPLACE: Utah

OCCUPATION: farmer

MOTHER

FULL MAIDEN NAME: Sirah Alice Hardy

RESIDENCE: Bamida, Ida.

COLOR: W. AGE AT LAST BIRTHDAY: 39 (Years)

BIRTHPLACE: Utah

OCCUPATION: housewife

Number of child of this mother, including present birth: 7

Number of children of this mother now living, including present birth: 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9:00 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

(Signature) A. M. Curtis

Physician
(Physician or midwife)

Address Preston, Ida.

Filed 12/10 1915 D. A. Curtis
Registrar

S-Y-CO 38071

533-22-1021-536 ADDED CHILD'S NAME 9-8-2000 MS

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35166

County of Franklin

City of Preston

No. ..... St.

Registration District No. 27 File No. .....

Primary Registration District No. 2169 Registered No. 291

Hospital .....

FULL NAME OF CHILD LILA ELLIS

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes.	11 22 1915

FATHER

FULL NAME James. W. Ellis

RESIDENCE Preston, Ida.

COLOR W. AGE AT LAST BIRTHDAY 29 (Years)

BIRTHPLACE Logan, Ut.

OCCUPATION farmer

MOTHER

FULL MAIDEN NAME Lucy M. Newmawander

RESIDENCE Preston, Ida.

COLOR W. AGE AT LAST BIRTHDAY 20 (Years)

BIRTHPLACE Utah.

OCCUPATION housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen Cutler

Physician
(Physician or midwife)

Address Preston, Ida.

Given names added from a supplemental report.

..... 19.....

Filed 12/10 1915 Allen Cutler

..... Registrar

S-Y-CO 38071

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 16 1969

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Center for Vital Statistics
and Health Policy

9-5-2000

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____

Certificate No. 1915-35166
Date Filed DEC. 10, 1915

The undersigned does solemnly swear that certain facts on the certificate of BIRTH

for UNNAMED ELLIS (Name on Original Certificate) who WAS BORN (Was Born, Died, etc.) on NOV. 22, 1915 (Date of Event)

in PRESTON (FRANKLIN) ID (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
CHILD'S NAME	UNNAMED ELLIS	LILA ELLIS

Subscribed and sworn to before me this 7th day of September, 2000

Notary Public Jeanetta M Davis

Residing at Etta M Downey, Idaho

My commission expires 12-22-05

(Seal)

NOTARY PUBLIC STATE OF IDAHO

X Lila E. Morrison
Signature of Applicant

X 86 South 1st East Downey Id 83234
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ___)
(Is not necessary ✓)

State of _____ } ss.
County of _____

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

lcc pd

BANKERS LIFE & CASUALTY COM. LETTER WRITTEN APRIL 11, 1994 TO LILA E MORRISON VIEWED VS.

BENEFICIAL LIFE INS. COMPANY STATEMENT ISSUED TO LILA E. MORRISON DATED CEC. 12, 1994 VIEWED VS.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

155-212-021-269

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

No. ..... St.

Hospital .....

Registration District No. 27

Primary Registration District No. 2119

File No. 35167

Registered No. 291

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
female		yes.	11 12 1915

FATHER		MOTHER	
FULL NAME	James H. Jensen	FULL MAIDEN NAME	Amanda Sorensen
RESIDENCE	Preston, Idaho	RESIDENCE	Preston, Ida.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	34 37	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Gentile Valley, Ida.	BIRTHPLACE	Utah
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7:45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Preston, Idaho

Filed 12/10 1915 [signature]

Registrar

S-Y-CO 38071

Registrar

245-d12-209-295

PLACE OF BIRTH

Form V. S. No. [redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner.

City of Bonners Ferry Registration District No. 79 File No. 35168

No. ..... St.

Primary Registration District No. 2156 Registered No. .....

Hospital .....

FULL NAME OF CHILD Anna Vivian Sundsmo.

Sex of Child	Twin / Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	— (To be answered only in event of plural births)	—	yes	Aug. 12 1915.

FATHER

FULL NAME: Albert C. Sundsmo.

RESIDENCE: Bonners Ferry, Ida.

COLOR: White AGE AT LAST BIRTHDAY: 37 (Years)

BIRTHPLACE: Wis

OCCUPATION: Labor.

MOTHER

FULL MAIDEN NAME: Anna Siegel

RESIDENCE: Bonners Ferry, Ida.

COLOR: White AGE AT LAST BIRTHDAY: 30 (Years)

BIRTHPLACE: Wis.

OCCUPATION: Housewife.

Number of child of this mother, including present birth 2. Number of children of this mother now living, including present birth 2.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 P. M. on the date above stated.

(Signature) S S Fry.
Physician
(Physician or midwife)

Address Bonners Ferry, Ida.

Filed Aug 15 1915. S S Fry.
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 9 1964

966-115-01-713

PLACE OF BIRTH

Form V. S. No. 11-C-25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boundary

City of Bonners Ferry Registration District No. 79 File No. 35169

No. ____ St.

Primary Registration District No. 2156. Registered No. ____

Hospital ____

FULL NAME OF CHILD Earl Joseph Rookey.

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	—	—	yes.	Aug. 15 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Daniel Rookey	Mary Galvin
RESIDENCE	Bonners Ferry, Ida.	Bonners Ferry, Ida.
COLOR / AGE AT LAST BIRTHDAY (Years)	White / 26	White / 24
BIRTHPLACE	Canada.	Wis.
OCCUPATION	Laborer.	Housewife.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11.40 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E E Fry M.D.
Physician
(Physician or midwife)

Address Bonners Ferry, Ida.

Given names added from a supplemental report.

..... 19.....

Filed Aug. 16 19 15 E E Fry.
Registrar

..... Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 3 1942

APR 18 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Boundary

City of Bonners Ferry

Registration District No. 79

File No. 35[illegible]

No. ..... St.

Primary Registration District No. 2156

Registered No. .....

Hospital .....

FULL NAME OF CHILD Lefebre

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Aug (Month) 2 (Day) [illegible]

FATHER		MOTHER	
FULL NAME	J. Lefebre	FULL MAIDEN NAME	Adeline Riel
RESIDENCE	Bonners Ferry	RESIDENCE	Bonners Ferry
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Canada	BIRTHPLACE	Michigan
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 11

Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7:[illegible] on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. T. Faucett

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Bonners Ferry, Ida

Filed Aug. 4 - 1915

E. E. [illegible]
Registrar

Registrar

S-Y CO. 20175

d 74.102.011.493

PLACE OF BIRTH

Form V. S. No. 11—10m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35171

County of Boundary

City of Bonners Ferry Registration District No. 79 File No.

No. St. Primary Registration District No. 215-6. Registered No.

Hospital

FULL NAME OF CHILD Merl Donald Spurling

Sex of Child	Twin, Triplet or other? — and Number in order of birth — (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) Aug. (Day) 2 (Year) 1915
Male		Yes.	

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Edwin B. Spurling	Florence Miller.
RESIDENCE	Bonners Ferry	Bonners Ferry
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	28	29
BIRTHPLACE	S. Dakota	Minn.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2. Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E E Fry

Physician (Physician or midwife)

Address Bonners Ferry, Ida.

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed Aug. 2 1915 E E Fry
Registrar

S-Y CO. 20178

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

12/10/40 L. B.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

571-207-2011-453

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35172

County of Boundary

City of Bonners Ferry Registration District No. 79 File No.

No. St.

Primary Registration District No. 216. Registered No.

Hospital

FULL NAME OF CHILD Barbara Rae Egan

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	Yes.	Aug. 7 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	James Egan	Alice DeMeharty
RESIDENCE	Bonners Ferry	Bonners Ferry
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	48	38
BIRTHPLACE	Ireland.	Minn.
OCCUPATION	Cook.	Housewife

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 P. M. on the date above stated.

(Signature) E E Fry,
Physician
(Physician or midwife)

Address Bonners Ferry, Ida.

Filed Aug. 11 19 15. E E Fry
Registrar

*When there was no attending physician or midwife, then the father, householder, etc, should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

S-Y-CO 38071

APR 15 1942

FEB 20 1970

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Boundary

City of Eastport, Idaho. Registration District No. File No. 35173

No. ----, -------- St. Primary Registration District No. Registered No.

Hospital

FULL NAME OF CHILD James William Gowen

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	August 20, 1915

FATHER	MOTHER
FULL NAME: Bela Elmer Gowen	FULL MAIDEN NAME: Bessie Mildred Cook
RESIDENCE: Eastport, Idaho.	RESIDENCE: Eastport, Idaho.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 31 (Years)	AGE AT LAST BIRTHDAY: 33 (Years)
BIRTHPLACE: N.S., Canada. Center, Cape Sable Island,	BIRTHPLACE: McMinnville, Oregon.
OCCUPATION: U.S.Immigrant Inspector	OCCUPATION: Housewife.

Number of child of this mother, including present birth: Two

Number of children, of this mother, now living, including present birth: Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated., at 3.45 A.M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. S. Flannery

Attending Physician

(Physician or Midwife)

Address Eastport, Idaho.

Given names added from a supplemental report

....., 19.....

Registrar

Filed Aug. 24 1915

Registrar

S-Y CO., 16670

458-111-011-31 K

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boundary

City of Copeland

Registration District No. 79 File No. 35174

No. ..... St.

Primary Registration District No. 2156. Registered No. .....

Hospital .....

FULL NAME OF CHILD John Harold Dehlbom

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	—		—	yes.	Aug. 11 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Julius Dehlbom	FULL MAIDEN NAME	Grace Lamberton
RESIDENCE	Copeland, Ida.	RESIDENCE	Copeland, Ida.
COLOR	White AGE AT LAST BIRTHDAY 20. (Years)	COLOR	White AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE	Minn.	BIRTHPLACE	Wis.
OCCUPATION	Laborer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Ralph Kerr

Neighbor (~~Physician or midwife~~)

Given names added from a supplemental report.

..... 19.....

Address Copeland, Ida.

Filed Nov. 10 1915 S S Fry

Registrar Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

FEB 9 1942

745·126·011 - 445

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 35175

County of Boundary

City of Bonner Ferry Registration District No. 79

No. ____ St.

Primary Registration District No. 2156

Registered No. ____

Hospital ____

FULL NAME OF CHILD Albert Wm Gumaer.

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	— (To be answered only in event of plural births)	—	yes.	Nov. 26 1915

FATHER		MOTHER	
FULL NAME	Fred. W. Gumaer.	FULL MAIDEN NAME	Cora Drume -
RESIDENCE	Naples. Ida -	RESIDENCE	Naples, Ida.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	38 -	COLOR	White	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Wis.	BIRTHPLACE	Wash.
OCCUPATION	Forest Ranger.	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11.55 A. M. on the date above stated.

(Signature) E. E. Fry

Physician. (Physician or midwife)

Address Bonners Ferry, Ida -

Filed Nov. 27 19 15 E. E. Fry Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

5-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 30 1942

DUP001915-38098

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

475-215-011-338

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boundary

City of Bonners Ferry Registration District No. 79 File No. 35176

No. ____ St.

Primary Registration District No. 2186. Registered No. ____

Hospital ____

FULL NAME OF CHILD Kathleen Marie McNichols.

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	— (To be answered only in event of plural births)	—	yes	Nov. 15 1915

FATHER	MOTHER
FULL NAME: Michael J. McNichols.	FULL MAIDEN NAME: Katherine Clyne.
RESIDENCE: Bonners Ferry.	RESIDENCE: Bonners Ferry
COLOR: White	AGE AT LAST BIRTHDAY (Years): 35.
COLOR: White	AGE AT LAST BIRTHDAY (Years): 29
BIRTHPLACE: Wis.	BIRTHPLACE: N. Dak.
OCCUPATION: Filer in Sawmill.	OCCUPATION: Housewife.

Number of child of this mother, including present birth 2. Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6.15 A. M. on the date above stated.

(Signature) E E Fry

Physician (Physician or midwife)

Address Bonners Ferry, Ida

Filed Nov. 15 1915 E E Fry Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

455-113-011-396

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boundary

City of Bonners Ferry

Registration District No. 79

File No. 35177

No. _____ St.

Primary Registration District No. 2156.

Registered No. _____

Hospital _____

FULL NAME OF CHILD James Ray Meeker

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	Twin	1	yes.	Nov. 13 - 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Jesse R. Meeker.	FULL MAIDEN NAME	Margaret Trolan
RESIDENCE	Bonners Ferry	RESIDENCE	Bonners Ferry
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Wis.	BIRTHPLACE	Penn.
OCCUPATION	Blacksmith -	OCCUPATION	Housewife.

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4.05 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Fry

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Bonners Ferry, Ida -

Filed Nov. 14 1915

E. E. Fry, Registrar

S-Y-CO 38071

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 1 5 1968

455-113-011-396

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OE VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boundary

City of Bonners Ferry Registration District No. 79 File No. 35178

No. ..... St.

Primary Registration District No. 2156. Registered No. .....

Hospital .....

FULL NAME OF CHILD John Roy Mueller.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	Twin	2	yes	Nov. 13 - 191 5

FATHER		MOTHER	
FULL NAME	Jesse R. Mueller	FULL MAIDEN NAME	Margaret Trolan -
RESIDENCE	Bonners Ferry	RESIDENCE	Bonners Ferry -
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Wis.	BIRTHPLACE	Penn.
OCCUPATION	Blacksmith	OCCUPATION	Housewife.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4.55 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Fry

Physician (Physician or midwife)

Address Bonners Ferry, Ida -

Given names added from a supplemental report.

..... 19.....

Filed Nov. 14 19 15 E. E. Fry

..... Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

MAR 13 1951

762-112-011-345

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 35179
Local Reg. No.
Reg. Dist. No. 79

Amended 9/20/77

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF BIRTH
a. COUNTY: Boundary
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Bonners Ferry
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho b. COUNTY: Boundary
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Bonners Ferry
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Alvyn b. (Middle): C. c. (Last): Poston

4. SEX: Male
5a. THIS BIRTH: SINGLE ____ TWIN ____ TRIPLET ____
5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____
6. DATE OF BIRTH (Month) (Day) (Year): Nov. 12, 1915

FATHER OF CHILD

Time: 10:25 PM

7. FULL NAME
a. (First): James b. (Middle): c. (Last): Poston

8. AGE (At time of this birth): 22 YEARS
9. BIRTHPLACE (State or foreign country) (City or Town): Virg.
10. USUAL OCCUPATION:
11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Agnes b. (Middle): c. (Last): Lund

13. AGE (At time of this birth): 19 YEARS
14. BIRTHPLACE (State or foreign country) (City or Town): Minn.
15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living?
b. How many OTHER children were born alive but are now dead?
c. How many children were stillborn (born dead after 20 wks. pregnancy?)
16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: E. E. Fry
18. ATTENDANT AT BIRTH: M.D. X ____ MIDWIFE ____ OTHER (Specify) ____
19. ADDRESS: Bonners Ferry, Ida.
20. DATE SIGNED:
21. DATE REC'D BY LOCAL REG.: Nov. 13, 1915
22. REGISTRAR'S SIGNATURE: E. E. Fry
23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS
WEIGHT AT BIRTH ____ LBS. ____ OZS.
RACE OR COLOR OF FATHER: White
RACE OR COLOR OF MOTHER: White
Was 1% Silver Nitrate Used to prevent blindness? YES ____ NO ____
METHOD OF DELIVERY:

BIRTH INJURY TO INFANT
____ YES IF YES, DESCRIBE
____ NO

CONGENITAL MALFORMATIONS OF INFANT
____ YES IF YES, DESCRIBE
____ NO

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
AUG 16 7 31 AM '77

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Bonner } ss.

Certificate No. 35179

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Raymond Poston (Name on Original Certificate) who was born (Was Born or Died) on Nov 12, 1915 (Date of Event) in Bonners Ferry, Idaho (Boundary) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Raymond Poston	Alvyn Clinton Poston

Subscribed and sworn to before me this 18th day of July, 1977

Ruth McDurney

Notary Public, residing at Sandpoint

My commission expires 9/1/77

(Seal)

Signed Agnes Poston

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1411 Lake St. Sandpoint, Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO
County of BONNER } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19th day of July, 1977

Bernard F McNovin

Notary Public, residing at Sandpoint

My commission expires 11/15/80

(Seal)

Signed Wayne Gill

(Signature of Any Credible Person)

612 S. Ellen, Sandpoint, Id

(Street Address, City, State)

FORM DH 60-155

CL 5/11/77 ret'd $5 check

Verification of school record from Bonner County School, Sandpont, Idaho gives nameas Alvin Poston age six recorded Oct 12, 1922. father's name as J. T. Poston. in Kootenai, Idaho. viewed by V. S.

Application ~~f~~ to the National Reserve Life Ins. Co. gives name as Alvyn C. Poston. born Nov 12, 1915 dated June 17, 1959. viewed by V. S.

291-210-011-355

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boundary

City of Bonners Ferry

Registration District No. 79

File No. 35180

No. _____ St.

Primary Registration District No. 2156

Registered No. _____

Hospital _____

FULL NAME OF CHILD Ada Lee Branom.

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	yes	Nov. 10 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Wm W. Branom	FULL MAIDEN NAME	Annie Lee
RESIDENCE	Bonners Ferry	RESIDENCE	Bonners Ferry
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Tenn.	BIRTHPLACE	Tex.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 1.30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Fry

Physician
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

_____
Registrar

Address Bonners Ferry, Ida.

Filed Nov. 14 1915 E. E. Fry
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JUN 2 4 19

DECEASED

289-208-011-638

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boundary

City of Bonners Ferry

Registration District No. 79

File No. 35181

No. _____ St.

Primary Registration District No. 2156

Registered No. _____

Hospital _____

FULL NAME OF CHILD Mabel Marie Shively

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	yes.	Nov. 8 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Henry L. Shively	FULL MAIDEN NAME	Agnes Flynn
RESIDENCE	Bonners Ferry	RESIDENCE	Bonners Ferry
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	57	AGE AT LAST BIRTHDAY (Years)	45
BIRTHPLACE	Ill.	BIRTHPLACE	Minn.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8.15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Fry.

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address Bonners Ferry, Ida.

Filed Nov. 11 1915 E. E. Fry. Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 2 8 1912

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

389-107-011-432

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35182

County of Boundary

City of Bonners Ferry Registration District No. 79 File No.

No. St. Primary Registration District No. 2186. Registered No.

Hospital

FULL NAME OF CHILD Wm Arthur Childs

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	yes	Nov. 7 1918

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John R. Childs	Marie Mc Sloan
RESIDENCE	Bonners Ferry	Bonners Ferry
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	33	22
BIRTHPLACE	Virg.	Minn.
OCCUPATION	Laborer.	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4.10 A. M. on the date above stated.

(Signature) E E Fry

Physician (Physician or midwife)

Address Bonners Ferry. Ida.

Filed Nov. 13 1918 E E Fry Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

.....19.....

.....
Registrar

S-Y-CO 38071

MAY 14 1942

JUL 2 6 1943

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

414-111-011-218

PLACE OF BIRTH

For a V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boundary

City of Copeland

No. ..... St.

Hospital .....

Registration District No. 79.

File No. 35183

Primary Registration District No. 2156.

Registered No. .....

FULL NAME OF CHILD GEORGE BAYLISS Maul.

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	yes.	Dec. 11 — 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Thos. Maul	FULL MAIDEN NAME	Mary Bayliss.
RESIDENCE	Copeland, Ida.	RESIDENCE	Copeland, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Ohio.	BIRTHPLACE	Wis.
OCCUPATION	Merchant.	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12.45 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Fry.

Physician. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Bonners Ferry, Ida.

Filed Dec. 11 1915

E. E. Fry, Registrar

Registrar

S-Y-CO 38071

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of CALIFORNIA
County of EL DORADO } ss.

Certificate No. 35183

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Maul (Name on Original Certificate) who was born (Was Born or Died) on Dec. 11, 1915 (Date of Event)
in Copeland, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Army Honorable Discharge Affidavit by Arlyn Daly (Bible Record, Insurance Policy, Etc.) prepared on October 31, 1955 (Give Date), are:
viewed Bible record

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Nameo f Child	Unnamed Maul	~~George B. Maul~~ GEORGE BAYLISS MAUL
		Mary E. Maul

Subscribed and sworn to before me this 31st day of Oct. 19 55.
Notary Public, residing at Placerville Calif.
My commission expires Oct. 21, 1956
(Seal)

Signed MOTHER
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
9 Belmore St. Placerville Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of CALIFORNIA
County of EL DORADO } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 31st day of Oct., 19 55.
Notary Public, residing at Placerville Calif.
My commission expires Oct. 21, 1956
(Seal)

Signed
(Signature of Any Credible Person)
Murray St. Placerville, Calif.
(Street Address, City, State)

DPH 52-155

DEC 30 1950

236-110-011-962

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35184

County of Boundary

City of Bonners Ferry Registration District No. 79 File No.

No. St. Primary Registration District No. 151 Registered No.

Hospital

FULL NAME OF CHILD Robt. R. Storne -

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	yes.	Dec. 10- 191 5-

FATHER		MOTHER	
FULL NAME	Harry B. Storne	FULL MAIDEN NAME	Ruth L. Rosen -
RESIDENCE	Bonners Ferry.	RESIDENCE	Bonners Ferry.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Neb.	BIRTHPLACE	Neb.
OCCUPATION	Bank Clerk -	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4.05 A. M. on the date above stated.

(Signature) E E Fry

Physician

(Physician or midwife)

Address Bonners Ferry Ida -

Filed Dec. 12 19 15- E E Fry

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....

Registrar

5-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

6-17-41. G. J.

168-209-011-264

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boundary

City of Bonners Ferry Registration District No. 39 File No. 35185

No. ____ St.

Primary Registration District No. 2156 Registered No. ____

Hospital ____

FULL NAME OF CHILD INA PAULINA Johnson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	Yes	Dec. 9 1915

FATHER

FULL NAME Axel Johnson

RESIDENCE Bonners Ferry

COLOR White AGE AT LAST BIRTHDAY 38 (Years)

BIRTHPLACE Sweden

OCCUPATION Laborer

MOTHER

FULL MAIDEN NAME Lena Soderlund.

RESIDENCE Bonners Ferry.

COLOR White AGE AT LAST BIRTHDAY 34 (Years)

BIRTHPLACE Sweden

OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9.35 P. M. on the date above stated.

(Signature) E E Fry.

Physician (Physician or midwife)

Address Bonners Ferry, Ida.

Filed Dec. 11 1915 E E Fry. Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of OREGON } ss. FEE
County of KLAMATH }

Certificate No. 35185

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Unnamed Johnson (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Dec. 9, 1915 (DATE OF EVENT)
in Bonners Ferry, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Bible Record, Ins. Policy (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Dec. 9, 1915 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Un amed Johnson	Ina Paulina Johnson

Subscribed and sworn to before me this 10 day of February, 19 42.

J. W. Merritt
Notary Public, residing at Klamath Falls
My commission expires 2-13-1942
(SEAL)

Signed mrs axel Johnson
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OF OTHER CREDIBLE PERSON.)
424 Pacific Terrace, Klamath Falls, Ore.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of OREGON } ss.
County of KLAMATH }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10 day of February, 19 42.

J. W. Merritt
Notary Public, residing at Klamath Falls
My commission expires 2-13-1942
(SEAL)

Signed
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
(STREET ADDRESS, CITY, STATE)

Received for filing on FEB 11 By
(REGISTRAR'S SIGNATURE)

FEB 1 3 94

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

813.101-011-294

PLACE OF BIRTH

County of Boundary

City of Bonners Ferry

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 79 File No. 35186

Primary Registration District No. 7186. Registered No. .....

FULL NAME OF CHILD Lewis Lee Hatchett

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Dec 1 1915

FATHER		MOTHER	
FULL NAME	Rufus A. Hatchett	FULL MAIDEN NAME	Petressa Simmons
RESIDENCE	Moravia	RESIDENCE	Moravia
COLOR	White	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Texas	COLOR	White
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	26
		BIRTHPLACE	Illinois
		OCCUPATION	Housewife

Number of child of this mother, including present birth First

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Living alive (Born alive or stillborn) at 8.45 P. M. on the date above stated.

(Signature) L. T. Faucett M.D.

(Physician or midwife)

Address Bonners Ferry Ida

Filed Dec. 2 19 15 J. E. Fry Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

MAY 22 1963

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

235.204.011-256

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35187

County of Boundary

City of Bonners Ferry Registration District No. 79 File No.

No. St.

Primary Registration District No. 3156 Registered No.

Hospital

FULL NAME OF CHILD Laurel Jean ~~Stuart~~ Stewart

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Female	— (To be answered only in case of plural births)	and —	yes.	Dec. 4 (Month) (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	John W. ~~Stuart~~ Stewart	FULL MAIDEN NAME	Effie L. Snow.
RESIDENCE	Bonners Ferry.	RESIDENCE	Bonners Ferry.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Canada.	BIRTHPLACE	Ark.
OCCUPATION	Logging Supt.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8.05 P. M. on the date above stated.

(Signature) E. E. Fry.

Physician (Physician or midwife)

Address Bonners Ferry, Ida.

Filed Dec. 5 19 15 E. E. Fry Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

433-10-011-219

PLACE OF BIRTH

County of Boundary

City of Bonners Ferry

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

Registration District No. 39 File No. 35188

Primary Registration District No. 3156. Registered No. _____

FULL NAME OF CHILD Robert Sargent McCoy

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	Yes	July 10 (Month) (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Harold James McCoy	FULL MAIDEN NAME	Margaret Sargent.
RESIDENCE	Bonners Ferry	RESIDENCE	Bonners Ferry
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Maine.	BIRTHPLACE	New Hampshire
OCCUPATION	Asst. Mgr. Lumber Co.	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 A. M. on the date above stated.

(Signature) E. E. Fry
Physician
(Physician or midwife)

Address Bonners Ferry, Ida.

Filed July 12 19 15

E. E. Fry
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

5-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 1 1942

513-215-011-613

PLACE OF BIRTH

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of ~~Bonner~~ Boundary

City of Bonners Ferry

Registration District No. 79

File No. 35189

No. ..... St.

Primary Registration District No. 2156.

Registered No. .....

Hospital .....

FULL NAME OF CHILD Shirley Eaton.

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—	—	—	yes	July 15 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Wm Orson Eaton	FULL MAIDEN NAME	Mary Watrous
RESIDENCE	Bonners Ferry, Ida.	RESIDENCE	Bonners Ferry, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32. (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Ohio
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Fry

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Bonners Ferry, Ida.

Filed July 17 1915. E. E. Fry Registrar

Registrar

8-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 2 1942

466-117-011-433

Form V. S. No. 11—10m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boundary

City of Bonners Ferry

Registration District No. 79 File No. 35190

No. ..... St.

Primary Registration District No. 2156 Registered No. .....

Hospital .....

FULL NAME OF CHILD Orval Stillman Downing

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	July 17 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Roy Downing	FULL MAIDEN NAME	Bessie McClellan
RESIDENCE	Bonners Ferry Ida	RESIDENCE	Bonners Ferry Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Canada	BIRTHPLACE	New Hampshire
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. T. Faucettin D.
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Bonners Ferry, Ida

Filed July 18 1915 E. E. Frey
Registrar

Registrar

R-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 2 9 1943

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

c/167-108:011-795

PLACE OF BIRTH

Form V. S. No. 11—10m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boundary

City of Bonners Ferry Registration District No. 71 File No. 35191

No. ..... St.

Primary Registration District No. 2156 Registered No. .....

Hospital .....

FULL NAME OF CHILD Richard Douglas. (died)

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	—	—	yes	Sept. 8 1915.

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Louis Douglas.	FULL MAIDEN NAME	Evelyn Greening.
RESIDENCE	Bonners Ferry, Ida,	RESIDENCE	Bonners Ferry, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Scotland.	BIRTHPLACE	Canada.
OCCUPATION	Restaurant waiter.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated. at 3 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. E. Fry, Physician

(Physician or midwife)

Address Bonners Ferry, Ida.

Given names added from a supplemental report

..... 19.....

Filed Sept. 9 1915. S. E. Fry, Registrar

..... Registrar

8-Y CO. 20175

693-122-011.128

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35193

County of Boundary

City of Bonners Ferry Registration District No. 79 File No.

No. St. Primary Registration District No. 2156 Registered No.

Hospital

FULL NAME OF CHILD Thomas Asher Fitzpatrick

Sex of Child	Twin / Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	—	—	Yes.	Sept. 22 (Month) (Day) 191 5 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Mike Fitzpatrick.	FULL MAIDEN NAME	Agnes Asher.
RESIDENCE	Bonners Ferry	RESIDENCE	Bonners Ferry
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Ireland	BIRTHPLACE	Iowa.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9:50 P. M. on the date above stated.

(Signature) E E Fry.

Physician (Physician or midwife)

Address Bonners Ferry, Ida.

Filed Sept. 25 19 15. E E Fry. Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

493.118.011-132

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boundary

City of Bonners Ferry Registration District No. 79 File No. 35194

No. ____ St. Primary Registration District No. 2156 Registered No. ____

Hospital ____

FULL NAME OF CHILD Marion Peter Miller

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	—	—	yes	Sept. 18 1915

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Mike Miller	FULL MAIDEN NAME	Emma Atkins
RESIDENCE	Bonners Ferry	RESIDENCE	Bonners Ferry
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Austria	BIRTHPLACE	Iowa
OCCUPATION	Barber	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2:30 A. M. on the date above stated.

(Signature) E. E. Fry

Physician (Physician or midwife)

Address Bonners Ferry, Ida.

Filed Sept 19 1915 E. E. Fry, Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

....., 19.....

..... Registrar

5-Y-CO 38071

FEB 9 1959

315-209-0114 -419

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35195

County of Boundary

City of Bonners Ferry Registration District No. 21 File No.

No. St. Primary Registration District No. 2156 Registered No.

Hospital

FULL NAME OF CHILD Mary Margaret Cane.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	yes.	Sept. 9 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Dell Cane	Mary Martin
RESIDENCE	Bonners Ferry, Ida.	Bonners Ferry, Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	37	30.
BIRTHPLACE	Ky.	Maine.
OCCUPATION	Barber.	Housewife -

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E E Fry

Physician (Physician or midwife)

Address Bonners Ferry, Ida.

Given names added from a supplemental report.

..... 19.....

.....

Registrar

Filed Sept. 13 1915 E E Fry

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 23 1943

DEC 2 1952

ited States
partment of Commerce
reau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 3519
Local Reg. No.
Reg. Dist. No.

PLACE OF BIRTH (All items at time of this birth)
(a) County Boundary (b) City Bonners Ferry
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
at parents home
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 15 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth
(a) State Idaho (b) County Boundary
(c) City Bonners Ferry
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 15 yrs
3. RESIDENCE OF FATHER (city, state)

FULL NAME OF CHILD Mary Margaret Cane

5. Date of Birth of Child (Month, day, year) Sept. 9, 1915

Sex female | 7. Twin or Triplet | If so—born 1st, 2nd, 3rd | 8. No. months of Pregnancy 9 | 9. Legitimate? yes

FATHER OF CHILD

FULL NAME Dell Cane
Color or Race white
12. Age at time of THIS birth 37 yrs.
Birthplace Kentucky (City or town) (State or foreign country)
Exact Occupation barber
Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Josephine Martin
17. Color or Race white
18. Age at time of THIS birth 30 yrs
19. Birthplace Shieldsville, Minn. (City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

Name prophylactic used to prevent Ophthalmia Neonatorum Silver nitrate
Number of children of this mother: (a) At time of birth and including this child five (b) Born alive and now livin 4

ATTENDANT'S CERTIFICATE

I HEREBY CERTIFY That I attended the birth of this child, who was born aline (Born alive, stillborn) M. on the dat and at the place stated above, and that personal particulars were furnished by Mary Martin Cane (First name) (Last name), who i related to this child as mother (Mother, etc.)

Attendant's **OWN** signature | M.D. Midwife | Address | Date

ate of Washington
unty of Snohomish } ss.

AFFIDAVIT to be completed when the attendant does not sig in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appear Item 4, above, that I am now 58 years of age, that I have known this person for 27 years, and tha Dr. E. E. Fry (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state tha e facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded unde apter 139, 1937 Session Laws.

Mary J. Cane Signatur

315 Ave. E., Snohomish, Wn. P. O. Addres

Subscribed and sworn to before me this 7th day of December, 19 42

(SEAL) Dorothy Hall Notary Public, residing at Snohomish

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

eceived for filing on by, Registra

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

415-214-011-969

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35196

County of Boundary

City of McArthur.

No. ..... St.

Hospital .....

Registration District No. 79 File No. .....

Primary Registration District No. 5156. Registered No. .....

FULL NAME OF CHILD Winnifred Leota Davis

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	yes.	Sept. 14 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Wright Davis	FULL MAIDEN NAME	Eva Jones
RESIDENCE	McArthur, Ida.	RESIDENCE	McArthur, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Wis.	BIRTHPLACE	Mo.
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12.30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E E Fry,

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Bonners Ferry, Ida.

Filed Sept. 14 1915. E E Fry.

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 28 1944

JUL 10 1948

819-216-011-313

PLACE OF BIRTH

County of Boundary

City of Bonners Ferry

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—10m-2-15-12

CERTIFICATE OF BIRTH

Registration District No. 79 File No. 35197

Primary Registration District No. 2156. Registered No. .....

FULL NAME OF CHILD Barbara Fernie Harsch.

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Female	—	—	Yes	Sept. 16 (Month) (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME: Benjamin H. Harsch	FULL MAIDEN NAME: Jennie Lachapelle
RESIDENCE: Bonners Ferry, Ida.	RESIDENCE: Bonners Ferry, Ida.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 36 (Years)	AGE AT LAST BIRTHDAY: 27 (Years)
BIRTHPLACE: Wis.	BIRTHPLACE: Minn.
OCCUPATION: Laborer.	OCCUPATION: Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Fry

(Physician or midwife)

Address Bonners Ferry, Ida.

Given names added from a supplemental report

..... 19.....

Filed 9/16/1915 E. E. Fry

Registrar

R-Y CO. 20178

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DECEASED

997-111-0 11-485

PLACE OF BIRTH

County of Boundary

City of Copeland

No. ____ St.

Hospital ____

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 99 File No. 35198

Primary Registration District No. 515-6, Registered No. ____

FULL NAME OF CHILD Herman Wilford Ripatti

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
male	—	—	yes.	May 11 (Month) (Day) 191 5 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Mat Ripatti	FULL MAIDEN NAME	Maria Myntenen
RESIDENCE	Copeland, Ida.	RESIDENCE	Copeland, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Finland	BIRTHPLACE	Finland
OCCUPATION	Farmer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 A. M. on the date above stated.

(Signature) Mrs. Ralph Kerr.
neighbor.
(Physician or Midwife)

Address Copeland, Ida.

Filed Nov. 10 1915 E E Eng.
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

....., 19.....

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP

SEP 18 1944

617-227-009-263

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Bonners Ferry

Registration District No. 79

File No. 35199

No. ..... St.

Primary Registration District No. 2156

Registered No. .....

Hospital .....

FULL NAME OF CHILD Edna Pearl Wagner

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	yes	June 27 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Wm M. Wagner.	FULL MAIDEN NAME	Emma Bolander.
RESIDENCE	Addie, Idaho.	RESIDENCE	Addie, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Alabama.	BIRTHPLACE	Idaho.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10 A. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Fry.

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Bonners Ferry, Ida.

Filed July 1 1915

E. E. Fry
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 19 1942

JAN 20 1948

06-011-415

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35200

Boundary.

City of Bonners Ferry

No. ..... St.

Hospital .....

Registration District No. 79

Primary Registration District No. 2156

File No. .....

Registered No. .....

FULL NAME OF CHILD Francis Henry Carr.

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	yes.	July 6 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Archibald Carr.	FULL MAIDEN NAME	Grace Maness
RESIDENCE	Bonners Ferry, Ida.	RESIDENCE	Bonners Ferry, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	22.
BIRTHPLACE	New York	BIRTHPLACE	Minn.
OCCUPATION	Laborer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8 A. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E E Fry

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19...

Address Bonners Ferry, Ida.

Filed July 8 1915

E E Fry
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 27 1962

762-11 Cont-235

Form V, S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Boundary

City of Bonners Ferry

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... File No. 35201

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Charles Howard Poston

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	Yes	July (Month) 12 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	William T. Poston	FULL MAIDEN NAME	Anna Stenerson
RESIDENCE	Bonners Ferry Ida	RESIDENCE	Bonners Ferry Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Virginia	BIRTHPLACE	Wisconsin
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

..... Registrar

(Signature) S. T. Faucett M. D.
(Physician or midwife)

Address Bonners Ferry Ida

Filed Aug 4 1915 E. B. Frey Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

7-10-41

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

249-215-011-799

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35202

County of Boundary

City of Bonners Ferry / Registration District No. 79 File No.

No. St. Primary Registration District No. 7156 Registered No.

Hospital

FULL NAME OF CHILD Marion Lucile Smith.

Sex of Child	Twin / Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—		—	Yes.	Oct. 15 1915

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Lee W. Smith	Jennie Price.
RESIDENCE	Libby, Mont.	Libby, Mont.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	25	19
BIRTHPLACE	Wis.	Mich.
OCCUPATION	Laborer.	Housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1.55 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E E Fry

Physician (Physician or midwife)

Address Bonners Ferry, Ida.

Given names added from a supplemental report.

..... 19.....

Filed Oct. 18 1915 E E Fry

Registrar

5-Y-CO 38071

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 2 2 1969

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

6(3.2)14. 011-613

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boundary

City of Bonners Ferry

No. ____ St.

Registration District No. 79 File No. 35203

Primary Registration District No. 7186 Registered No. ____

Hospital ____

FULL NAME OF CHILD Agda Sophia Walden.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	Yes	Oct. 14 1915

	FATHER	MOTHER
FULL NAME	John A. Walden	Agda Wallin
RESIDENCE	Bonners Ferry	Bonners Ferry
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	40	31
BIRTHPLACE	Sweden	Sweden
OCCUPATION	Merchant Tailor	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 A. M. on the date above stated.

(Signature) S E Fry,

Physician
(Physician or midwife)

Address Bonners Ferry, Ida.

Filed Oct. 17 19 15 S E Fry.
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S Y-CO 38071

OCT 19 1943

APR 8 1966

JUL 6 - 1967

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

499-113-011-796

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boundary

City of Bonners Ferry Registration District No. 79 File No. 35204

No. ____ St. Primary Registration District No. 21st Registered No. ____

Hospital ____

FULL NAME OF CHILD Harold Albert Mirabelli

Sex of Child	Twin / Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	Yes.	Oct. 13 1915

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Mike Mirabelli	FULL MAIDEN NAME	Rosina Grossi
RESIDENCE	Bonners Ferry	RESIDENCE	Bonners Ferry
COLOR	White	COLOR	W.
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Italy	BIRTHPLACE	Italy
OCCUPATION	Laborer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3.25 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E E Fry

Physician

(Physician or midwife)

Address Bonners Ferry, Ida.

Given names added from a supplemental report.

....., 19.....

.....
Registrar

Filed Oct. 16 1915

E E Fry
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

385-212-011-294

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35205

County of Boundary

City of Bonners Ferry Registration District No. 79 File No.

No. St. Primary Registration District No. 218-6 Registered No.

Hospital

FULL NAME OF CHILD Dorothy Mae Cluney

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	— and —		Yes	Oct. 12 - 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Richard J. Cluney	Henriette Bruce
RESIDENCE	Bonners Ferry	Bonners Ferry
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	37	36
BIRTHPLACE	New York	New York
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9.45 A. M. on the date above stated.

(Signature) E E Fry

Physician (Physician or midwife)

Address Bonners Ferry, Ida.

Filed Oct. 13 1915 E E Fry Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

6-18-41 W. J.

PLACE OF BIRTH AMENDED 9/18/50

955-207-011-312

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boundary

City of Bonners Ferry

No. ..... St.

Hospital .....

Registration District No. 79 File No. 35206

Primary Registration District No. 2156 Registered No. .....

FULL NAME OF CHILD Catherine Alexana Reedy
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Oct. 7, 1915

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Francis Reedy	FULL MAIDEN NAME	Amelia LaBrosse
RESIDENCE	Bonners Ferry	RESIDENCE	Bonners Ferry
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	17
BIRTHPLACE	Minn.	BIRTHPLACE	Mich.
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7:50 PM M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. C. Fry

Physician
(Physician or midwife)

Address Bonners Ferry, Idaho

Filed 10/11/15 E. C. Fry
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1 copy paid: Mail to: Francis Fry
2109 E. Grand
Everett, Wn.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Washington } ss.
County of Snohomish

Certificate No. 35206

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Margaret Reedy (Name on Original Certificate) who was born (Was Born or Died) on Oct 7, 1915 (Date of Event)
in Bonners Ferry, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name of Child	Margaret Reedy	Catherine Alexana Reedy
Last Name of Mother	Labrosse	LaBrosse

Subscribed and sworn to before me this 14th day of September, 1950.
Notary Public, residing at Everett, Wn
My commission expires Feb 15, 1951
(Seal)

Signed Francis Fry
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
2104 E. Grand, Everett Washington
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Snohomish

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14th day of September, 1950.
Notary Public, residing at Everett, Wash.
My commission expires Feb 29, 1951
(Seal)

Signed Frances T. Romo
(Signature of Any Credible Person)
2223 Harvard Everett, Wash.
(Street Address, City, State)

239-806 011-312

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boundary

City of Bonners Ferry

No. ..... St.

Registration District No. 79

File No. 35207

Primary Registration District No. 3186.

Registered No. .....

Hospital .....

FULL NAME OF CHILD Edythe Lucille Bliss.

Sex of Child	Twin / Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	—	—	yes.	Oct. 6 (Month) (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Harry W. Bliss	FULL MAIDEN NAME	Laura Cook
RESIDENCE	Bonners Ferry,	RESIDENCE	Bonners Ferry
COLOR	White	AGE AT LAST BIRTHDAY (Years)	29
COLOR	white	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Wis	BIRTHPLACE	Mich.
OCCUPATION	Painter	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8.25 A. M. on the date above stated.

(Signature) E E Fry

Physician (Physician or midwife)

Address Bonners Ferry, Ida.

Filed Oct. 7 1915 E E Fry Registrar

* When there was no attending physician or midwife, then the father, householder, etc, should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JAN 1 6 1969

APR 4 1944

235-225-001-614

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]ACE OF BIRTH

Ada

City of ~~Boise~~

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35208

Registration District No. 8 File No. .....

Primary Registration District No. 2004 Registered No. 80

FULL NAME OF CHILD Grace Charlotte Stewart

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F	—		—	Yes	10 (Month) 25 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Jno L. Stewart	FULL MAIDEN NAME	Aurella Frandsen
RESIDENCE	RD 2 Boise	RESIDENCE	Boise RD 2
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY	49 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2:10 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. Allen Callaway

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Boise Idaho

Filed Nov 1st 1916 M. S. Parker

Registrar

Registrar

8-Y CO. 24695

Dep of 1915 - 150784

284-226-001-314

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Ada

City of Whyle Station

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35209

Registration District No. 8 File No. .....

Primary Registration District No. 2004 Registered No. 81

FULL NAME OF CHILD Mary Elsie Shank,

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		Yes	July 26 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Benj Shank	FULL MAIDEN NAME	Edith Tamb
RESIDENCE	Riverside Station	RESIDENCE	Riverside Station
COLOR	White	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Oregon
OCCUPATION	Carpenter	OCCUPATION	H.W.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 12 20 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W S Lutes

(Physician or midwife)

Given names added from a supplemental report.

..... 19 ..... Address .....

..... Registrar Filed Nov 10 1915 M.S. Parker Registrar

OV

S-Y CO. 24658

STATE
BUREAU OF V

APR 4 1955

317-222-001-236

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Ada

City of Boise

No 2824 Ada St

Hospital

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 8 File No. 35210

Primary Registration District No. 2004 Registered No. 82

FULL NAME OF CHILD Dorothy Leona Cagle

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
	#	Yes	Aug 22 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Chas Cagle	FULL MAIDEN NAME	Myrtle Stoddard
RESIDENCE	Boise	RESIDENCE	Boise
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Missouri	BIRTHPLACE	Arizona
OCCUPATION	Gardner	OCCUPATION	Hw

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 9 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W S Fitzgerald
(Physician or midwife)

Given names added from a supplemental report.

19

Address Boise

Registrar

Filed Nov 11 1915 M.S. Parker
Registrar

S-Y CO. 24655

N Stoddard

Dup 02(915-35077)

219.206-021.25

PLACE OF BIRTH

Form V. S. No. 11-C—20m-9-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35211

County of Ada

City of

Registration District No. 8 File No.

No. Valley road east of Soldiers H.

Primary Registration District No. 2004 Registered No. 83

Hospital EYTHOL MYRTIE BARR

FULL NAME OF CHILD Ethel Myrtle Barr

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	One	third	yes	Nov 6 1915

FATHER

FULL NAME Albert J. Barr

RESIDENCE Valley road east of Soldiers Home

COLOR White AGE AT LAST BIRTHDAY 35 (Years)

BIRTHPLACE Iowa

OCCUPATION Street Car Conductor

MOTHER

FULL MAIDEN NAME Ella Stewart

RESIDENCE Valley road east of Soldiers H.

COLOR White AGE AT LAST BIRTHDAY 34 (Years)

BIRTHPLACE Nebraska

OCCUPATION Housewife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) Nov 6 1915, at 6.30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Thomas N. Braxton

(Physician or midwife)

Given names added from a supplemental report

Address 509 Empire Bldg. Boise

19

Filed Nov 12 1915 H.S. Parker

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Ventura }

Certificate No. 35211

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for Ethyl Mertie Barr (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on May 6, 1915 (DATE OF EVENT)
in Boise Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by bible record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Dec. 1, 1915 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Ethyl Mertie	Eythol Myrtie Barr

Subscribed and sworn to before me this 18th day of December, 19 45

E. R. Johnson

Notary Public, residing at Ventura, Calif.

My commission expires Nov 22-1945

(SEAL)

Signed X Albert J Barr - FATHER
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD: OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD: OR OTHER CREDIBLE PERSON.)

175 Arcade Dr. - Ventura, Calif.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(SEAL)

Signed
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on By
(REGISTRAR'S SIGNATURE)

JAN 18 1943

15-4.114.001-393

PLACE OF BIRTH

Form V. S. No. 11-C—25m

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. Bench - Garden Ave.

Hospital —

Registration District No. 8

Primary Registration District No. 2004

File No. 35212

Registered No. 84

FULL NAME OF CHILD Robert John Andregg

Sex of Child male

Twin Triplet or other? — and Number in order of birth —
(To be answered only in event of plural births)

Legitimate? yes

Date of Birth Nov. (Month) 14 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Robert M. Andregg	FULL MAIDEN NAME	Eva T. Lilliard
RESIDENCE	Bench - Garden Ave.	RESIDENCE	Bench - Garden Ave.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Miner	OCCUPATION	housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8:50 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. N. Lickey

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address 315 Overland Bldg.

Filed Nov 15th 19 15 M.S. Parker
Registrar

Registrar

8-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

469.230.001-813

PLACE OF BIRTH

[redacted]

V. S. No. 11-C—25m-1-1-13

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 8 File No. 35213

No. ..... St.

Primary Registration District No. 2004 Registered No. 85

Hospital St Alphonsus

FULL NAME OF CHILD Lee C. Morehead

Sex of Child M. Twin Triplet or other? ..... and Number in order of birth ..... (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth 10 (Month) 30 (Day) 1915 (Year)

FATHER	MOTHER
FULL NAME Lee C Morehead.	FULL MAIDEN NAME Dorothy Yates.
RESIDENCE Valley Road	RESIDENCE Valley Road
COLOR W. AGE AT LAST BIRTHDAY 25 (Years)	COLOR W. AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Calif.	BIRTHPLACE Illinois
OCCUPATION Mead.	OCCUPATION Housewife.

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 8:30 A.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred A Fellenger

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Falk Bldg.

Filed Nov 5 1915 M.S. Parker

Registrar

..... Registrar

S-Y CO. 24685

66A-114-001-66B

PLACE OF BIRTH

U. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35214

County of Ada

City of Boise

No. Ivy Wald St.

Hospital

Registration District No. 8

Primary Registration District No. 2004

File No.

Registered No. 86

FULL NAME OF CHILD Infant Woodall

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	S	8	yes	Nov 14 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wm Woodall	Lilly M Wolf Woodall
RESIDENCE	Ivy Wald	Ivy Wald
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	36	36
BIRTHPLACE	England	Haydenville Ohio
OCCUPATION	Teamster	House wife

Number of child of this mother, including present birth 8

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2 9 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O H Parker

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed Nov 17th 15 M.S. Parker Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

WOO DALL

DUP OF 1915 - 146905

212-103-00-336

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35215

County of Ada

City of Boise

No. Hill Crest Loop St.

Hospital

Registration District No. 8

File No.

Primary Registration District No. 2004

Registered No. 87

FULL NAME OF CHILD Robert Everyl Sabin

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	—	—	—	yes	11 (Month) 5 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Ray M. Sabin	FULL MAIDEN NAME	Mabyl L. Clapton
RESIDENCE	Boise	RESIDENCE	Boise
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Michigan	BIRTHPLACE	Nebraska
OCCUPATION	Conductor	OCCUPATION	Hw

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M Allen Calloway

Physician
(Physician or midwife)

Given names added from a supplemental report.

- 19

Address Boise Idaho

Registrar

Filed Nov 8 1915 M.S. Parker
Registrar

S-Y CO. 24685

DUP02.1915-150764

614-2161.001-413

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Green Meadow Rch.

Registration District No. 8 File No. 35216

No. St.

Primary Registration District No. 2004 Registered No. 88

Hospital

FULL NAME OF CHILD Fay Faulkner

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Nov. 16, 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Granville W. Faulkner	FULL MAIDEN NAME	Anna MacPhee
RESIDENCE	Green Meadow Rch, Ada Co.	RESIDENCE	Ada County
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Wyoming
OCCUPATION	Rancher	OCCUPATION	Hwk.

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1:30 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Address

Registrar

Filed Nov 18 1915 M.S. Parker
Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

JAN 16 1963

APR 10 1975

MAKING UNAUTHORIZED ALTERATIONS IN A CERTIFICATE OR RECORD

244-115-001-967

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of ~~Boise~~

~~No.~~ Valley Road St.

Hospital

Registration District No. 8 File No. 35217

Primary Registration District No. 2004 Registered No. 89

FULL NAME OF CHILD Melvin John Kudla

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural birth)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	Nov 15 1915

	FATHER		MOTHER
FULL NAME	J. S. Kudla	FULL MAIDEN NAME	Ruby Rogers
RESIDENCE	Boise, Ada Co	RESIDENCE	Ada Co
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	2[illegible] (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Austria-Hungary	BIRTHPLACE	Idaho
OCCUPATION	Butcher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2nd

Number of children of this mother now living, including present birth 2nd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7:30 a.m. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signed) Maurice H. Fallman

M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address Boise

19

Filed [illegible] 19 15 M.S. Parker

Registrar Registrar

S-Y CO. 24655

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 7 1942

SEP 28 [illegible]8.

315-115-00-959

PLACE OF BIRTH

Form V. S. No. H-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada.

City of Franklin School Dist. Registration District No. 8 File No. 35218

No. ____ St. Primary Registration District No. 2004 Registered No. 90

Hospital ____

FULL NAME OF CHILD Fred L. Cavis Jr.

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			yes.	Nov. 15. 1915.

FATHER		MOTHER	
FULL NAME	Fred. L. Cavis	FULL MAIDEN NAME	Fern Reid
RESIDENCE	Franklin School Dist	RESIDENCE	Franklin School Dist.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Neb.
OCCUPATION	U. S. R. S.	OCCUPATION	House Wife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN ~~OR MIDWIFE~~*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 5.30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Louis Davis M.D.

(Physician or ~~midwife~~)

Address Boise Ida.

Filed Nov 20 19 15 M.S. Parker Registrar

Given names added from a supplemental report.

..... 19....

..... Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

261.230 001-714

PLACE OF BIRTH

STATE OF IDA[redacted]

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 8

File No. 35219

No. Mesa St.

1004

Primary Registration District No.

-91

Registered No.

Hospital

FULL NAME OF CHILD Virginia Dell Swartz

Sex of Child Female

Twin, Triplet, or other? (To be answered only in event of plural births)

and Number in order of birth 5th

Legitimate? Yes

Date of birth Nov 30 (Month) (Day) 191[illegible] (Year)

FATHER

FULL NAME W J Swartz

RESIDENCE

COLOR White

AGE AT LAST BIRTHDAY 57 (Years)

BIRTHPLACE Ills.

OCCUPATION Barber

MOTHER

FULL MAIDEN NAME Mary Paddy

RESIDENCE Mesa

COLOR White

AGE AT LAST BIRTHDAY 39 (Years)

BIRTHPLACE Ontario Canada

OCCUPATION housekeeper

Number of child of this mother, including present birth 5th

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or stillborn) at 5309 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. W. Kingsbury

(Physician or Midwife)

Given names added from a supplemental report

..... 19.....

Registrar

Address II/29

Filed ..... 19 15 M. S. Parker

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 35219

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)

for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)

in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	none given	Virginia Dell Swartz

Subscribed and sworn to before me this 19th day of April, 1943

Pauline Ambrose

Notary Public, residing at Boise

My commission expires 1/14/47

(Seal)

Signed Mrs I. K. Hawk.

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....

day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person Other Than Previous Year)

.....

(Street Address, City, State)

APR 19 1943

FEB 7 19

213-114-001-213

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1 block east of pest house

Registration District No. 2

File No. 35220

Primary Registration District No. 1004

Registered No. 132

Hospital

FULL NAME OF CHILD Ivan Riece Bates

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	—		—	yes	July (Month) 14 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Ray Bates	FULL MAIDEN NAME	Hazel Baldwin
RESIDENCE	Smith's Prairie, Ida	RESIDENCE	Smith's Prairie, Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W S Letters

Physician (Physician or midwife)

Given names added from a supplemental report.

Address 315 Overland Building.

19

Filed NOV 7 19 15

M. S. Parker

Registrar

Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO
AL STATISTICS
OF BIRTH

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho } ss.
County of Elmore }

Certificate No. 35220
Date Filed 11/7/15

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Name (Name on original certificate) who Born (Was born or died) on July 14, 1915 (Date of event)
in Boise, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true
facts as shown by ..... (Bible record, insurance policy, etc.) prepared on ..... (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.	FROM (As on original)	TO (The correct facts)
Name	Ivan Rice Bates	Irvan Rice Bates

Subscribed and sworn to before me this 17
day of Sept, 1941
James A. Neill
~~Notary Public, residing at~~ Clerk of
My commission expires District Court
[SEAL]

Signed Hazel Bates Montrose
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)
Mountain Home Idaho
(Street Address, City, State)

Supporting Affidavit of a Second Person

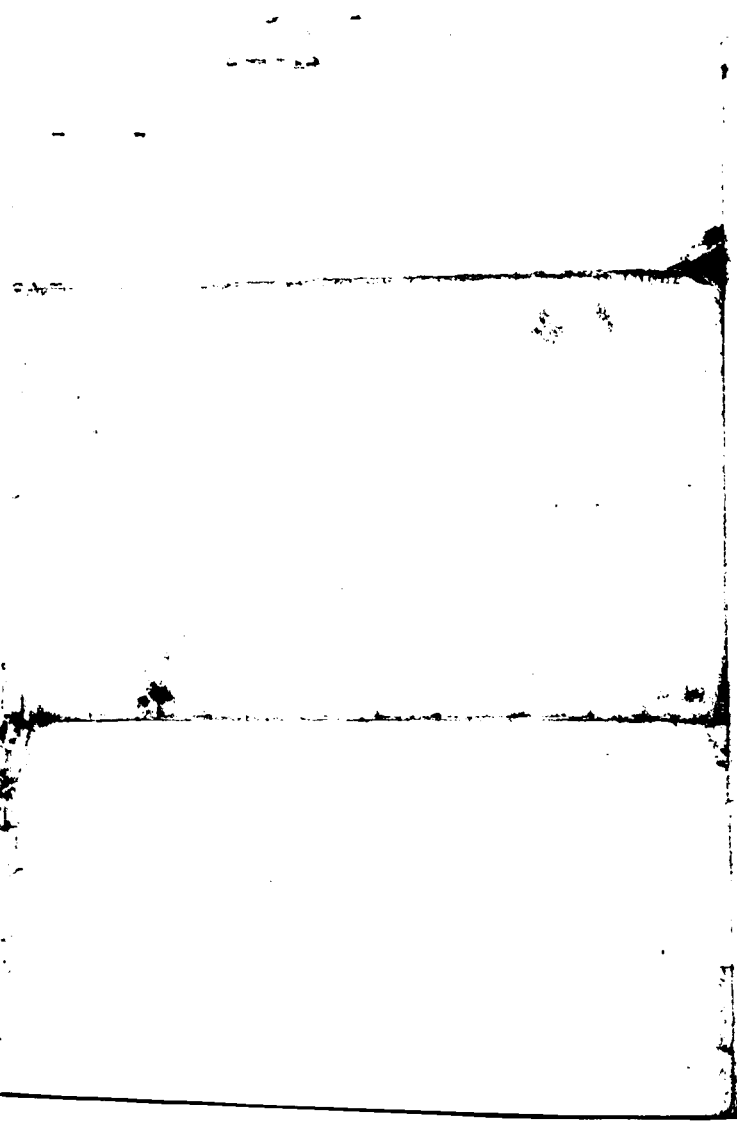
State of Idaho } ss.
County of Elmore }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17
day of Sept, 1941
James A. Neill
~~Notary Public, residing at~~ Clerk of
~~My commission expires~~ District Court
[SEAL]

Signed Bertha S. Engelman
(Signature of any credible person other than the previous affiant)
Mountain Home Idaho
(Street Address, City, State)

Received for filing on ..... by .....
(Registrar's signature)



863-102-001-231

Form L. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1121 E. State St.

Hospital

Registration District No. 2

Primary Registration District No. I004

File No. 35221

Registered No. I33

FULL NAME OF CHILD WILLIAM CHIPMAN HOLLEY

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	11 (Month) — 2 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Robert A. Holley	FULL MAIDEN NAME	Alice Scarborough
RESIDENCE	1121 E. State	RESIDENCE	1121 East State
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Ontario Canada
OCCUPATION	Engineer	OCCUPATION	House wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 10.30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) John Boick

(Physician or midwife)

Address Boise Ida

Filed 11/10 19 12

M. S. Parker
Registrar

..... 19 .....

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of California } ss.
County of Los Angeles }

SEP 22 1941
RECEIVED

Certificate No.
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for William Chipman Hawley (Name on original certificate) who was born (Was born or died) on November 2, 1915 (Date of event)
in home of parents (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by his mother (Bible record, insurance policy, etc.) prepared on August 1941 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.	FROM (As on original)	TO (The correct facts)
Name	William Chipman Hawley	William Chipman Holley

Subscribed and sworn to before me this 17th day of September 1941.

Signed Ellis Alice Haslett
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person) Mother.

Notary Public, residing at 1121 So Doheny Dr

My commission expires
[SEAL]

3706 South Van Ness, Los Angeles, Calif.
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of } ss.
County of }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Signed
(Signature of any credible person other than the previous affiant)

Notary Public, residing at

My commission expires
[SEAL]

(Street Address, City, State)

Received for filing on by
(Registrar's signature)

PLACE OF BIRTH

959-106-001-355

County of Ada

City of Boise

No. 1911 N 7 St.

Hospital

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

AMENDED 1/8/46

CERTIFICATE OF BIRTH

Registration District No. 2 File No. 35222

Primary Registration District No. 1004 Registered No. 134

FULL NAME OF CHILD Gordon Mace Reily

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.			Yes	Nov. 6 1915

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

FATHER	MOTHER
FULL NAME: S. F. Reily	FULL MAIDEN NAME: Lucile Teel
RESIDENCE: 1911 N 7	RESIDENCE: 1911 N 7
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 28 (Years)	AGE AT LAST BIRTHDAY: 28 (Years)
BIRTHPLACE: Mo.	BIRTHPLACE: Kentucky
OCCUPATION: Telegraph Operator	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Boeck

Physician (Physician or midwife)

Address Boise, Idaho

Filed Nov. 10, 1915 M. S. Parker Registrar.

Give names added from a supplemental report.

....., 192.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Texas
County of Harris } ss.

Certificate No. 35222

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth for Macey Reily who Born on (Birth or Death) Nov. 6th 1914
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Boise Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by Bible Record prepared on Nov 6th 1914, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Macey Reily	Gordon Mace Reily

Subscribed and sworn to before me this 3rd day of January, 1946.

Notary Public, residing at Houston Texas

My commission expires 6/1/47
(Seal)

Signed Gordon Mace Reily
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

231 Harvard St. Houston, Texas.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Texas
County of Harris } ss.

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws,)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd day of January, 1946.

Notary Public, residing at Houston Texas

My commission expires 6/1/47
(Seal)

Signed Sid Pucd
(Signature of Any Credible Person)

2603 Brendale St
(Street Address, City, State)
Houston Texas

663.103.001-493

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35223

County of Ada

City of S. Boise

No. Vermont St. St.

Hospital

Registration District No. 2

File No.

Primary Registration District No. 1004

Registered No. 135

FULL NAME OF CHILD Arnold D'Are Wolfe

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	Nov. (Month) 3 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	C. B. Wolfe	FULL MAIDEN NAME	Edna L Miller
RESIDENCE	Vermont St.	RESIDENCE	Vermont St.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Neb.	BIRTHPLACE	Ore.
OCCUPATION	painter	OCCUPATION	House wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN ~~OR MIDWIFE~~*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at N.A. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Bauk

(Physician ~~or midwife~~)

Given names added from a supplemental report.

Address Boise Idaho

19

Filed 11 10 19 15 M. S. Parker

Registrar

Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 9 1944

652.206.001-594

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

Amended 2-20-75

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Hospital St Alphonsus

Registration District No. 2

Primary Registration District No. I004

File No. 35224

Registered No. I36

FULL NAME OF CHILD Bernice Marie Weber

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			Yes	Nov. 6 1914

FATHER		MOTHER	
FULL NAME	J. H. Weber	FULL MAIDEN NAME	Cecilia Eidem
RESIDENCE	Boise Idaho	RESIDENCE	Boise, Idaho.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Ind.	BIRTHPLACE	Luxemburg.
OCCUPATION	Vet. Surgeon	OCCUPATION	House wife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive Nov. 6th at 6 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jno. R. Numbers
(Physician or midwife)

Address Boise, Idaho.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 11/10 19 15 M. S. Parker
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

2 19 75

Affidavit to Correct or Amend An Original Certificate of Birth or Death

BUREAU OF VITAL STATISTICS

FEB 20 11 31 AM '75

State of Idaho } ss.
County of

Certificate No. 35224

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Webber (Name on Original Certificate) who was born (Was Born or Died) on Nov. 6, 1915 (Date of Event)
in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Omitted	Bernice Marie Weber
Fathers name	Webber	Weber

Subscribed and sworn to before me this 19 day of
Feb., 19 75.
Notary Public, residing at Idaho
My commission expires Sept. 18, 1978
(Seal)

Signed Mrs. Dorothy R. Stuchlik
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
1307 N. 7th - Boise Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of
, 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

FEB 2 0 1975

Sisters birth certificate Margaret Mary Weber born Dec. 2, 1923 at Boise, daho State file # 117286 gives fathers name as John H. Weber. Viewed by Vs

Certificate of Baptism gives name as Bernice Marie daughter of John H. We ber and Cecilia Eiden. She was born November 6, 1915 and Baptized on the 21st day of November 1915 in Boise, Idaho at St. John's Catholic Cathedral.
Viewed by V.S.

Own childs birth certificate on file with state of Idaho, # 326226 gives name of mother as Bernice Marie Weber. Child born November 22, 1941.
Viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

199-106-001-199

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise Idaho

No. 211, South 6th St.

Hospital residence

Registration District No. 2

File No. 35225

Primary Registration District No. I004

Registered No. I37

FULL NAME OF CHILD not named

Sex of Child	Twin, Triplet, or other? and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	1st (To be answered only in event of plural births)	Leg	Nov 6th, 1915

FATHER		MOTHER	
FULL NAME	Domingo Arridibol	FULL MAIDEN NAME	Marianetta Arristed
RESIDENCE	211 South 6th Boise	RESIDENCE	211 South 6th St Boise
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	2
BIRTHPLACE	Spain	BIRTHPLACE	Spain
OCCUPATION	Day laborer	OCCUPATION	housewife

Number of child of this mother, including present birth one

Number of children, of this mother, now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or [redacted]) ....., at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. J. Robbins

211 Warm Sr ave Bis'd

(Physician or Midwife)

Given name added from a supplemental report

..... 19.....

Address .....

Filed II/IO 19 I5

M. S Parker

Registrar

Registrar

S-Y CO., 16669

425-201-001-299

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 211 South 6th St.

Hospital Residence

Registration District No. 2

File No. 35226

Primary Registration District No. I004

Registered No. I38

FULL NAME OF CHILD PETRA UBERUAGA not named

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
Female			NOV. 1, 1915 (Month) (Day) (Year)

FULL NAME	FATHER	FULL MAIDEN NAME	MOTHER
John	UBERUAGA	JUANITA	ARRIOLA
RESIDENCE	211 South 6th Boise	RESIDENCE	211 South 6th Boise
COLOR	White	COLOR	
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Spain	BIRTHPLACE	Spain
OCCUPATION	Day Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. J. Robbins

Idaho

(Physician or Midwife)

Given name added from a supplemental report

Address 219 W. Jane Boise

..... 19.....

Filed I1/I0 19 I5 M. S. Parker

Registrar

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 35226

County of Ada } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)

for Petra Uberuaga (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on Nov 3, 1915 (DATE OF EVENT)

in Boise, Ida. (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Date of birth	Nov. 3, 1915	Nov. 1, 1915

Subscribed and sworn to before me this 13th day of February, 1942

Charles F. Paddock

Notary Public, residing at Boise, Idaho

My commission expires Feby 1, 1943.

(SEAL)

Signed Mrs Hermenegilda Uberuaga

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

.....

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.

County of .....

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....

day of ....., 19 .....

Notary Public, residing at .....

My commission expires .....

(SEAL)

Signed .....

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

.....

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....

(REGISTRAR'S SIGNATURE)

1942

843-131-001-816

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. _____ St.

Hospital _____

Registration District No. 2

File No. 35227

Primary Registration District No. 1004

Registered No. 139

FULL NAME OF CHILD Kenneth Vaughn Hull

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
boy	one		third	yes	Oct 31 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Thomas P. Hull	FULL MAIDEN NAME	Quita Hawkins
RESIDENCE	Boise	RESIDENCE	Boise
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Ky	BIRTHPLACE	Ky
OCCUPATION	Laborer	OCCUPATION	housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at _____ M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. R. E. Shurtz
E. Nelson

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address II/15 5 M. S. Parker

Registrar

Filed _____ 19__

Registrar

S-Y CO. 24555

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

196-212-001353

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 613 Idaho St.

Hospital

Registration District No. 2

File No. 35228

Primary Registration District No. I004

Registered No. I40

FULL NAME OF CHILD RITA Arostegui

Sex of Child Fe

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth 11 (Month) 12 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Jose Arostegui	FULL MAIDEN NAME	Cruza Telleria
RESIDENCE	613 Idaho	RESIDENCE	613 Idaho
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Spain	BIRTHPLACE	Spain
OCCUPATION	Sheepman	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred A Pittenghe

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Falk Bldg

Filed II/I5 19 I5 M. S. Parker Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

2-001-414

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 2 File No. 35229

No. ____ St.

Primary Registration District No. 1004 Registered No. 141

Hospital St. Alphonsus

FULL NAME OF CHILD Francis Charles Kennaly

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Oct. 29 1915

	FATHER	MOTHER
FULL NAME	Mr. Frank Kennaly	
FULL MAIDEN NAME		Addie Maulding
RESIDENCE	Quartzburg	Quartzburg
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)		27
BIRTHPLACE	Placerville, Ida.	Placerville, Ida.
OCCUPATION	Miner	Housewife

Number of children of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 7.30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Wm. F. Smith

(Physician or midwife)

Address ____

Given names added from a supplemental report.

____ 19____

____ Registrar

Filed 11/15 19 15 M. P. Parker

Registrar

S-Y CO. 24655

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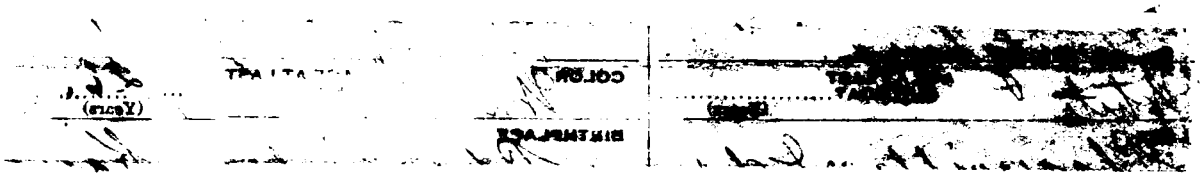


356-2-14-001-386

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ida

City of Boise

No. ..... St.

Hospital St. Luhis

Registration District No. 2

File No. 35230

Primary Registration District No. I004

Registered No. I42

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes.	Oct. (Month) 14 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Dr. B. Lewis.	FULL MAIDEN NAME	Luhe Hall Lewis.
RESIDENCE	Meridian	RESIDENCE	Meridian
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	42 (Years)
BIRTHPLACE	Missouri.	BIRTHPLACE	Iowa
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Aliv. (Born alive or stillborn) at 7 45 A. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Wm F. Smith.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address I1/I5 I5 M. S. Parker

Filed ..... 19.....

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

294-101-00-465

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of

No. St. Alphonsus H. St.

Hospital

Registration District No. 2 File No. 35231

Primary Registration District No. I004 Registered No. I43

FULL NAME OF CHILD

Sex of Child Male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes. | Date of Birth Oct (Month) 1 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Agapito Bidiganita	FULL MAIDEN NAME	Nicanara Monasterio.
RESIDENCE	Mt. Home.	RESIDENCE	Mt. Home.
COLOR	Spanish.	COLOR	Spanish.
AGE AT LAST BIRTHDAY	22. (Years)	AGE AT LAST BIRTHDAY	26. (Years)
BIRTHPLACE	Partiga Spain.	BIRTHPLACE	Partigo Spain.
OCCUPATION	Hotel.	OCCUPATION	Hotel.

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1 a. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Wm F. Smith. N. H.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed I /I5 19 I5 M. S. Parker

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V.

STATE OF IDAHO

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

433-201-001-238

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise, Idaho

Registration District No. 2

File No. 35232

No. ..... St.

Primary Registration District No. I004

Registered No. I44

Hospital St. Alphonsus

FULL NAME OF CHILD Minnie Regina McCurry

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	Nov. (Month) 1 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Arliss McCurry	FULL MAIDEN NAME	Emmerensa Schanche
RESIDENCE	Boise	RESIDENCE	Boise
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Ark.	BIRTHPLACE	Minn.
OCCUPATION	Employee of Statesman	OCCUPATION	HW.

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 12 30 PM on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J Carl Hill

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Boise Idaho

Filed 11/15 19 15

M. S. Parker
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 28 1967

766-1 11-001-274

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35233

County of Ada

City of Boise

No. 716 N. 8th St.

Hospital

Registration District No. 2

File No.

Primary Registration District No. I004

Registered No. I45

FULL NAME OF CHILD [illegible] HAL MACK Good

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	11/11 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Henry Max Good	FULL MAIDEN NAME	Harriet O. Spurck
RESIDENCE	Boise	RESIDENCE	Boise
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Neb.
OCCUPATION	Travelling Salesman	OCCUPATION	HW.

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1:30 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J Carl Hill

(Physician or midwife)

Given names added from a supplemental report.

19

Address I5

Filed I1/I5 19 IV M. S. Parker

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF ~~IDAHO~~
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT ~~AMEND~~ AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho
County of Blaine } ss.

Certificate No. 35233
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth or death)
for Henry Max Good Jr. (Name on original certificate) who was born (Was born or died) on Nov. 11 - 1915 (Date of event)
in Boise, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Henry Max Good, Jr.	Hal ~~Max~~ Mack Good
		Hal Mack Good

Subscribed and sworn to before me this 25th day of November, 1941

Notary Public, residing at Hailey, Idaho

My commission expires 4/28/44
[SEAL]

Signed Harriet O. Blankenship
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Hailey, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Blaine } ss.

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25th day of November, 1941

Notary Public, residing at Hailey, Idaho

My commission expires 4/28/44
[SEAL]

Signed Hassell Blankenship
(Signature of any credible person other than the previous affiant.)

Hailey, Idaho
(Street Address, City, State)

Received for filing on By
(Registrar's signature)

NOV 28 198

954-111 OT-291

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of So. Boise

No. Lincoln Ave St.

Hospital

Registration District No. 2

File No. 35234

Primary Registration District No. 1004

Registered No. 146 16

FULL NAME OF CHILD Elmer ~~Lawrence~~ Raymond Redell

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	\		\	yes	Nov. 11 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Elmer J. Redell	FULL MAIDEN NAME	Mabel Branson
RESIDENCE	So. Boise, Lincoln Ave	RESIDENCE	South Boise
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Wyoming
OCCUPATION	Candy-maker	OCCUPATION	housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. C. Hukey

Physician and Bldg.

(Physician or midwife)

Given names added from a supplemental report.

19

Address 315 Overland Bldg.

Filed ii/18 19 5

M. S. Parker

Registrar

Registrar

8-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued Feb. 7, 1941. E.W.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 2

File No. 35235

No. ..... St.

Primary Registration District No. 1004

Registered No. 147

Hospital .....

FULL NAME OF CHILD ~~Alfonso Joseph~~ Joseph Francis Koll, Jr.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male			Oct. 26 (Month) (Day)

FATHER		MOTHER	
FULL NAME	Joseph Francis Koll	FULL MAIDEN NAME	Alice W. ~~Koll~~ Westfall
RESIDENCE	Boise 513 Bannock	RESIDENCE	Boise 513 Bannock
COLOR	White	COLOR	
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	41
BIRTHPLACE	~~America~~ Wisconsin	BIRTHPLACE	West Virginia ~~America~~
OCCUPATION	Livery man	OCCUPATION	House wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Oct 26 1915 at 5 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo Collister

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed II/18 19 15 M. S. Parker

Registrar

Registrar

8-Y CO. 24655

AUG 27 1945

BUREAU OF VITAL STATISTICS

DEPARTMENT OF COMMERCE
BUREAU OF VITAL STATISTICS

LEWIS WILLIAMS
SPECIAL AGENT

Boise, Idaho

BIRTH REGISTRATION IS A PART OF EVERY CHILD'S BIRTHRIGHT
DO YOUR DUTY BY YOUR CHILD AND COMPLETE THE CERTIFICATE

Dear Madam:

IDAHO is now in the United States Birth Registration Area and it is essential that birth certificates be made complete in every particular. Kindly fill in the information requested below and return at your earliest convenience. A franked envelope, which requires no postage, is enclosed for your use in returning the same. A government certificate for your baby will be forwarded you upon receipt of this blank.

Thanking you in advance for your courtesy in taking care of this matter immediately in order that the records may be completed, I am,

Sincerely yours,
Lewis Williams
Lewis Williams
Special Agent, Bureau of the Census

- - - - - - - - - - - - - - - - -

PLEASE WRITE PLAINLY

FULL NAME OF CHILD Joseph Francis Koch, Jr.

PLACE OF BIRTH _____ DATE OF BIRTH _____ SEX OF CHILD _____

1. Number of children born to this mother, including present birth _____
2. Number born alive and now living _____
3. Number born alive but now dead _____
4. Number of children born dead _____

FATHER	MOTHER
_____ (Full name)	_____ (Full Maiden Name)
_____ (Residence)	_____ (Residence)
Age at last birthday _____	Age at last birthday _____
_____ (Birthplace)	_____ (Birthplace)
_____ (Occupation)	_____ (Occupation)

JUL 20 1945

AUG 27 1945

735-106-001-463

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Ada

City of Boise

No. 2611 Idaho St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 2 File No. 35236

Primary Registration District No. 1004 Registered No. 148

FULL NAME OF CHILD Bernard Robert Gleason

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of Birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	11 6 1915

FATHER

FULL NAME Thomas E Gleason

RESIDENCE 2611 Idaho St. Boise

COLOR W AGE AT LAST BIRTHDAY 37 (Years)

BIRTHPLACE Nevada

OCCUPATION Railroader

MOTHER

FULL MAIDEN NAME Hattie D. Moffitt

RESIDENCE 2611 Idaho St. Boise

COLOR White AGE AT LAST BIRTHDAY 30 (Years)

BIRTHPLACE Maine

OCCUPATION Wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10:45 P M on the date above stated.

(Born alive or stillborn)

(Signature) N Longview Allen MD

(Physician or midwife)

Address 701-4 McCarty Bldg.

Filed 11/18 19 15 M. S. Parker

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....

Registrar

E-Y CO. 24698

JUN 17 1942

JAN 10 1944

293.118.001-174

Form V. S. No. 11-C-25m-1-1-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1016 Front *St.*

Amended 7/25/78

Hospital

Registration District No. 2

Primary Registration District No. 1004

File No. 35237

Registered No. 149

FULL NAME OF CHILD Lucas Bicandi

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	11-18 1915

FATHER		MOTHER	
FULL NAME	Ciriaco Bicandi	FULL MAIDEN NAME	Maria Aguirre
RESIDENCE	Boise	RESIDENCE	Boise
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Spain	BIRTHPLACE	Spain
OCCUPATION	Railroad Laborer	OCCUPATION	Hwk.

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 12:[illegible] A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 11/18 19 15 M. S Parker
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

JL 25 2 44 PM '78

Certificate No. 35237

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Lucas Vicandi (Name on Original Certificate) who was born (Was Born or Died) on Nov 18, 1915 (Date of Event)
in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Insurance Policies (Bible Record, Insurance Policy, Etc.) prepared on 1958 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
father's last name	Vicandi	Bicandi
child's name	Lucas Vicandi	Lucas Bicandi
date of birth	~~Nov 18, 1915~~	~~Nov 18, 1915~~ ~~Nov 17, 1915~~

Subscribed and sworn to before me this ..... day of
....., 19.....

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at .....
My commission expires .....
(Seal)

..... (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Canyon } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25th day of
July, 1978.

Signed Margaret Fail
(Signature of Any Credible Person)

Notary Public, residing at Nampa, Idaho 83651
My commission expires April 1, 1980
(Seal)

220 Daniel Ave. Nampa, Idaho
(Street Address, City, State)

FORM DH 60-155

CL 7/17/78 RUSH VM

Marriage License Affidavit gives name of Groom as Lucas Bicandi said affidavit is dated 6/7/39. viewed by V.S.

JUL [illegible] 1979

Surety Life Insurance Policy Application issued 1/6/58 lists name of Member as Lucas Bicandi born 11/17/15. viewed by V.S.

Notis of Probate/

~~Will~~ made out by Richard B. Eismann, Homedale, Idaho 9/15/61 gives name of deceased as Ciriaco Bicandi or Cedric Bicandi. viewed by V.S.

Will of Ciriaco Bicandi dated 15 April 1953 was viewed by V.S.

714.130-001-268

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Hospital St Alphonsus

Registration District No. 2

File No. 35238

Primary Registration District No. 1004

Registered No. 151

FULL NAME OF CHILD Robert C Yaden

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Nov 20 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Lynn W. Yaden	FULL MAIDEN NAME	Eleanor Boyd
RESIDENCE	Homedale Idaho	RESIDENCE	Homedale Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Kentucky	BIRTHPLACE	Oregon
OCCUPATION	Real Estate	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive Nov 20 at 4 a. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jos. R. Numbers
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Boise, Idaho.

Filed Nov 23 19 15 M. S. Parker
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Amended April 29, 1952

PLACE OF BIRTH

296-110-001-231

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of ADA

City of BOISE

No. ____ St.

Registration District No. 2 File No. 35239

Hospital ST. LUKE'S Primary Registration District No. 1004 Registered No. 152

FULL NAME OF CHILD JOHN STAPLETON BROSNAN
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
MALE				YES	NOV. 10, 1915

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

FATHER	MOTHER
FULL NAME: CORNELIUS JAMES BROSNAN	FULL MAIDEN NAME: ANNE STAPLETON BROSNAN
RESIDENCE: NAMPA	RESIDENCE: NAMPA
COLOR: WHITE	COLOR: WHITE
AGE AT LAST BIRTHDAY: 33 (Years)	AGE AT LAST BIRTHDAY: 30 (Years)
BIRTHPLACE: MICH.	BIRTHPLACE: MICH.
OCCUPATION: PRIN. OF NAMPA SCHOOL	OCCUPATION: HOUSEWIFE

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was BORN ALIVE, at 8:30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) DR. WM. F. SMITH

(Physician or midwife)

Address

Give names added from a supplemental report.

....., 192.....

Registrar.

Filed 11/24 1915 M. S. PARKER

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth ~~or Death~~

State of Idaho
County of Latah } ss.

Certificate No. 35239

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of No. 35239 (Birth or Death)
for Cornelius John Brosnan, Jr. (Name on Original Certificate) who was born (Was Born or Died) on November 10 1915 (Date of Event)
in Boise Idaho (Place of Event) are erroneous ~~or were omitted~~; and that, to the best of his knowledge, the
true facts are shown by No. 2768059 (Public Record, Insurance Policy, Etc.) prepared on Dec 23 1936 Age 21 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Cornelius John Brosnan, Jr.	John Stapleton Brosnan
Father's name	Cornelius John Brosnan	Cornelius James Brosnan

Subscribed and sworn to before me this 21 day of April 1952
Ora Schneider
Notary Public, residing at Moscow, Idaho
My commission expires Nov. 17, 1955
(Seal)

Signed Cornelius James Brosnan
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
616 East C Moscow Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Latah } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21 day of April 1952
Ora Schneider
Notary Public, residing at Moscow, Idaho
My commission expires Nov. 17, 1955
(Seal)

Signed
(Signature of Any Credible Person)
328 N. Polk Moscow Idaho
(Street Address, City, State)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

236-214-001-249

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 211 N. 14 St.

Hospital

Registration District No. 2

Primary Registration District No. 1004

File No. 35240

Registered No. 153

FULL NAME OF CHILD Neva Vaneigh Struve

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.			Yes.	Nov 14 1915

FATHER		MOTHER	
FULL NAME	Roy E. Struve	FULL MAIDEN NAME	Autumn E. Smith
RESIDENCE	211 N 14	RESIDENCE	211 N 14
COLOR	White	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Colo.	COLOR	White
OCCUPATION	Implement Dealer	AGE AT LAST BIRTHDAY (Years)	26
		BIRTHPLACE	Penn.
		OCCUPATION	House wife.

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN ~~OR MIDWIFE~~

I hereby certify that I attended the birth of this child, who was Born alive, at 1.30 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Louise Burch

(Physician ~~or midwife~~)

Address Boise Ida

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed II/24 19 15

M. S. Parker
Registrar

8-Y CO. 24655

10-22-41

REC'D NOV. 24, 1915

State of Idaho

CERTIFICATE OF LIVE BIRTH

ONLY A COPY OF THIS DOCUMENT, CERTIFIED BY THE STATE REGISTRAR **WITH THE DEPT. OF HEALTH & WELFARE RAISED SEAL**, SHALL BE USED AS PRIMA FACIE EVIDENCE OF THIS BIRTH UNDER IDAHO CODE 39-241(k) & 39-274

State File No. 35241
Local Reg. No. 154

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

CHILD

1. CHILD'S NAME (FIRST) (MIDDLE) (LAST): ALFRED DANIEL REILLY
2. DATE OF BIRTH (Month, Day, Year): NOVEMBER 15, 1915
3. TIME OF BIRTH: 5:00 P M
4. SEX: MALE
5. CITY, TOWN, OR LOCATION OF BIRTH: BOISE
6. COUNTY OF BIRTH: ADA
7. TYPE OF BIRTHPLACE (Specify type): [X] Hospital [ ] Freestanding Birthing Center [ ] Residence [ ] Clinic/Doctor's Office [ ] Other (Specify) _____
8. NAME AND ADDRESS OF FACILITY (If not a facility enter name of place, street and number): ST. ALPHONSUS

CERTIFIER/ ATTENDANT

9. I certify that stated information concerning this child is true to the best of my knowledge and belief. Signature ► JOHN BOECK, M.D.
10. DATE SIGNED:
11. ATTENDANT'S NAME AND TITLE (If other than certifier) (Type or print): Name _____ [ ] M.D. [ ] D.O. [ ] C.N.M. [ ] Other Midwife [ ] Naturopath [ ] Other (Specify) _____
12a. CERTIFIER'S NAME AND TITLE (Type or print): Name JOHN BOECK, M.D. License No. _____ [X] M.D. [ ] D.O. [ ] C.N.M. [ ] Other Midwife [ ] Naturopath [ ] Other (Specify) _____
13. ATTENDANT'S MAILING ADDRESS (Street or Route Number, City or Town, State, Zip Code)
12b. CERTIFIER'S MAILING ADDRESS (Street or Route No., City or Town, State, Zip Code): BOISE, IDAHO
14a. REGISTRAR'S SIGNATURE: ► M.S. PARKER
14b. DATE SIGNED BY REGISTRAR (Month, Day, Year): 11/24/15

MOTHER

15a. MOTHER'S PRESENT NAME (FIRST, MIDDLE, LAST): ROSALIA ANN REILLY
15b. MAIDEN SURNAME: PHELAN
16. DATE OF BIRTH (Month, Day, Year): 8/9/1875
17. BIRTHPLACE (State or Foreign Country): NEW MEXICO
18a. RESIDENCE — STATE: CALIFORNIA
18b. COUNTY: LOS ANGELES
18c. CITY, TOWN, OR LOCATION: LOS ANGELES
18d. STREET AND NUMBER: 1627 EAST 40TH ST
18e. INSIDE CITY LIMITS? [ ] Yes [ ] No
18f. MOTHER'S MAILING ADDRESS (If same as residence, enter Zip Code only)

FATHER

19. FATHER'S NAME (FIRST) (MIDDLE) (LAST): JOSEPH PATRICK REILLY
20. DATE OF BIRTH (Month, Day, Year): 3/8/1874
21. BIRTHPLACE (State or Foreign Country): KANSAS

INFORMANT

22. I certify that the personal information provided on this certificate is correct to the best of my knowledge and belief. (Name of Parent or Guardian) ► JOSEPH PATRICK REILLY

INFORMATION FOR MEDICAL AND HEALTH USE ONLY

23. OF HISPANIC ORIGIN? (Specify No or Yes — If yes, specify
24. RACE — American Indian, Black, White, Japanese, etc.
25. EDUCATION (Check ONLY the HIGHEST level COMPLETED)

462-117-001-46 6

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 2205 Bannock St.

Hospital

Registration District No. 2

File No. 35244

Primary Registration District No. I004

Registered No. I57

FULL NAME OF CHILD DORAN VIRGIL MOSE

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
[illegible]		Yes	Nov. 17, 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Clyde Dallas Mose	FULL MAIDEN NAME	Lola V. Moon
RESIDENCE	2205 Bannock St. Boise	RESIDENCE	Boise
COLOR	White	COLOR	N.
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth: 1st

Number of children of this mother now living, including present birth: one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2, a. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Maurice T. Tallman, N.

M.D.
(Physician or midwife)

Given names added from a supplemental report.

Address Boise, Idaho.

19

Filed II/29 19 15 M. S. Parker

Registrar

Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon } ss.
County of Jackson }

Certificate No. 35244
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Doran Virgil Mose (Name on original certificate) who was born (Was born or died) on Nov. 17, 1915 (Date of event)
in Ada County, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Bible Record (Bible record, insurance policy, etc.) prepared on or about Dec. 15, 1915 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Mose	Doran Virgil Mose

Subscribed and sworn to before me this 13th day of December, 19 41

Notary Public, residing at Medford, Oregon
My commission expires Dec. 3, 1944
[SEAL]

Signed Clyde D. Mose
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Box 439, Central Point, Oregon
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Jackson }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13th day of December, 19 41

Notary Public, residing at Medford, Oregon
My commission expires Dec. 3, 1944
[SEAL]

Signed C. F. Graves
(Signature of any credible person other than the previous affiant.)

Applegate, Oregon.
(Street Address, City, State)

Received for filing on By
(Registrar's signature)

DEC [illegible] 1941

693-224-001-692

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1120 E Jefferson

Hospital

Registration District No. 2

File No. 35245

Primary Registration District No. I004

Registered No. I58

FULL NAME OF CHILD Naomi Eloise Wiley

Sex of Child female

Twin Triplet or other? \ and Number in order of birth \

(To be answered only in event of plural births)

Legitimate? yes

Date of Birth Nov. 24 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ebli Wiley	FULL MAIDEN NAME	Ethel Dissert
RESIDENCE	1120 E Jefferson, Boise	RESIDENCE	1120 E. Jefferson, Boise
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Illinois	BIRTHPLACE	Missouri
OCCUPATION	salesman	OCCUPATION	housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2:45 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19...

Address 315 Overland Bldg.

Filed II/29 19 15 M. S. Parker

Registrar

Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 8 1952

125-106.001-413

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35246

County of Ada

City of Boise

No. 1413 E. State St.

Registration District No. 2 File No.

Primary Registration District No. I004 Registered No. I59

Hospital

FULL NAME OF CHILD Don. Royal Abercrombie

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	Nov 6 1913

	FATHER	MOTHER
FULL NAME	Carl Abercrombie	FULL MAIDEN NAME Bertha Mathias
RESIDENCE	1413 E. State Boise	RESIDENCE Boise
COLOR	White	COLOR W.
AGE AT LAST BIRTHDAY (Years)	29	26
BIRTHPLACE	Boise	BIRTHPLACE Council Idaho
OCCUPATION	Cement finisher	OCCUPATION House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 12a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) W S Sites

(Physician or midwife)

Address Boise

Filed 11/29 19 I5 M. S. Parker

Registrar

S-Y CO. 24698

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 06 2009

MAR 20 1984

993/15·001·235

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. (217 Myrtle) St.

Hospital Sisters

Registration District No. 2 File No. 35247

Primary Registration District No. 1004 Registered No. 160

FULL NAME OF CHILD Orville Darwin Richardson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M.	—		—	yes	11 (Month) 15 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Orville D. Richardson	FULL MAIDEN NAME	Velma Stevens
RESIDENCE	Boise	RESIDENCE	Boise
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Iowa	BIRTHPLACE	Idaho
OCCUPATION	Pressman	OCCUPATION	Hu.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3:45 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M Allen Callaway

Physician
(Physician or midwife)

Given names added from a supplemental report.

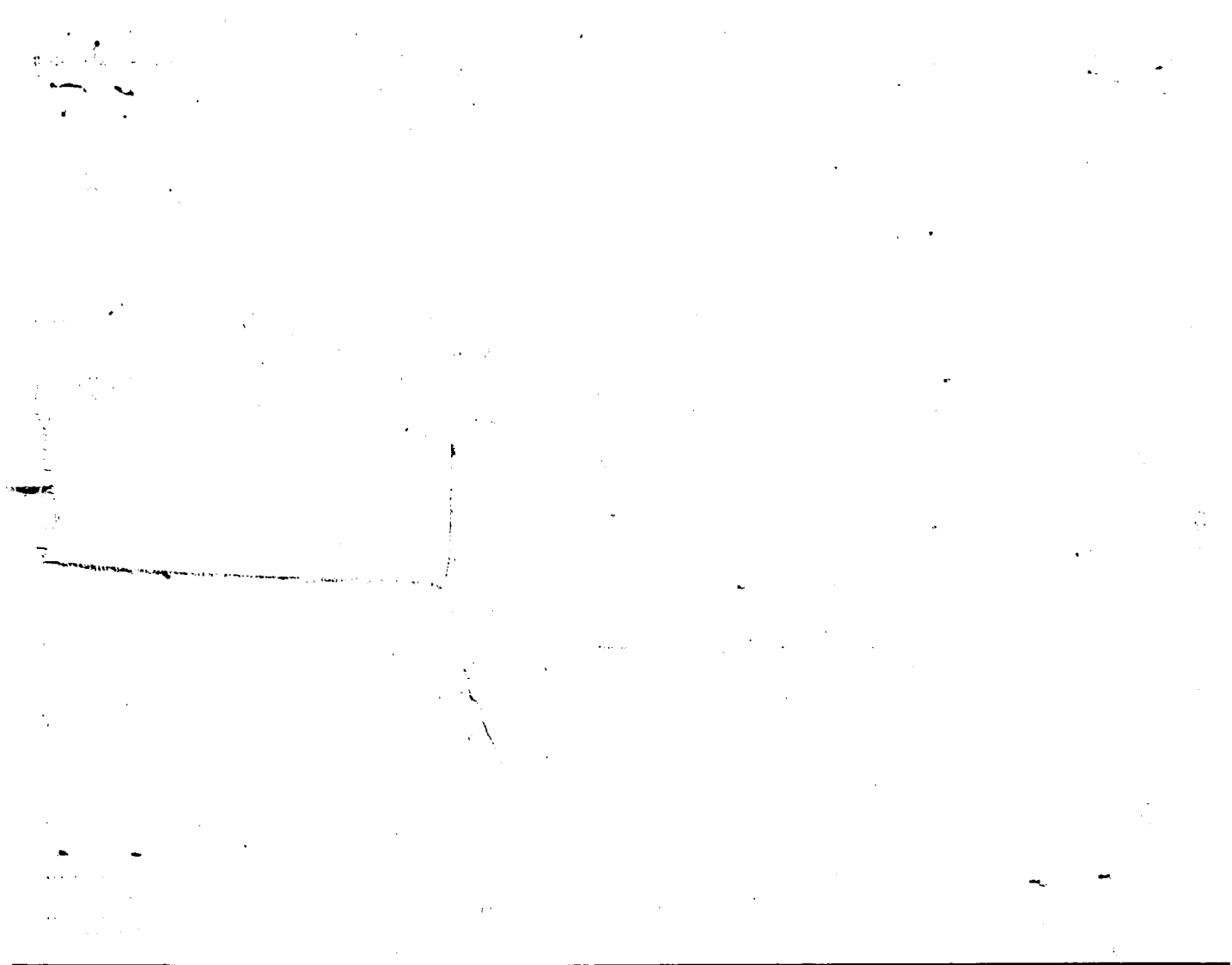
..... 19....

Address Boise Ida

Filed II/29 19 15 M. S. Parker
Registrar

Registrar

S-Y CO. 24658



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho } ss.
County of Bannock

JUL 7 1941

Certificate No.
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for none (Name on original certificate) who - - (Was born or died) on Nov. 15, 1915 (Date of event)
in Boise, Ada County, Idaho (Place of event) are ~~erroneous~~ or were omitted; and that, to the best of ~~his~~ her knowledge, the true
facts as shown by Mrs. Ann Stevens, a Grand-mother (Bible record, insurance policy, etc.) prepared on June 5, 1941 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
none	none	Orville Darwin Richardson

Subscribed and sworn to before me this 5th day of June, 1941

Notary Public, residing at Pocatello, Idaho

My commission expires June 23, 1941

[SEAL]

Signed Mrs Ann Stevens
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

Boise Idaho R 4
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of Idaho } ss.
County of Bannock

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of ~~his~~ her knowledge.

Subscribed and sworn to before me this 5th day of June, 1941

Notary Public, residing at Pocatello, Idaho

My commission expires June 23, 1941

[SEAL]

Signed Miss Virginia Lawrence
(Signature of any credible person other than the previous affiant)

Star Route Pocatello, Ida
(Street Address, City, State)

Received for filing on ..... by .....
(Registrar's signature)

281-115-001-533

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 211 S. 16 St.

Hospital —

Registration District No. 2 File No. 35248

Primary Registration District No. I004 Registered No. I61

FULL NAME OF CHILD Harold Ellis Shaw

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	—	—	yes	11 15 1915

FATHER		MOTHER	
FULL NAME	Herbert J Shaw	FULL MAIDEN NAME	Anna Ellis
RESIDENCE	Boise	RESIDENCE	Boise
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Ind.	BIRTHPLACE	Kansas
OCCUPATION	Conductor	OCCUPATION	Hse.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5:30 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. Allen Calloway

Physician
(Physician or midwife)

Address Boise Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed II.29 19 I5 M. S. Parker
Registrar

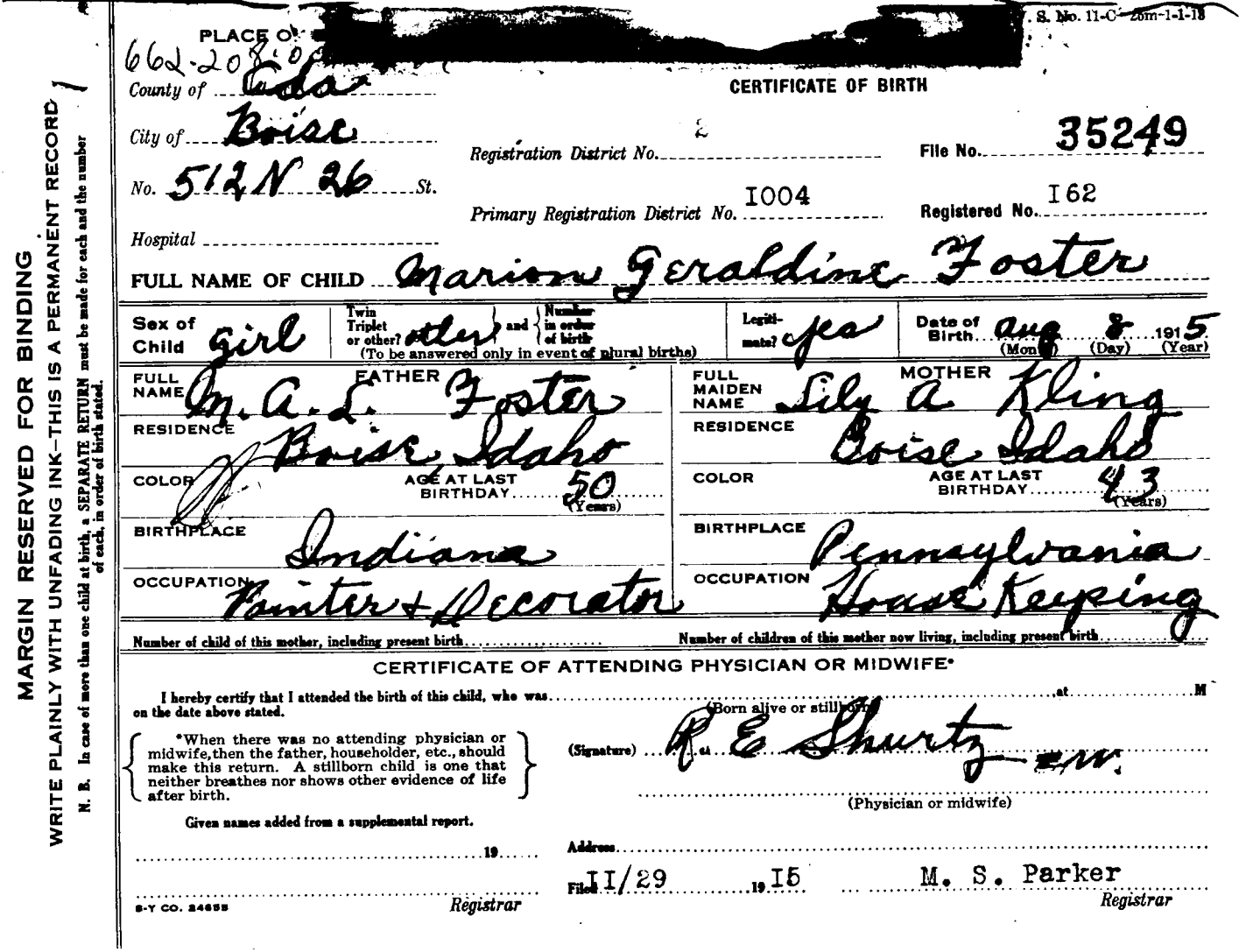
S-Y CO. 24695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE



MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE O[redacted] S. No. 11-C—25m-1-1-18

662-208-0[redacted]

County of Ada

City of Boise

No. 512 N 26 St.

Hospital

CERTIFICATE OF BIRTH

Registration District No. 2

File No. 35249

Primary Registration District No. 1004

Registered No. 162

FULL NAME OF CHILD Marion Geraldine Foster

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
girl	other		yes	Aug (Month) 8 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	M. A. L. Foster	FULL MAIDEN NAME	Lily A Kling
RESIDENCE	Boise, Idaho	RESIDENCE	Boise Idaho
COLOR		COLOR	
AGE AT LAST BIRTHDAY	50 (Years)	AGE AT LAST BIRTHDAY	43 (Years)
BIRTHPLACE	Indiana	BIRTHPLACE	Pennsylvania
OCCUPATION	Painter + Decorator	OCCUPATION	House Keeping

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at ..... M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. E. Shurtz M.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed II/29 1915 M. S. Parker

Registrar

Registrar

S-Y CO. 24655

[redacted]

SEP 3 1954

319 [redacted]

Form V. S. No. 11—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of [redacted]

City of Chilly

No. ..... St.

Hospital .....

Registration District No. 76

Primary Registration District No. 2153

File No. 35250

Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other	and	Number in order of birth	Legitimate	Date of Birth
Male	One		10	Yes	10 (Month) 26 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Henry T Larter	FULL MAIDEN NAME	Stena Jensen
RESIDENCE	Chilly Ida.	RESIDENCE	Chilly Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	53 (Years)	AGE AT LAST BIRTHDAY	42 (Years)
BIRTHPLACE	Utah.	BIRTHPLACE	Utah.
OCCUPATION	Farmer & Rancher.	OCCUPATION	House inf.

Number of child of this mother, including present birth 10

Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 4 a M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return: A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N A Farrell

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Mackay, Ida.

Filed 11/2 1915 R Marie Duers

Registrar

Registrar

S-Y CO. 24856

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

955-03-019-386

Form V. S. No. 11-C—25m-1-1-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Custer

City of Mo

No. ..... St.

Hospital .....

Registration District No. 76 File No. 35251

Primary Registration District No. 2153 Registered No. .....

FULL NAME OF CHILD Dorothy Rebecca Reece

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		Yes	Nov 3 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	J A Reese	FULL MAIDEN NAME	Marjory Thomas
RESIDENCE	Mackay	RESIDENCE	Mackay
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Nebr
OCCUPATION	Farmer	OCCUPATION	H Wife

Number of child of this mother, including present birth 3rd Number of children of this mother now living, including present birth 3rd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 3.30 AM on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr R E Mason (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Mackay Ida

Filed 12/8 1915 R Marie Dobbs Registrar

Registrar

S-Y CO. 24665

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of CALIFORNIA } ss.
County of Tulare }

Certificate No. 35251

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Reese (Name on Original Certificate) who born (Was Born or Died) on Nov. 3, 1915 (Date of Event)
in Custer County, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Dorothy Rebecca Reece
Full Name of Father	J.A. Reese	Joseph A. Reece
Full Maiden Name of Mother	Marjory Thomas	Margaret A. Thomas

Subscribed and sworn to before me this 3rd day of October, 1958.

Notary Public, residing at Porterville, Calif.
My commission expires May 16, 1962.
(Seal)

Signed Margaret A Reece
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1183 Highland Avenue, Visalia, Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of CALIFORNIA } ss.
County of Tulare }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd day of October, 1958.

Notary Public, residing at Porterville, Calif.
My commission expires May 16, 1962.
(Seal)

Signed Elizabeth Holdreth
(Signature of Any Credible Person)

2403 East Poplar Ave., Porterville, Calif.
(Street Address, City, State)

FORM DPH 55.155 CL 9-23-58. one copypd.

Social Security Card, #558-07-2866, dated 12-19-36, gives full name as Dorothy Rebecca Reece - viewed by VS.

MAY 9 1968

Phto Copy of Own Child's Birth Cert., State of California, copy issued May 6, 1968, gives full name of child as Richard Reece White, born May 8, 1945 at Tulare, California to Palmer Wrightson White and Dorothy Rebecca Reece, age 29, born in Idaho - viewed by V.S.

as requested in phone call of 5-6-68 parents names are being left as they are - 5-9-68.

866-102-019-753

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

County of Custer

City of Darlington

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 76 File No. 35252

Primary Registration District No. 2153 Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other	and	Number in order of birth	Legitimate?	Date of Birth
Male	One		5	Yes	11 (Month) 2 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Thos A. Howard	FULL MAIDEN NAME	Edna Peterson
RESIDENCE	Darlington	RESIDENCE	Darlington
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Utah.	BIRTHPLACE	Utah.
OCCUPATION	Farmer	OCCUPATION	House wife.

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Farrell

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Mackay Ida

Filed 11/10 1915 R. Marie Duers Registrar

S-Y CO. 24656

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

649-217-019-613

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

County of Custer

City of Leslie

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 76 File No. 35253

Primary Registration District No. 2153 Registered No. .....

FULL NAME OF CHILD Helen Grace Furey

Sex of Child Female	Twin Triplet or other? Yes and Number in order of birth 3 (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth 11-17 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Sherman F. Furey.	FULL MAIDEN NAME	Julia B Falls.
RESIDENCE	Leslie	RESIDENCE	Leslie
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Ida.	BIRTHPLACE	Ida.
OCCUPATION	Farmer.	OCCUPATION	House wife.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7 a. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N H Farrell

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Mackay Ida.

Filed 4/17 1915 R Marie Diers

Registrar

Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 1 6 1965

FEB 2 4 1976

JUL 2 1 1976

818228-019-517

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

County of Custer

City of Mackay

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 76 File No. 35254

Primary Registration District No. 2153 Registered No. .....

FULL NAME OF CHILD Hazel May Haynes

Sex of Child Fe Male	Twin Triplet or other One and Number in order of birth 3rd (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth Sept 28 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Chas E. Haynes	FULL MAIDEN NAME	Susan Anna Bigham
RESIDENCE	Mackay Idaho.	RESIDENCE	Mackay Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Idaho.
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 3rd Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive 3 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N H Farrell
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Mackay Idaho

Filed 10/6 1915 R. Marie Dress
Registrar

Registrar

8-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 35254

County of Canyon } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Hazel May Haynes (Name on Original Certificate) who born (Was Born or Died) on Sept. 28 1915 (Date of Event)

near Blackfoot, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by family bible record (Bible Record, Insurance Policy, Etc.) prepared on soon after 9/28/15 (Give Date), are:

That I am the Mother of Hazel May Haynes (now Joines)

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	~~xHazelxMayxHaynes~~	Hazel May Haynes
	none given	

Subscribed and sworn to before me this 6th day of November, 19 42

[signature]

Notary Public, residing at Caldwell Idaho

My commission expires July 26 1946

(Seal)

Signed Mrs Susan Haynes

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

R#3, Caldwell, Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.

County of }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this

day of , 19

Notary Public, residing at

My commission expires

(Seal)

Signed

(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

JAN 27 1943

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

County of [illegible]

City of Mackay

Registration District No. 76

File No. 35255

No. _____ St.

Primary Registration District No. 2153

Registered No. _____

Hospital _____

FULL NAME OF CHILD _____

Sex of Child Fe Male	Twin Triplet or other? One and Number in order of birth Two. (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth Sept 27 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Monte W Baker	FULL MAIDEN NAME	Olive Anderson
RESIDENCE	Mackay Ida.	RESIDENCE	Mackay Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Utah.
OCCUPATION	Miner	OCCUPATION	House wife.

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6 a. m. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N H Farrell

(Physician or midwife)

Given names added from a supplemental report.

Address Mackay Ida.

_____ 19__

Filed 10/6 1915 R. Marie Dress

Registrar

Registrar

S-Y CO. 24656

MAR 27 1972

693-109.0 35-493

PLAC[redacted]

Form V. S. No. 11-C—[illegible]

BUREAU OF VITAL STATISTICS

35256

County of Nez Pirce

City of Lewiston

No. 603-4th St.

Registration District No. 96

File No.

Hospital Yes

Primary Registration District No. 1009

Registered No. 41

FULL NAME OF CHILD Nathan Livingston Wilson

Sex of Child Male	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth Oct 9th (Month) (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Ewing L Wilson	FULL MAIDEN NAME	Nina A Mitchell
RESIDENCE	Lewiston I	RESIDENCE	Lewiston I
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Campbellsville Ky	BIRTHPLACE	Staples Minn
OCCUPATION	C R Employe	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11-45 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J P Krouse M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address Lewiston Idaho

Filed 11-10- 1915 L J Perkins

Registrar

Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

65[illegible]-293

Form V. S. No. II-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35257

County of Nez Perce

City of Lewiston

No. 718 New 16 St.

Hospital

Registration District No. 96

File No.

Primary Registration District No. 1009

Registered No. 35

FULL NAME OF CHILD Clara Josephine Westendahl

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		[illegible]	Oct 4 1915

FATHER		MOTHER	
FULL NAME	Fred Westendahl	FULL MAIDEN NAME	Josephine Bily
RESIDENCE	Lewiston Idaho	RESIDENCE	Lewiston Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	41
BIRTHPLACE	Minn.	BIRTHPLACE	Austria Hungary
OCCUPATION	Carpenter	OCCUPATION	

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 50 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elmer G Braddock

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Address Lewiston Idaho

Filed 11-10- 1915 L. J. Perkins Registrar

Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted] 18 1966

DECEASED

235-110-040-2

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

35258

CERTIFICATE OF BIRTH

County of Shoshone

City of Kellogg.

Registration District No. 2201 File No. 113

No. ..... St.

Primary Registration District No. 123 Registered No. .....

Hospital .....

FULL NAME OF CHILD LeRoy Emerson Stephenson

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
M		3	Yes	Oct (Month) 10 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Hugh Andrew Stephenson	FULL MAIDEN NAME	Lida Boro
RESIDENCE	Kellogg.	RESIDENCE	Kellogg.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Virginia	BIRTHPLACE	Wis
OCCUPATION	Miner	OCCUPATION	House wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6.30 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Mason
M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Kellogg

Filed 11/10 1915 Geo. S. Lasher
Registrar

Registrar

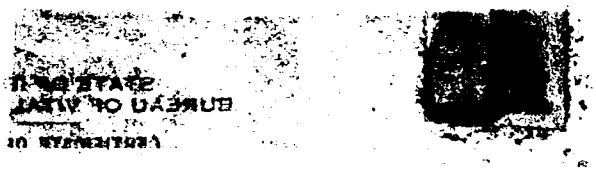
S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K



719-205 [illegible]

PLACE OF BIRTH

County of Shoshone

City of Kingston

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-13

35259

CERTIFICATE OF BIRTH

Registration District No. 2201 File No. 120

Primary Registration District No. 123 Registered No. .....

FULL NAME OF CHILD No Name

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F	1	yes	Aug 5 1915

FATHER		MOTHER	
FULL NAME	Leon Farrey	FULL MAIDEN NAME	Margret Holland
RESIDENCE	Kingston	RESIDENCE	Kingston
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Neb.	BIRTHPLACE	Idaho
OCCUPATION	Miner	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 9.20 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Mason
M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Kellogg

Filed 11/10 1915 Geo. S. Lesher
Registrar

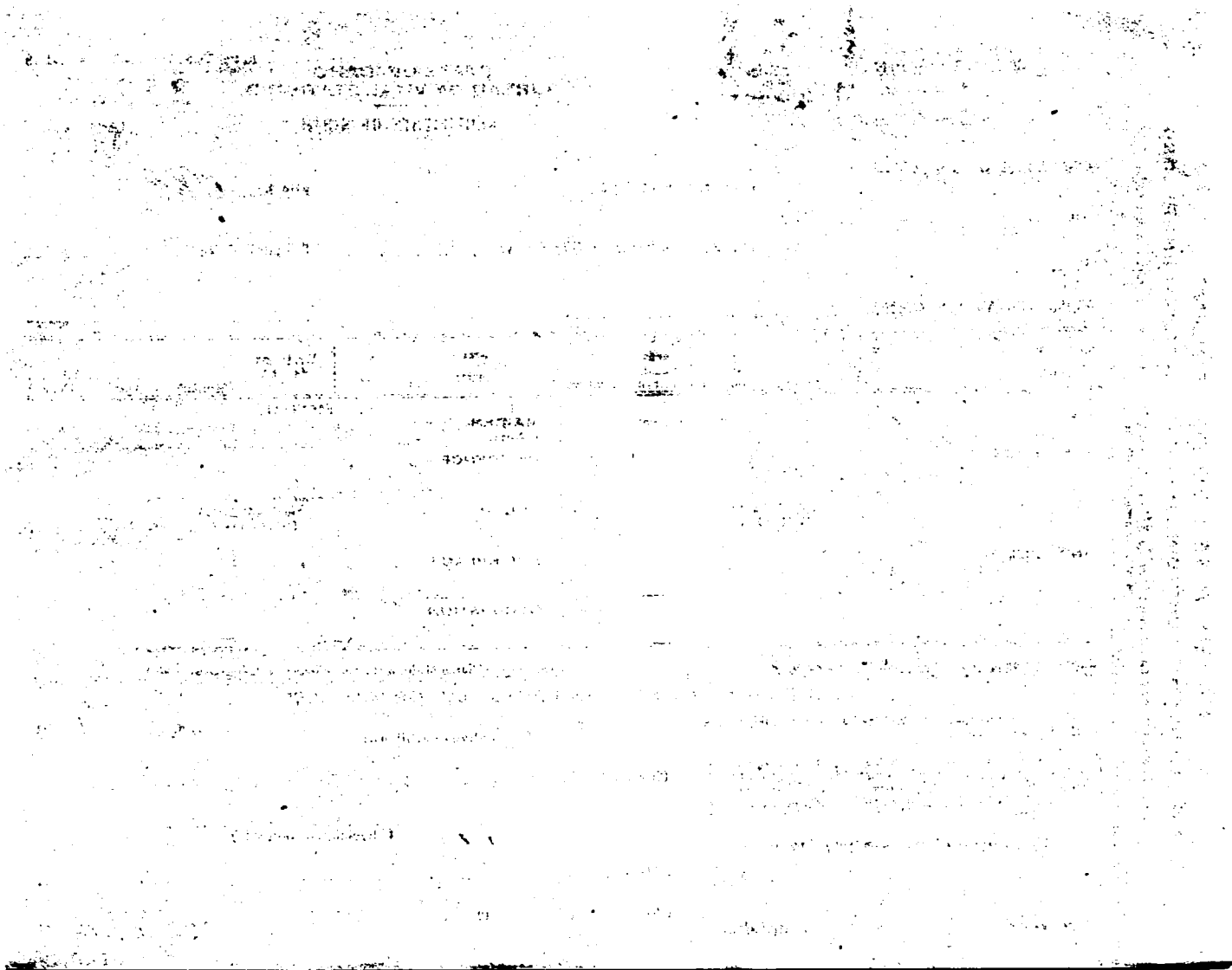
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



789-103-040-219

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Shoshone

City of Wardner

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35260

Registration District No. 2201 File No. 112

Primary Registration District No. 123 Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of Birth
Boy	5 (To be answered only in event of plural births)	yes	Oct (Month) 3 (Day) 1915 (Year)

FATHER	MOTHER
FULL NAME: Claud Phillips	FULL MAIDEN NAME: Lydia Bailey
RESIDENCE: Wardner	RESIDENCE: Wardner
COLOR: W AGE AT LAST BIRTHDAY: 34 (Years)	COLOR: W AGE AT LAST BIRTHDAY: 24 (Years)
BIRTHPLACE: S. Dakota	BIRTHPLACE: S. Dakota
OCCUPATION: Miner	OCCUPATION: House wife

Number of child of this mother, including present birth: 5 Number of children of this mother now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 5 P. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Neason M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Kellogg

Filed 11/10 1915 Geo. S. Loosher
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 1 3 1970

717-226-040-133

PLACE OF BIRTH

County of Shoshone

City of Kellogg

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

75261

Registration District No. 2204 File No. 12

Primary Registration District No. 123 Registered No. .....

FULL NAME OF CHILD Doris May Papesh.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F	4	Yes	Aug 26 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	W. W. Papesh.	FULL MAIDEN NAME	Grace E. Allen
RESIDENCE	Kellogg	RESIDENCE	Kellogg
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Minn	BIRTHPLACE	Cal
OCCUPATION	Banker.	OCCUPATION	House wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9 P. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. R. Mason M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Kellogg

Filed 11/10 1915 Geo. S. Lasher
Registrar

Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PAPESH

DuPCB 1915-301169

763-218 1040-293

Form V. S. No. 11-C—25m-1-1-18

35262

PLACE OF BIRTH

County of Shoshone

City of Kellogg

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2201 File No. 123

Primary Registration District No. 123 Registered No. _____

FULL NAME OF CHILD Mary Bolk.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F	1	yes	July (Month) 18 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Tony Bolk	FULL MAIDEN NAME	Mary Gilego
RESIDENCE	Kellogg	RESIDENCE	Kellogg
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Austria	BIRTHPLACE	Austria
OCCUPATION	Miner	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10:20 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Mason.

M.D.
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Kellogg

Filed 11/10 1915 Geo. S. Lasher
Registrar

Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 13 1953

415-225-040-449

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

35263

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Kellogg

No. ..... St.

Hospital .....

Registration District No. 2201 File No. 125

Primary Registration District No. 123 Registered No. .....

FULL NAME OF CHILD Georgina Dawn Mankowsky

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F	1	Yes	9 25 1915

FATHER		MOTHER	
FULL NAME	Albert Mankowsky	FULL MAIDEN NAME	Beatrice Murray
RESIDENCE	[redacted] Wardner	RESIDENCE	Wardner
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	[redacted]	BIRTHPLACE	Missouri
OCCUPATION	Miner	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 6 A. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. R. Mason
M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Kellogg

Filed 11/10 1915 Geo. S. Lesher
Registrar

Registrar

S-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 2

249-105-040-434

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

35264

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace

Registration District No. 2201 File No. 111

No. ..... St.

Primary Registration District No. 123 Registered No. .....

Hospital .....

FULL NAME OF CHILD Kendall McDonald Smith

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of Birth
Boy	2	Yes	11 (Month) 5 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Orrice Ray Smith	FULL MAIDEN NAME	Nellie Louisa McDonald
RESIDENCE	Wallace,	RESIDENCE	Wallace
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	3 (Years)	AGE AT LAST BIRTHDAY	3 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Oregon
OCCUPATION	Mill Man	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. R. Mason

M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19 ..... Address Kellogg

..... Registrar Filed 11/10 1915 Geo. S Lesher Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

5/29/41 Z.J.

ed States
artment of Commerce
eau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

RECEIVED MAY 28 19..

State File No.....
Local Reg. No.....
Reg. Dist. No.....

PLACE OF BIRTH: (a) County Shoshone (b) City Wallace
(c) Street Address or R F D No.....
(d) Name of Hospital or Maternity Home:
.....
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home 10 days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State..... (b) County.....
(c) City.....
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho?.....yrs.
(f) Mother's mailing address.....
3. **RESIDENCE OF FATHER** (city, state).....

FULL NAME OF CHILD Kendall Mc Donald Smith

5. Date of Birth (Month, day, year) Nov 5 - 1915

Sex. M

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 7

9. Legitimate? Yes

FATHER OF CHILD

FULL NAME Orrie Ray Smith

12. Age at time of THIS birth 31 yrs.

Color or Race W

Birthplace Idaho (City or town) Oregon (State or foreign country)

Exact Occupation Mill Man

Industry or Business Bunker Hill Company

MOTHER OF CHILD Mrs Donald

16. **FULL MAIDEN NAME** Helen Lorraine

17. Color or Race W

18. Age at time of THIS birth 27 years

19. Birthplace Idaho (City or town) Oregon (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol

Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead..... (d) Stillborn.....

I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at 5 P. M. on the date and at the place stated above, and that personal particulars were furnished by Helen Smith (First name) (Last name), who is related to this child as.....(Mother, etc.)

(a) MAY 28 19.. (Date received) (b).....(Registrar's signature)

Given name added on.....by.....(Registrar's signature)

25. Attendant's **OWN signature** G. P. Mason M.D. or.....(D.O., Midwife, etc.)

and address Date

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

249-125-040-355

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

35265

CERTIFICATE OF BIRTH

County of Shoshone

City of Kellogg

No. ..... St.

Hospital .....

Registration District No. 2201 File No. 176

Primary Registration District No. 123 Registered No. .....

FULL NAME OF CHILD Howard Mason Smith

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M	1	Yes	9 25 1915

FATHER		MOTHER	
FULL NAME	Charles F. Smith	FULL MAIDEN NAME	Berenice A Lee.
RESIDENCE	Kellogg	RESIDENCE	Kellogg
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	N.Y.	BIRTHPLACE	Minn
OCCUPATION	Painter	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. R. Mason M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Kellogg

Filed 11/10 1913 Geo. S. Lesher
Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAH
BUREAU OF VITAL ST

DEC 5

434-108-040-395

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35266

County of Shoshone

City of Kellogg

Registration District No. 7201 File No. 106

No. St.

Primary Registration District No. 123 Registered No.

Hospital

FULL NAME OF CHILD John Newell McDonald

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male		2	no	Oct 8 1915

FATHER		MOTHER	
FULL NAME	McDonald, ?	FULL MAIDEN NAME	Stella Lunney,
RESIDENCE	Not Known,	RESIDENCE	Kellogg,
COLOR		COLOR	White,
AGE AT LAST BIRTHDAY (Years)		AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE		BIRTHPLACE	Idaho,
OCCUPATION		OCCUPATION	Housekeeper,

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Was not present at birth, at 11 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. E. Lindsay

Physician
(Physician or midwife)

Address Kellogg Idaho,

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed 11/10 19 15 Geo. S. Lesher
Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

949-204-040-269

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Shoshone

City of Kellogg

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2201 File No. 11 85267

Primary Registration District No. 123 Registered No. .....

FULL NAME OF CHILD Francis Katherine Ruzic

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F	2	Yes	July 4 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Victor Ruzic	FULL MAIDEN NAME	Mary Korovich
RESIDENCE	Kellogg	RESIDENCE	Kellogg
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Austria	BIRTHPLACE	Austria
OCCUPATION	Miner	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3.30 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Mason

M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Kellogg

Filed 11/10 1915 Geo S Leshee
Registrar

Registrar

6-T CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

294-124-040-957

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

35268

CERTIFICATE OF BIRTH

County of Shoshone

City of Kingston

No. ..... St.

Hospital .....

Registration District No. 2201 File No. 119

Primary Registration District No. 123 Registered No. .....

FULL NAME OF CHILD Kenneth Simple

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of Birth
M	4	Yes	7 (Month) 24 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Mat Simple	FULL MAIDEN NAME	Jennie Repola
RESIDENCE	Kingston	RESIDENCE	Kingston
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Finland	BIRTHPLACE	Finland
OCCUPATION	Miner	OCCUPATION	House wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11 A M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Mason

M. D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Kellogg

Filed 11/10 1915 Geo S Lasher

Registrar

Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

433-181-095-64

[redacted]

[redacted]

[redacted]

No. 11-C—20m-8-15-12

35269

County of [redacted]

City of Lewiston

Registration District No. 96 File No.

No. [redacted] St.

Primary Registration District No. 1009 Registered No. 42

Hospital

FULL NAME OF CHILD Everett Jennett McCarn

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Oct (Month) 11 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Everett McCarn	FULL MAIDEN NAME	Edith Elizabeth Fuller
RESIDENCE	Lewiston Idaho	RESIDENCE	Lewiston Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Wing Co. Mo.	BIRTHPLACE	Crest Valley Calif.
OCCUPATION	Street Car Conductor	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive [redacted]), at 9 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L J Perkins (Physician or [redacted])

Given names added from a supplemental report

..... 19.....

..... Registrar

Address Lewiston Idaho

Filed 11-10- 1915 L. J. Perkins Registrar

S-Y CO. 20174

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No.

PLACE OF BIRTH

SEP 10 1954

FEB 18 1965

APR 16 1976

294-129-035-719

PLACE OF BIRTH

AMENDED JULY 18, 1953

County of Nezperce

City of Lewiston

No. ..... St.

Hospital St. Joseph

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 96 File No. 35270

Primary Registration District No. 1009 Registered No. 54

FULL NAME OF CHILD Richard Arza Simpson

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		Yes	Oct. 29 1915

What bacterioidal solution was used in eyes? .....

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

FATHER	MOTHER
FULL NAME: Reid Simpson	FULL MAIDEN NAME: Georgia Garlinghousr
RESIDENCE: Lewiston	RESIDENCE:
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY ..... (Years)	AGE AT LAST BIRTHDAY ..... (Years)
BIRTHPLACE: U. S.	BIRTHPLACE: U. S.
OCCUPATION: Store Worker	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. W. Shaff, M. D.

(Physician or midwife)

Address Lewiston, Idaho

Give names added from a supplemental report.

....., 192.....

Registrar.

Filed 11/10 1915 L. J. Perkins

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of California
County of Alameda } ss.

Certificate No. 35270

Date Filed June 10 1953

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Richard Buryn Simpson (Name on Original Certificate) who Born (Was Born or Died) on Oct. 29 1915 (Date of Event)
in Lewiston Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible record (Bible Record, Insurance Policy, Etc.) prepared on Oct 29 ~~1953~~ 1953 (Give Date) are. N.P.
date not given

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Richard Buryn Simpson	Richard Arza Simpson

Subscribed and sworn to before me this 10th day of June, 1953

Notary Public, residing at San Leandro
My commission expires Sept 3rd, 1955
(Seal)

Signed George E. Simpson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

6008 Rutland Ave
San Lorenzo, Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California
County of Alameda } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th day of June, 1953

Notary Public, residing at San Leandro
My commission expires Sept 3rd 1955
(Seal)

Signed Grace B. Norton
(Signature of Any Credible Person)

1262 Alves St.
Hayward, Calif.
(Street Address, City, State)

DPH 52.155

156-215-035-253

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35271

County of Nez Perce

City of _____

No. _____ St.

Hospital _____

Registration District No. 96 File No. _____

Primary Registration District No. 1009 Registered No. 45

FULL NAME OF CHILD Ida Jewell

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
female	—	—	yes	Oct 15 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Montie P. Jewell	FULL MAIDEN NAME	Katharine Kelly
RESIDENCE	Lewiston, Idaho	RESIDENCE	Lewiston
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Montana
OCCUPATION	Poultry Dealer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lucille Johnson

Physician (Physician or midwife)

Address Clarkston Washington

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 11—10—19 15 L. J. Perkins Registrar

8-Y CO. 20174

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

STATE
BUREAU OF VITAL
CERTIFICATE OF BIRTH

PLACE OF

818-119-035-236

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35272

County of Nez Perce

City of Lewiston

Registration District No. 96

File No.

No. St.

Primary Registration District No. 1009

Registered No. 46

Hospital St Josephs

FULL NAME OF CHILD Marion E. Hay

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Oct (Month) 19 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Raymond M. Hay	FULL MAIDEN NAME	Velma Stookey
RESIDENCE	Lewiston Idaho	RESIDENCE	Lewiston Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Wash	BIRTHPLACE	Ill.
OCCUPATION	Mgr Insurance Dept Idaho Trust Co	OCCUPATION	

Number of child of this mother, including present birth One

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3:10 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elmer G. Braddock

Physician (Physician or midwife)

Address Lewiston Idaho

Given names added from a supplemental report.

19

Registrar

Filed 11 10 19 15 L. J. Perkins Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

665106-035-238

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH **35273**

PLACE OF BIRTH

County of Nez Perce

City of Lewiston *Registration District No.* 96 File No.

No. St.

Hospital St Joseph's *Primary Registration District No.* 1009 Registered No. 88

FULL NAME OF CHILD Gordon William Foerschler

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Oct. 6 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	William Foerschler	Margaret Schmitz
RESIDENCE	Lewiston Idaho	Lewiston Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	33	28
BIRTHPLACE	Kansas	Germany
OCCUPATION	Traveling Salesman	

Number of child of this mother, including present birth one Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edgar G Braddock

Physician (Physician or midwife)

Address Lewiston Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 11-10- 19 16 L J Parker Registrar

S-Y CO. 24695

(Be sure the information is complete and accurate)

State File No. 35274
Local Reg. No.
Reg. Dist. No. 105

Amended 2/20/74

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH
a. COUNTY: Idaho
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Keuterville
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Idaho
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Keuterville
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Charles
b. (Middle): Bernard
c. (Last): Forsmann

4. SEX: Male

5a. THIS BIRTH: SINGLE ____ TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): Oct. 1, 1915

FATHER OF CHILD

7. FULL NAME
a. (First): Henry
b. (Middle):
c. (Last): Forsmann

8. AGE (At time of this birth): 54 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Minn.

10. USUAL OCCUPATION: Farming

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Mary
b. (Middle):
c. (Last): Esker

13. AGE (At time of this birth): 36 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Ill.

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 8
b. How many OTHER children were born alive but are now dead?
c. How many children were stillborn (born dead after 20 wks. pregnancy?)

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: H. B. Blake

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Keuterville, Ida.

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: Oct. 5, 1915

22. REGISTRAR'S SIGNATURE: H. B. Blake

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS

WEIGHT AT BIRTH ____ LBS. ____ OZS. 11:30 AM

RACE OR COLOR OF FATHER: White

RACE OR COLOR OF MOTHER: White

METHOD OF DELIVERY:

Was 1% Silver Nitrate Used to prevent blindness? YES ____ NO ____

BIRTH INJURY TO INFANT
____ YES IF YES, DESCRIBE
____ NO

CONGENITAL MALFORMATIONS OF INFANT
____ YES IF YES, DESCRIBE
____ NO

LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

FEB 14 9 57 AM '74

Certificate No. 35274

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Karl Bernard Forsmann (Name on Original Certificate) who was born (Was Born or Died) on Oct. 1, 1915 (Date of Event)

in Keuterville, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Karl Bernard Forsmann	Charles Bernard Forsmann

Subscribed and sworn to before me this 6 day of Feb, 1974

G. E. Uptmor

Notary Public, residing at Lewiston, Ida

My commission expires June 1976

(Seal)

Signed Herman H. Forsmann

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1701 Main Lewiston, Ida

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Nezperce }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6 day of Feb, 1974

G. E. Uptmor

Notary Public, residing at Lewiston

My commission expires June 1976

(Seal)

Signed .....

(Signature of Any Credible Person)

.....

(Street Address, City, State)

FORM DH 60-155

CL 1/17/74

Army of the US Dischage (Honorable) gives name as Charley B. Forsmann date of birth given as Oct. 1, 1915. xxxxxxseparated Oct. 26, 1945. viewed by V. S.

Certificate of Baptism from Catholic Church gives named as Charles Bernard Forsmann child' of Henry Forsmann and Mary Esker. born Oct. 1, 1915 in Kenterville idaho. Was Baptized October 4, 1915. Viewed by V. S.

855 231-040-569

PLACE OF BIRTH

[redacted] OF IDAHO
BU[redacted]TAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

35275

County of Shoshone

City of [redacted] Wardner.

Registration District No. 2201 File No. 117

No. _____ St.

Primary Registration District No. 123 Registered No. _____

Hospital _____

FULL NAME OF CHILD ~~[illegible]~~ Susan Marie Hendrickson

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of Birth
F	2	yes	July 31 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Matt Hendrickson	FULL MAIDEN NAME	Annie Norling
RESIDENCE	Wardner.	RESIDENCE	Wardner.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Finland	BIRTHPLACE	Sweden
OCCUPATION	Miner	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11 P. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Mason
M.D.
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__ Address Kellogg

_____ Registrar Filed 11/10 1915 Geo S Lesher
Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

165-228-040-847

Form V. S. No. 11-C—25m-1-1-18

35276

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Shoshone

City of Wardner

No. ..... St.

Hospital .....

Registration District No. 2201 File No. 115

Primary Registration District No. 123 Registered No. .....

FULL NAME OF CHILD Annie Mary Jones

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F	2	Yes	7 28 1915

FATHER		MOTHER	
FULL NAME	Trevor Jones	FULL MAIDEN NAME	Ellen Hughes
RESIDENCE	Wardner	RESIDENCE	Wardner
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	[redacted] England	BIRTHPLACE	England
OCCUPATION	Miner	OCCUPATION	H. W

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10:10 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Mason M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Kellogg

Filed 11/10 1915 Geo. O. Lisher
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

769-223-040-437

PLACE OF BIRTH

County of Shoshone

City of Kellogg

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

35277

Registration District No. 2201 File No. 116

Primary Registration District No. 123 Registered No. _____

FULL NAME OF CHILD Sarah Cecilia Gordon

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F	4	Yes	July 23 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Geo Gordon	FULL MAIDEN NAME	Katherine McGuire
RESIDENCE	Kellogg	RESIDENCE	Kellogg
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Ireland	BIRTHPLACE	Ireland
OCCUPATION	Mill Man	OCCUPATION	House wife

Number of child of this mother, including present birth 24

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 6.15 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. R. Mason M.D.

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Kellogg

Filed 11/10 1915 Geo S Lasher

Registrar

Registrar

S-Y CO. 24695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MAR 2 6 1973

168-116-225-231

PLACE OF BIRTH

County of Idaho

STATE OF IDAHO
BUREAU OF [illegible]
CERTIFICATE OF BIRTH

Form [illegible]

35[illegible]

City of Cottonwood

Registration District No. 105

File No. 63

No. ..... St.

Primary Registration District No. 2183

Registered No. .....

Hospital .....

FULL NAME OF CHILD Donald Byron Johnson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Sept. 16 [illegible] (Month) (Day)

FATHER		MOTHER	
FULL NAME	John Johnson	FULL MAIDEN NAME	Rose Blackburn
RESIDENCE	Cottonwood Idaho	RESIDENCE	Cottonwood Idaho
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	2[illegible]
BIRTHPLACE	Genesee Idaho	BIRTHPLACE	Cottonwood Idaho
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 3 [illegible] on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. D. Shinnick M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Cottonwood Idaho

Filed Oct. 1st 1915

H B Blake
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

DECEDENT

SEX

214-224-040-318

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF [redacted] STATISTICS
CERTIFICATE O[redacted]

V. S. No. 11-C—20m-3-15-12

35279

County of Shoshone

City of Kellogg

Registration District No. 2201 File No. 105

No. ..... St.

Primary Registration District No. 123 Registered No. .....

Hospital .....

FULL NAME OF CHILD Helen Maria Kauppi

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of Birth
female	3	Yes	Oct (Month) 24 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John Kauppi	FULL MAIDEN NAME	Fannie Laho
RESIDENCE	Kellogg	RESIDENCE	Kellogg
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Finland
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H C Lindsay

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Kellogg Idaho

Filed Nov 10 1915 Geo S Lasker

Registrar Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 14 1997

612-104-040-459

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS # 35280

CERTIFICATE OF BIRTH

County of Shoshone

City of Kingston

Registration District No. 2201 File No. 108

No. _____ St.

Primary Registration District No. 123 Registered No. _____

Hospital _____

FULL NAME OF CHILD Butler Lee Fast.

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of Birth
Boy	2	yes	9 (Month) 4 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Robert B. Fast.	FULL MAIDEN NAME	Maggie Derfelt
RESIDENCE	Kingston	RESIDENCE	Kingston
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Ill	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Mason
M.D.
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Kellogg

Filed 11/10 1915 Geo S Lesher
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1/7/48

AUG 27 1956

392-109-040-133

PLACE OF BIRTH

Form V. S. No. 11-C-2[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35281

County of Shoshone

City of Kellogg

No. ..... St.

Hospital .....

Registration District No. [illegible]

File No. 114

Primary Registration District No. [illegible]

Registered No. .....

FULL NAME OF CHILD William Wesley Likely Jr.

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of Birth
M	2	yes	10 (Month) 9 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	W. W. Likely	FULL MAIDEN NAME	Mable Agnus Allen
RESIDENCE	Rose Lake, Ida	RESIDENCE	Rose Lake, Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	2[illegible] (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. R. Mason

M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Kellogg

Filed 11/10 1915 Geo S. Lesher

Registrar

Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

168-1141028-652

PLACE OF BIRTH

STAT[illegible]
BUREAU OF [illegible]
CERTIFI[illegible]

3[illegible]

County of Kootenai

City of Lane

Registration District No. 2201 File No. [illegible]

No. ..... St.

Primary Registration District No. 123 Registered No. .....

Hospital .....

FULL NAME OF CHILD William Joseph Johnson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M	4	yes	Aug 14 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	W. J. Johnson	FULL MAIDEN NAME	Serrah Lillian West
RESIDENCE	Lane	RESIDENCE	Lane
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Minn	BIRTHPLACE	Oregon
OCCUPATION	Lumberman	OCCUPATION	House wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2.35 A on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Mason
M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Kellogg

Filed 11/10 1915 Geo S Lasher
Registrar

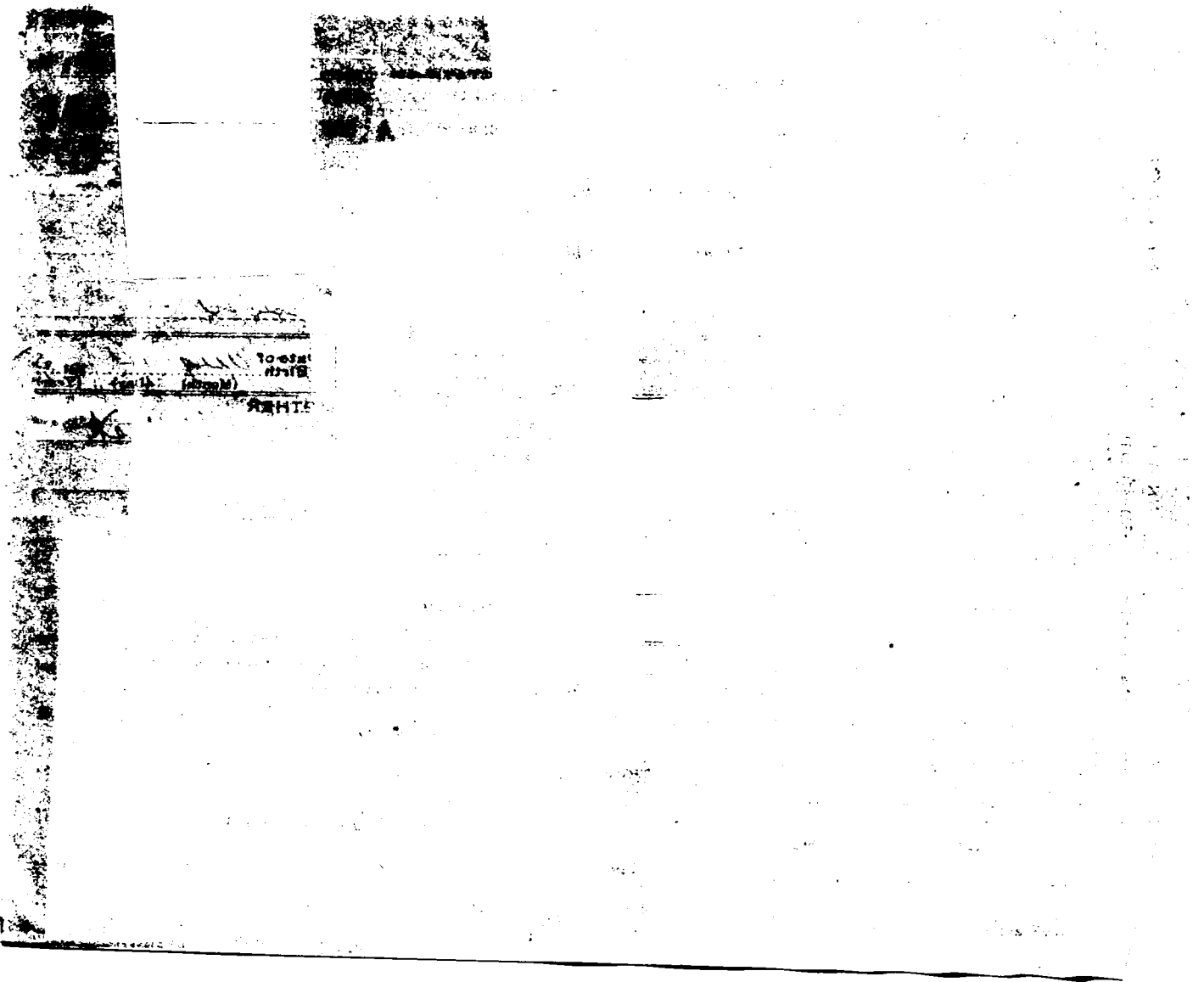
Registrar

2-V 00. 84558

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



135-216-040-253

PLACE OF BIRTH

County of Shoshone

City of Kellogg

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-13

35283

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35283

Registration District No. 2201 File No. 187

Primary Registration District No. 123 Registered No. .....

FULL NAME OF CHILD Margaret Josephine Alexander

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes	9 16 1915

FATHER		MOTHER	
FULL NAME	Jacob Alexander	FULL MAIDEN NAME	Ethel [redacted]
RESIDENCE	Kellogg	RESIDENCE	Kellogg
COLOR	White	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	N. C.	BIRTHPLACE	N. C.
OCCUPATION	Electrition	OCCUPATION	House wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. A. Mason

M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Kellogg

Filed 11/10 1915 Geo. S. Lesher

Registrar

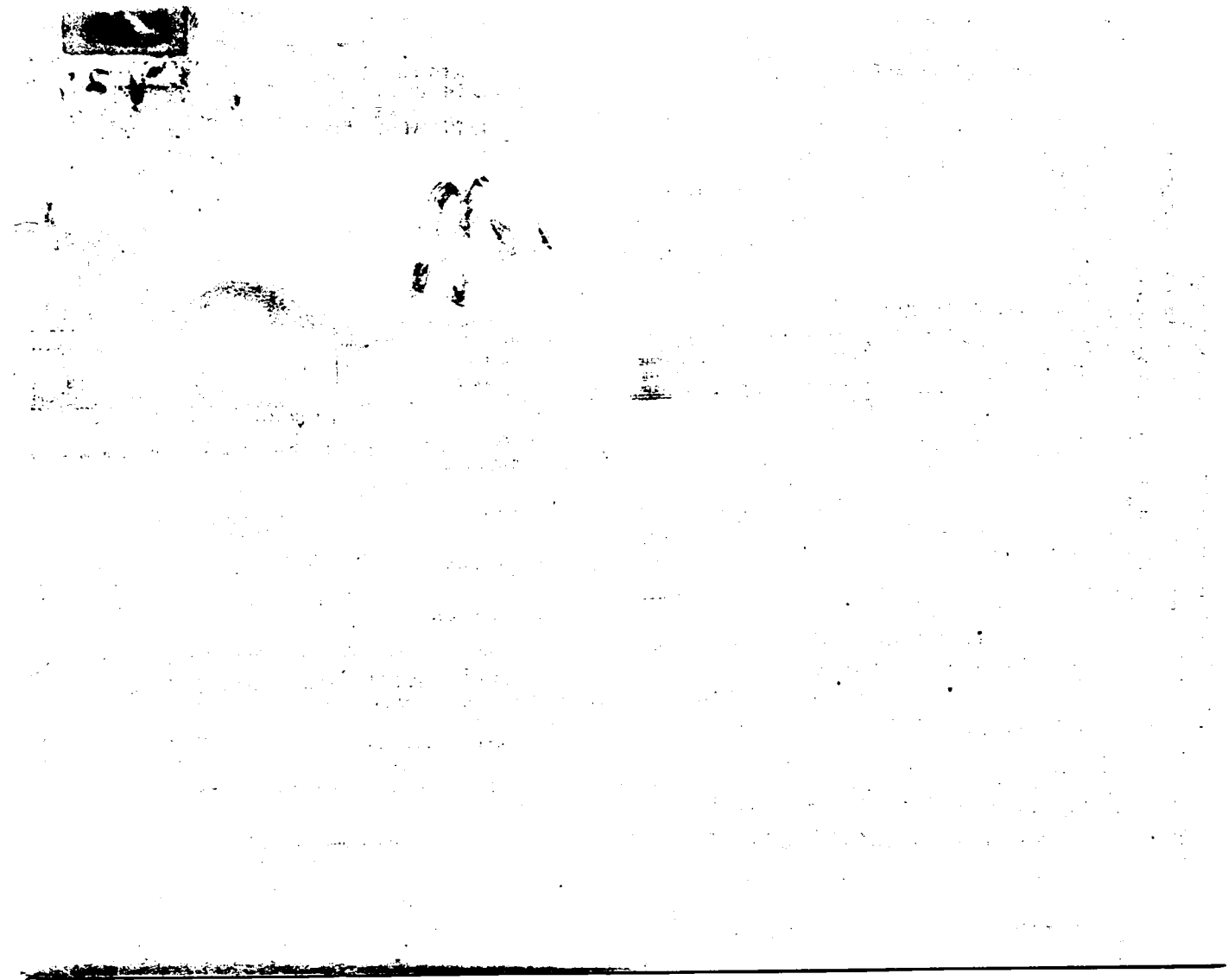
Registrar

8-Y CO. 24695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



369-128-040-212

PLACE OF BIRTH

County of Shoshone

City of Kellogg

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. [illegible]

38284

Registration District No. 2201 File No. 124

Primary Registration District No. 123 Registered No. 1

FULL NAME OF CHILD John Francis Carter

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M			1	yes	9 (Month) 28 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Alfred B. Carter	FULL MAIDEN NAME	Inus McKasson
RESIDENCE	Kellogg	RESIDENCE	Kellogg
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	New	BIRTHPLACE	Missouri
OCCUPATION	Book Keeper	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9.20 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. R. Mason

M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Kellogg

Filed 11/10 1915 Geo D Lesher
Registrar

Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

15-313533

456-129-040-954

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

35285

CERTIFICATE OF BIRTH

County of Shoshone

City of Nelson Siding Registration District No. 7701 File No. 172

No. ..... St.

Primary Registration District No. 123 Registered No. .....

Hospital .....

FULL NAME OF CHILD Frank Dunham Jr

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		1	Yes	Aug 29 1914

FATHER		MOTHER	
FULL NAME	Frank Dunham	FULL MAIDEN NAME	Adah Rudd
RESIDENCE	Nelson Siding	RESIDENCE	Nelson Siding
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Mass	BIRTHPLACE	Mich
OCCUPATION	Lumberman	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5.30 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Mason

M.D.
(Physician or midwife)

Address Kellogg

Given names added from a supplemental report.

..... 19....

..... Registrar

Filed 11/10 1915 Geo. S. Leahey
Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

H-61-11

319-223-025-359

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

35286

CERTIFICATE OF BIRTH

County of Idaho

City of Ferdinand

No. ..... St.

Hospital .....

Registration District No. 105

Primary Registration District No. 2183

File No. 64

Registered No. .....

FULL NAME OF CHILD: Fern Lavon Carpenter

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Sept 23 1916 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Fred Albert Carpenter	FULL MAIDEN NAME	Effie Esther Terwilliger
RESIDENCE	Ferdinand Idaho	RESIDENCE	Ferdinand Idaho
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Pottotch Idaho	BIRTHPLACE	Jackson Minn
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 2.55 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. D. Shinnick M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Ottonwood Idaho

Filed Oct 1st 1915

H B Blake
Registrar

Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMA

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 16 1977

219-117-025-612

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

35287

CERTIFICATE OF BIRTH

County of Idaho

City of Cottonwood

Registration District No. 105 File No. 67

No. ..... St.

Primary Registration District No. 2183 Registered No. .....

Hospital Home

FULL NAME OF CHILD Unnamed Melvin Albert Barth

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Oct 17 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Albert J. Barth	FULL MAIDEN NAME	Katherine Wasem
RESIDENCE	Cottonwood Ida.	RESIDENCE	Cottonwood Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Eagle Groove, Iowa
OCCUPATION	Jeweler	OCCUPATION	House wife

Number of child of this mother, including present birth 3rd Number of children of this mother now living, including present birth 3rd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 1:15 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wesley F. Orr M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Cottonwood Ida.

Filed Oct 25 1915 H B Blake

Registrar Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 3 1 1941

253-104,035-313

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

35288

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

Registration District No. 96

File No. —

No. ..... St.

Primary Registration District No. 1009

Registered No. 34

Hospital St Josephs

FULL NAME OF CHILD Edgar L. Becker

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		Yes	Oct 4 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Edgar Becker	FULL MAIDEN NAME	Ruth Latham
RESIDENCE	Lewiston Ida	RESIDENCE	Lewiston Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Mont	BIRTHPLACE	Wash
OCCUPATION	Traveling man	OCCUPATION	

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 1400 M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elmer G. Braddock

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Lewiston Ida

Filed 11-10-1915 L. C. Perkins
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 15 1960
MAR 21 1960

2191/09-035-858

Form V. S. No. 11-C—25m-1-1-13

[illegible]CE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35289

County of Nez Perce

City of Lewiston Orchards

Registration District No. 95 File No.

No. St.

Primary Registration District No. 1009 Registered No. 40

Hospital

FULL NAME OF CHILD Merle Leland Bailey

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
male	single	and	yes	Oct 9 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Elmer C. Bailey	FULL MAIDEN NAME	Minnie Heyer
RESIDENCE	Lewiston Orchards	RESIDENCE	Lewiston Orchards
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	South Dakota	BIRTHPLACE	Wisconsin
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2 p.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. C. Carskow

(Physician or midwife)

Given names added from a supplemental report.

19

Address Lewiston Ida

Filed 11-10-1915 L. J. Perkins
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 2 2 1941

APR 25 1950

264-108-035-285

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

35290

County of Nez Perce.

City of Lewiston

Registration District No. 96

File No.

No. , St.

Primary Registration District No. 1009

Registered No. 39

Hospital St Joseph

FULL NAME OF CHILD David Philip Bodine

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		yes	Oct 8 1915

FATHER		MOTHER	
FULL NAME	David Bodine	FULL MAIDEN NAME	Bessie Shearer
RESIDENCE	Vollmer 30	RESIDENCE	Vollmer
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	US	BIRTHPLACE	US
OCCUPATION	Merchant	OCCUPATION	H Wife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Ohr (Born alive or stillborn) at 1.25 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C W Shaff

(Physician or Midwife)

Given names added from a supplemental report

, 19

Address Lewiston Idaho

Filed 11-10- 1915 L J Perkins

Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

APR 5 1967

147-219-035-275

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35291

County of Nez Perce

City of Lewiston

No. ..... *St.*

Hospital .....

Registration District No. 96 **File No.** —

Primary Registration District No. 1009 **Registered No.** 48

FULL NAME OF CHILD Lucy August

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Oct. (Month) 19 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Joseph August	FULL MAIDEN NAME	Rosa Speno
RESIDENCE	Lewiston Idaho	RESIDENCE	Lewiston Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Italy	BIRTHPLACE	Italy
OCCUPATION	Orchardist	OCCUPATION	House wife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 7 A. M. on the date above stated.
(Born alive o[redacted])

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. J. Perkins
(Physician ~~or midwife~~)

Given names added from a supplemental report

..... 19.....

Address Lewiston Idaho

Filed 11-10-2 19 15 L. C. Perkins
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MAY 7 1973

125-123-035-393.

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No. ..... St.

Hospital St Josephs

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35292

Registration District No. 96 File No. [illegible]

Primary Registration District No. 1009 Registered No. 51

FULL NAME OF CHILD Hubert Frank Akers

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	Oct 23 1915

FATHER		MOTHER	
FULL NAME	M Frank Akers	FULL MAIDEN NAME	Irene Little
RESIDENCE	Lewiston Idaho	RESIDENCE	Lewiston Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Neb.
OCCUPATION	Jeweller	OCCUPATION	

Number of child of this mother, including present birth ... One ... Number of children of this mother now living, including present birth ... One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7 30 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin G Broadbent

Physician (Physician or midwife)

Address Lewiston Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 11-10- 19 15 L J Perkins Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 10 1950

463-179-035-759

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35293

County of Nez Perce

City of Lewiston

No. 115 = 17th Ave.

Registration District No. 9E

File No.

Primary Registration District No. 1009

Registered No. 33

Hospital

FULL NAME OF CHILD Robert Ira Dale

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Oct 29 1916

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ira Dale	Bessie L Perkins
RESIDENCE	Lewiston Idaho	Lewiston Idaho
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	27	24
BIRTHPLACE	Duluth, Minn	Mt. Zion, Iowa
OCCUPATION	Mechanic	House wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive ~~or stillborn~~) at 11-P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L J Perkins (Physician ~~or midwife~~)

Address Lewiston Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed 11-10-1916 L J Perkins
Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DOLE

Dep of 1915 · 132934

617-005-035-749

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35294

County of Nez Perce

City of Sweet Water

No. ..... St.

Hospital at home

Registration District No. 95 File No. ....

Primary Registration District No. 1009 Registered No. 37

FULL NAME OF CHILD Wallace Margaret

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Female		4th	Yes	Oct. 5 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Thornton Wallace	FULL MAIDEN NAME	Anna Smith
RESIDENCE	Sweet Water, Ida.	RESIDENCE	Sweet Water, Ida.
COLOR		COLOR	White
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	41 (Years)
BIRTHPLACE	Ontario Canada	BIRTHPLACE	Mo.
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 7 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. C. Keller, DO

(Physician or midwife)

Address Lewiston, Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 11-10- 1915 L. J. Perkins Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

OCT 25 1968

55 [redacted] 040-693

[redacted] BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

35295

CERTIFICATE OF BIRTH

County of [redacted]shone

City of Wardner

No. _____ St.

Hospital _____

Registration District No. 2201 File No. 129

Primary Registration District No. 123 Registered No. _____

FULL NAME OF CHILD Viola Mae Newton

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F	2	yes	Oct 14 1915

FATHER		MOTHER	
FULL NAME	Benjamin [redacted]ewton	FULL MAIDEN NAME	Adelaide E. Williams
RESIDENCE	Wardner	RESIDENCE	Wardner
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	England	BIRTHPLACE	England
OCCUPATION	Miner	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 9.15 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Mason M.D.
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address K. Clogg

Filed 11/10 1915 Geo S Lasher
Registrar

Registrar

8-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

SEP 13 1966

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

753-[illegible]-249

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

35296

CERTIFICATE OF BIRTH

County of Shoshone

City of Kellogg

No. ..... St.

Hospital .....

Registration District No. 2201 File No. 10 T

Primary Registration District No. 123 Registered No. .....

FULL NAME OF CHILD DARRELL IRWIN PETERSEN

Sex of Child Male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? | Date of Birth Aug. 3 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Paul Petersen	FULL MAIDEN NAME	Iva Smith
RESIDENCE	Kellogg	RESIDENCE	Kellogg
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Norway	BIRTHPLACE	Wis
OCCUPATION	Carpenter	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 5 A. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Mason M.D. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Kellogg

Filed 11/10 1915 Geo. S. Lesher Registrar

Registrar

S-Y CO. 24658

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Shoshone Idaho } ss.
County of Shoshone }

Certificate No. 35296

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Darrell Irwin Peterson (Name on Original Certificate) who was born (Was Born or Died) on August 3 1915 (Date of Event)
in Kellogg, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Darrell Irwin
Date	Not given	Aug. 3, 1915

Subscribed and sworn to before me this 16th
day of May, 1942

Notary Public, residing at Kellogg, Idaho
My commission expires Apr. 13, 1944
(Seal)

Signed Ivan Myrtle Peterson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Kellogg Idaho Box 181
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of, 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

MAY 8 1942

MAY 20 1942

698-[redacted]-28-238

PLAC[redacted]

Form V. S. No. 11-C—25m-1-1-18

35297

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Dudley, Ida.

Registration District No. 2201 File No. 110

No. ..... St.

Primary Registration District No. 123 Registered No. .....

Hospital .....

FULL NAME OF CHILD Kathryn Jane Fry

Sex of Child. Female | Twin Triplet or other? and Number in order of birth 2 (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Oct (Month) 8 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Manning F. Fry	FULL MAIDEN NAME	Anna E. Schuler
RESIDENCE	Dudley	RESIDENCE	Dudley
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Ill
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 1 A. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Mason, M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Kellogg

Filed 11/10 1915 Geo S Larber
Registrar

Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

195-12-0-8-168

Form V. S. No. 11-C—15m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35298

County of [illegible]

City of Dudley Ida

Registration District No. 2201 File No. 109

No. ..... St.

Primary Registration District No. 123 Registered No. .....

Hospital .....

FULL NAME OF CHILD FRANK ANTHONY ARNHOLD

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of Birth
Boy	2 (To be answered only in event of plural births)	Yes	Sept 12 1915 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME: Antone Arnhold	FULL MAIDEN NAME: Hannah Johnson
RESIDENCE: Farm, Near Dudley	RESIDENCE: Dudley
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 38 (Years)	AGE AT LAST BIRTHDAY: 27 (Years)
BIRTHPLACE: Austria	BIRTHPLACE: Sweden
OCCUPATION: Farmer	OCCUPATION: House Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9.15 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. R. Mason

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed Oct. 1 1915

..... Registrar

..... Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of [redacted] } ss.

Certificate No. 35298

Date Filed [illegible]

The undersigned does solemnly swear that certain facts on the certificate of John Victor Arnhold (Birth or Death)
for Frank Anthony Arnold (Name on Original Certificate) who was born on December 8 1919 (Was Born or Died) (Date of Event)
in [illegible] (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by [illegible] knowledge (Bible Record, Insurance Policy, Etc.) prepared on [illegible] (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Surname	Arndhold	Arnhold
Name	Unnamed	Frank Anthony Arnhold
	Francis Victor Arnhold	

Subscribed and sworn to before me this [illegible]
day of [illegible], 19[illegible]

[illegible]
Notary Public, residing at [illegible]
My commission expires [illegible]
(Seal)

Signed Mrs Cora E Norton
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

[illegible]
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of [illegible] }
County of [illegible] } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this [illegible]
day of [illegible], 19[illegible]

[illegible]
Notary Public, residing at [illegible]
My commission expires [illegible]
(Seal)

Signed [illegible]
(Signature of Any Credible Person Other Than Previous Year)

[illegible]
(Street Address, City, State)

JUN 30 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

293-204

PLACE OF [redacted]

[redacted]

CERTIFICATE OF BIRTH

35299

County of Idaho

City of Denver Ida

Registration District No. 105

~~Hospital~~ Home

Primary Registration District No. 2183

Registered No.

FULL NAME OF CHILD Unnamed

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Aug 4 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wm Robert Kitron	FULL MAIDEN NAME	Kate Dazey
RESIDENCE	Denver Ida.	RESIDENCE	Denver Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Springfield Mo.	BIRTHPLACE	Welch Okla.
OCCUPATION	Farming.	OCCUPATION	House wife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 1:45 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Wesley F. Orr

(Physician or midwife)

Given names added from a supplemental report.

19

Address Cottonwood Idaho

Filed Oct 1st 1915 H B Blake

Registrar

Registrar

S-Y CO. 24656

[redacted]

553-2 19 (1)

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH [redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35300

County of Nez Perce

City of Lewiston

No. 1516 7 Ave St.

Hospital

Registration District No. 96 File No.

Primary Registration District No. 1009 Registered No. 47

FULL NAME OF CHILD Nelson Winona Margaret

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Oct 19 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Neal Nelson	FULL MAIDEN NAME	Winona Benscoter
RESIDENCE	Lewiston Idaho	RESIDENCE	Lewiston Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Minnesota	BIRTHPLACE	Idaho
OCCUPATION	Miller	OCCUPATION	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elmer G Bradsack

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Lewiston Idaho

Filed 11-10-1915 R. J. Perkins Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

253-229-35.249

PLACE OF BIRTH

Amended 4-23-56

County of Nez Perce

City of Lewiston

No. ..... St.

Hospital St. Joseph's

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 96 File No. [redacted]

Primary Registration District No. 1009 Registered No. 55

FULL NAME OF CHILD EMILIE FRIEDA BETHMANN

(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Oct. 29 1915

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Harry F. Bethmann	FULL MAIDEN NAME	Ida M. Burns
RESIDENCE	Pardee, Ida.	RESIDENCE	Pardee, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Germany	BIRTHPLACE	Lewiston, Idaho
OCCUPATION	Mining Engineer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3:30 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edgar L. White M.D.

(Physician or midwife)

Address Lewiston, Idaho

Give names added from a supplemental report.

....., 192.....

Registrar.

Filed 11-10 1915 L. J. Perkins

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of .....
County of ..... } ss.

Certificate No. ~~35308~~

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Emilie Frieda Bethmann (Name on Original Certificate) who was born (Was Born or Died) on Oct. 29, 1915 (Date of Event)
in Lewiston, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Sex of Child	Male	Female

Subscribed and sworn to before me this ..... day of
....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed Frieda Bethmann Jeffries
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Chiloquin Oregon
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of .....
County of ..... } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 19.. Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of
....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed Allen P. Jeffries
(Signature of Any Credible Person)

Chiloquin Oregon
(Street Address, City, State)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No. 1 St.

Hospital St. Josephs

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35302

Registration District No. 9C File No.

Primary Registration District No. 1009 Registered No. 35

FULL NAME OF CHILD HANS FERDINAND Bethmann ~~Ferdinand~~

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		2nd	Yes	Oct 29 1915

FATHER		MOTHER	
FULL NAME	Harry F. Bethmann	FULL MAIDEN NAME	Ida M. Burns
RESIDENCE	Pardee Idaho	RESIDENCE	Pardee Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Germany	BIRTHPLACE	Lewiston Ida
OCCUPATION	Mining Engineer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated, at 3 30 P M.

(Signature) Edgar L. White M.D

(Physician or midwife)

Address Lewiston Ida

Filed 11-10- 19 15

L. J. Perkins
Registrar

*When there was no attending physician or midwife, then the father, householder, etc, should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

S-Y-CO 38071

NOV 1 1956
AUG 9 1955
APR 26 1967

79 50224 035 195

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35303

County of Nez Perce

City of Lewiston

No. 2027-10 Ave St.

Hospital

Registration District No. 96 File No.

Primary Registration District No. 1009 Registered No. 52

FULL NAME OF CHILD Greer Marjorie Flora

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Oct 24 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Herbert W. Greer	FULL MAIDEN NAME	Corinne Arnold
RESIDENCE	Lewiston Ida	RESIDENCE	Lewiston Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Ill.
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth two Number of children of this mother now living, including present birth two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 11 30 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elmer G Braddock
Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Address Lewiston Ida

Filed 11-10-1915 L. J. Perkins
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 21 1967

215-204-035-286

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35304

County of [illegible]

City of Lewiston

Registration District No. 96 File No.

No. St.

Primary Registration District No. 1009 Registered No. 86

Hospital St. Josephs

FULL NAME OF CHILD Kathleen Mary Kavanaugh

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Oct 4 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Gerald Kavanaugh	FULL MAIDEN NAME	Grace Shank
RESIDENCE	Lewiston Ida	RESIDENCE	Lewiston Ida
COLOR	White AGE AT LAST BIRTHDAY 36 (Years)	COLOR	White AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE	Washington	BIRTHPLACE	Wash
OCCUPATION	Traveling Salesman	OCCUPATION	

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 1:30 P M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elwood Braddock

Physician

(Physician or midwife)

Given names added from a supplemental report.

Address Lewiston Ida

19

Filed 11-10 2 1915 L. J. Perkins

Registrar Registrar

8-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

853 213-035-219

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No. 8th & Ninth Ave St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

35305

Registration District No. 96

File No.

Primary Registration District No. 1009

Registered No. 43

FULL NAME OF CHILD Elva Jessie Helms

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	Yes	Oct 13 1915

FATHER		MOTHER	
FULL NAME	R. G. Helms	FULL MAIDEN NAME	Jessie Barber
RESIDENCE	Lewiston	RESIDENCE	Lewiston Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)		AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE		BIRTHPLACE	California
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 P. M. on the date above stated.

(Signature) Edgar L. White M. D

(Physician or midwife)

Address Lewiston Ida

Filed 11-10- 1915 L. J. Perkins Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

8-Y-CO 38071

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

RECEIVED
MAY 1 1965
Bureau of Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth ~~or Death~~

State of Washington
County of Yakima } ss.

Certificate No. 35305

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Elva Jessie Helms (Name on Original Certificate) who born (Was Born or Died) on Oct. 13, 1915 (Date of Event)
in Lewiston (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "~~Birth Date~~," "~~Cause of Death~~," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Mother's Maiden Name	Not given	Jessie Barber
Mother's Color	Not given	White
Mother's Age last birthday	Not given	33
Mother's birthplace Calif.	not given Father's age last birthday & birthplace from not given to	1936 Born in Oregon

Subscribed and sworn to before me this 7th day of May, 1965.
Notary Public, residing at Yakima Washington
My commission expires July 8, 1968
(Seal)

Signed [signature] (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
P.O. Box 631 Yakima Wash
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington
County of Yakima } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7th day of May, 1965.
Notary Public, residing at Yakima Washington
My commission expires July 8, 1968
(Seal)

Signed Henry Barber (Signature of Any Credible Person)
R#4 box 203 Yakima Wash
(Street Address, City, State)

FORM DPH 55.155 1 copy pd. rec. #16542 NNCL 3-5-58 nm

Cert. Copy of Mother's Death Cert., State of Washington, copy issued Dec. 8, 1961, gives full name as Jessie Helms, died Dec. 16, 1934, gives full date of birth as July 26, 1882 at Stockton, California to James W. Barber and Arpha Clark - viewed by V.S.

JUL 19 1965

Another Child's Birth Cert. on file: (Idaho Birth) #68528 gives full maiden name of mother as Jessie Barber, age 37, white, born in California - viewed by, V.S. also gives father's birthplace as Oregon and age as 40 -

1915 Amended 8-8-67 (Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 35306
Local Reg. No. 44
Reg. Dist. No. 96

1. PLACE OF BIRTH

a. COUNTY: Nez Perce

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Lewiston

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: St. Joseph's

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Nez Perce

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Lewiston

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Evelyn b. (Middle): Lucile c. (Last): Broberg

4. SEX: Female

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): Oct. 14, 1915

FATHER OF CHILD

7. FULL NAME

a. (First): Arthur b. (Middle): c. (Last): Broberg

8. AGE (At time of this birth): 32 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Minn.

10. USUAL OCCUPATION: Railroader

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Jennie b. (Middle): c. (Last): Mounce

13. AGE (At time of this birth): 29 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Cal.

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 0

b. How many OTHER children were born alive but are now dead? 1

c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Elmer G. Braddock

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Lewiston, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: 11-10-1915

22. REGISTRAR'S SIGNATURE: L.J. Perkins

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Please print or type information in ink. Check applicable boxes. Answer all questions. If unknown or not applicable, write UNK or N.A. Where a choice is given, circle the correct answer. Signature of informant required in item 16. Certificate must be filed with the local registrar of the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address

DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
JUN 26 1967
Bureau of Vital Statistics

State of Washington } ss.
County of Spokane

Certificate No. 35306

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Evelyn Lucile Broberg (Name on Original Certificate) who was born (Was Born or Died) on Oct. 14, 1915 (Date of Event) in Lewiston, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Sex of Child	Male	Female

Subscribed and sworn to before me this 13th day of March, 1966

Hart Snyder

Notary Public, residing at Spokane, Wash.

My commission expires Sept. 17, 1966

(Seal)

Signed Jennie M. Haskins

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(formerly Jennie Maunce Broberg)

S. 420 Coeur d'Alene St., Spokane, Wash.

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Spokane

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22nd day of June, 1967

Hart Snyder

Notary Public, residing at Spokane

My commission expires Sept. 17, 1970

(Seal)

Signed [illegible]

(Signature of Any Credible Person)

811 W. 26th Ave., Spokane, Wash.

(Street Address, City, State)

FORM DH 60-155 CL 3-1-66. nm

Certificate of Registration, Voting Registration, State of Washington, County of Spokane, City of Spokane, dated October 18, 1940 gives full name as Evelyn H. Snyder, age 25, Occupation: Housewife - viewed by V.S.

Statement from Martha Speelmon, R.R.L., ~~Medical~~-Medical Record Librarian, Deaconess Hospital, Spokane, Washington, dated March 9, 1966 states "This is to certify that Evelyn H. Snyder was ~~admitted~~ Admitted to the Hospital on June 21, 1947 to June 24, 1947, inclusive. Her age given at time was 31 years, the date of her birth was given as October 14, 1915, and her sex listed as Female - viewed by V.S.

444-222-035-897

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

35307

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

No. 1418 - 10th Ave St.

Hospital St. Joseph's

Registration District No. 96 File No.

Primary Registration District No. 1009 Registered No. 49

FULL NAME OF CHILD Dudley Mary Lolo

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	\		\	Yes	Oct 22 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Duke Dudley	FULL MAIDEN NAME	Nellie High
RESIDENCE	Lewiston Ida	RESIDENCE	Lewiston Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Iowa
OCCUPATION	Contractor	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edgar L. White M.D

(Physician or midwife)

Given names added from a supplemental report.

19

Address Lewiston Ida

Filed 11-10- 1915 L. J. Perkins

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

468-227-035-255

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35308

County of Nez Perce

City of Lewiston

Registration District No. 96 File No.

No. St.

Primary Registration District No. 1009 Registered No. 60

Hospital

FULL NAME OF CHILD Evangeline Birdie Doyle

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
female	single		yes	Oct 23 (Month) (Day) 191 5 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	William J. Doyle	FULL MAIDEN NAME	Clara Benschung
RESIDENCE	Lewiston, Ida	RESIDENCE	Lewiston, Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Conn.	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housework

Number of child of this mother, including present birth 3rd

Number of children of this mother now living, including present birth 3rd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7 a. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. E. Corason

(Physician or midwife)

Address Lewiston Ida

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 11-10- 19 15

L. J. Perkins
Registrar

S-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 13 1971

455-118-025-239

PLACE OF BIRTH

Form V. S. No. 11-C-[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35309

68

[redacted] Ida

City of Westlake

Registration District No. 105

File No. [redacted]

No. ..... St.

Primary Registration District No. 2183

Registered No. .....

Hospital .....

FULL NAME OF CHILD George Frank Denham

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Oct (Month) 18 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Hayes Henry Denham	FULL MAIDEN NAME	Ermel Alma Stiner
RESIDENCE	Westlake	RESIDENCE	Westlake
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Mo
OCCUPATION	Farmer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth Seventh Seventh

Number of children of this mother now living, including present birth Six

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 7.20 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. May Eastman
Midwife
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

..... Registrar

Address Westlake, Idaho.

Filed Oct 27 1915 H B Blake
Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

[redacted]

AFFIDAVIT

STATE OF IDAHO

COUNTY OF LEWIS

Correction:

to be corrected:	From	to
Name	Unnamed	George Franklin Denham

To whom it may concern:

I, ERMAL DENHAM AND HENRY H. DENHAM. **do hereby swear that the following statements are true as to the birth of** GEORGE FRANKLIN DENHAM.

1. **Birth Date:** OCTOBER 18, 1915
2. **Birth place:** WESTLAKE, IDAHO
3. **Parents Names:**
   Father HENRY HAYES DENHAM
   Mother ERMAL STEINER DENHAM **
4. **Age of person signing affidavit:** 74 years
5. **Reason of knowledge of this birth:** HE IS MY SON.

Henry H. Denham

Signed Ermal Denham

Subscribed and sworn to before me this 21st **day of** MARCH **19** 57.

Robert L Omsberg

My Notary Commission expires February 5 **19** 61.

** are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible Record prepared on near time of birth. Bible viewed by Notary Public & statement from him enclosed with aff.

Viewed by Vital Stat.

Unnable to find two documents showing full name franklin.

Social Security Card - 6-24-37 shows name as George Frank Denham
Own Child's Birth Cert. #54-10305 shows name as George Frank Denham

Viewed by Vital Statistics

201-040-462

[redacted] OF BIRTH

Form V. S. No. 11-C [illegible]

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace

No. ....., ... St.

Hospital Hope

Registration District No. 70

Primary Registration District No. 1011

File No. 35310

Registered No. 68

FULL NAME OF CHILD Virginia Belle Roach

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) 1915 (Year)
Female		yes	11 / 1 / 1915

FATHER		MOTHER	
FULL NAME	Wilfred Everard Roach	FULL MAIDEN NAME	Carolyn Arvilda Mosher
RESIDENCE	Wallace, Idaho	RESIDENCE	Wallace
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Washington, D.C.	BIRTHPLACE	New York City
OCCUPATION	Minister	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 12:20 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leonard E. Hanson M.D.

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address

Registrar

File NOV 4 1915

F. Leo Tuntley

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

[redacted]

APR 22 1957

S-20-020-314

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

35311

County of Shoshone

City of Wallace

Registration District No. 20 File No.

No. , St.

Primary Registration District No. 1011 Registered No. 64

Hospital Hope

FULL NAME OF CHILD Anita Margaret Jenny.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes	November 6, 1915

FATHER		MOTHER	
FULL NAME	James Smith Jenny	FULL MAIDEN NAME	Elizabeth Jane Cameron
RESIDENCE	Wallace	RESIDENCE	Wallace
COLOR	White	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	U. S.	BIRTHPLACE	Canada
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7:02 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James E. Hanson M.D.

(Physician or Midwife)

Given names added from a supplemental report

....., 19..... Address .....

NOV 4 1915 19

F. Leo Jenny

Registrar

Registrar

BYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated

253.216.040-413

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace

No. ....., ... St.

Hospital Hope

Registration District No. 70

File No. 35313

Primary Registration District No. 1011

Registered No. 71

FULL NAME OF CHILD Marion Jean Becker

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
F.		yes	11 (Month) 16 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Erwin William Becker	FULL MAIDEN NAME	Arline Edith Machcert
RESIDENCE	Wallace	RESIDENCE	Wallace
COLOR	White	COLOR	W.
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Illinois
OCCUPATION	Mining Engineer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1:55 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leonard E. Hanson

M.D.

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed NOV 23 1915, 19.....

F. Leo Tremley

Registrar

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

NOV 6 1975

432 115 040 813

[redacted]

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Shoshone

City of Wallace

No. 170 King St. St.

Hospital ~~[illegible]~~

OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 70

File No. 35314

Primary Registration District No. 1041

Registered No. 72

FULL NAME OF CHILD Raymond Allan McKinley

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	11 15 1915

FATHER		MOTHER	
FULL NAME	Allan McKinley	FULL MAIDEN NAME	Lillian May Hall
RESIDENCE	Wallace	RESIDENCE	Wallace
COLOR	W. AGE AT LAST BIRTHDAY 54 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 37 (Years)
BIRTHPLACE	Prince Edward Island, Can	BIRTHPLACE	California
OCCUPATION	Deputy Sheriff	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5 05 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leonard E. Hanson

M.D.

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address

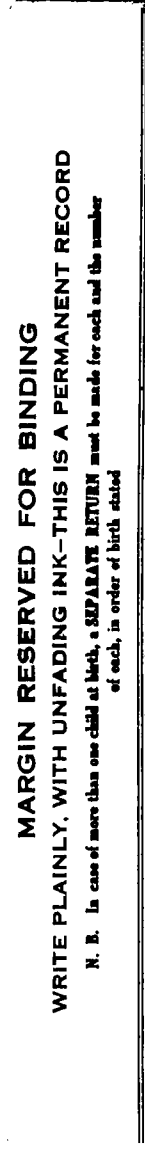
Filed NOV 23 1915 19.....

F. Leo Tumley

Registrar

Registrar

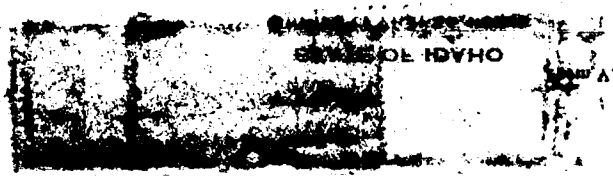
SYMS - YORK CO., PTRS. & BDRS. 17326



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



154-224-040-345

[redacted]

n V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Shoshone

City of Wallace

No. 1 High, Bank St.

Hospital

CERTIFICATE OF BIRTH

35315

Registration District No. 70 File No.

Primary Registration District No. 1011 Registered No. 73

FULL NAME OF CHILD Viola Anderson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			yes	Nov 24 1915

FATHER	MOTHER
FULL NAME: Hans J Anderson	FULL MAIDEN NAME: Hans Cunningham
RESIDENCE: Wallace Ida	RESIDENCE: Wallace
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 45 (Years)	AGE AT LAST BIRTHDAY: 33 (Years)
BIRTHPLACE: Denmark	BIRTHPLACE: Ontario
OCCUPATION: Blacksmith	OCCUPATION:

Number of child of this mother, including present birth: 4

Number of children, of this mother, now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 4 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. Leo Lumley MD

(Physician or Midwife)

Address Wallace Ida

Given names added from a supplemental report

....., 19.....

Filed Nov 26 1915 F. Leo Lumley

Registrar

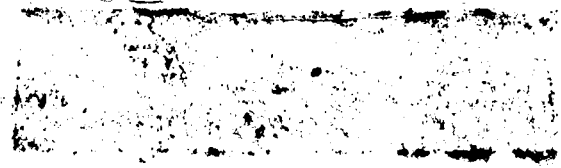
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



JAN 15 1958

452.119.040-249

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace Registration District No. 70 File No. 35316

No. ..... St. Primary Registration District No. 101 Registered No. 74

Hospital Providence

FULL NAME OF CHILD Kenneth Riley Dessert

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	One	2nd	Yes	Nov 19 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Leo W Dessert	Margaret Clara Smith
RESIDENCE	Wallace Ida	Wallace Ida
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	27	23
BIRTHPLACE	Missouri	Illinois
OCCUPATION	Brakeman	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Mowery

Physician (Physician or midwife)

Address Wallace Ida

Given names added from a supplemental report.

..... 19.....

Filed NOV 26 1915 H. L. Lundy Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

12

313-120-040-751

PLACE OF BIRTH

County of Shoshone

City of Wallace

No. _____ St.

Hospital Providence

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 70 File No. 35317

Primary Registration District No. 1011 Registered No. 75

FULL NAME OF CHILD Billy Brice Calvert

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		1st	Yes	11/20/1915

FATHER	MOTHER
FULL NAME William W. Calvert	FULL MAIDEN NAME Jeanne Pearson
RESIDENCE	RESIDENCE
COLOR W AGE AT LAST BIRTHDAY 24 (Years)	COLOR W AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE So. Dakota	BIRTHPLACE Illinois
OCCUPATION	OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was still born (Born alive or stillborn) at 3:20 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Howard

Physician

(Physician or midwife)

Address Wallace Idaho

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed NOV 26 1915 F. Lee Lemley Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 13 1976

299 [redacted] 041-499

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Form V. S. No. 11-C—25m-1-1-13

35318

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of [redacted]

City of Victor

No. ..... St.

Hospital .....

Registration District No. 20

File No. 35318

Primary Registration District No. 2012

Registered No. .....

FULL NAME OF CHILD Rula Jane Brinton

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	12 (Month) 6 (Day) 19[redacted]

FATHER		MOTHER	
FULL NAME	Van B Brinton	FULL MAIDEN NAME	Vida R Driggs
RESIDENCE	Victor Ida	RESIDENCE	Victor Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Holiday Utah	BIRTHPLACE	Driggs Idaho
OCCUPATION	Proprietor of Gen Merchandise Store	OCCUPATION	Housework

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at ..... on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ben F. Rosman M.D.

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19.....

Address Driggs Ida

Filed Dec 29 1915 Geo D Chandler

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

28 1955

Amended 3-27-64 (Be sure the information is complete and accurate)

State File No. 35319

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

Local Reg. No.

Reg. Dist. No. 20

1. PLACE OF BIRTH	2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. COUNTY: Teton	a. STATE: Idaho b. COUNTY: Teton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bates	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bates
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):	d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)	a. (First)	b. (Middle)	c. (Last)
	Merle	Drake Grand	Kunz

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF BIRTH (Month) (Day) (Year)
Male	SINGLE [X] TWIN [ ] TRIPLET [ ]	1ST [ ] 2ND [ ] 3RD [ ]	November 15, 1915

FATHER OF CHILD

7. FULL NAME a. (First)	b. (Middle)	c. (Last)	8. COLOR OR RACE
J.	H.	Kunz	White

9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country) (City or Town)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
24 YEARS	Bear Lake Co., Ida.	Farmer	

MOTHER OF CHILD

12. FULL MAIDEN NAME a. (First)	b. (Middle)	c. (Last)	13. COLOR OR RACE
Arleigh		Drake	White

14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country) (City or Town)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?	c. How many children were stillborn (born dead after 20 weeks pregnancy)?
23 YEARS	Bates, Ida.	0	0	0

17. INFORMANT'S SIGNATURE OR NAME (Relationship)

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE	18b. ATTENDANT AT BIRTH
Benj. F. Roseman, M.D.	M. D. [X] MIDWIFE [ ] OTHER (Specify)
18c. ADDRESS: Driggs, Ida.	18d. DATE SIGNED

19. DATE REC'D BY LOCAL REG.	20. REGISTRAR'S SIGNATURE	21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar)
Dec. 28, 1915	Geo. D. Martin	

FOR MEDICAL AND HEALTH USE ONLY
(This section MUST be filled out)

22a. LENGTH OF PREG.	22b. WEIGHT AT BIRTH	23

Correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physi or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this art with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owne the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth oc red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in s case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of bi Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by m cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person cha with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper cer cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... **Induced?**.....

.....

(c) State all operations for delivery.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

DECEASED

(e) Signature of Physician:

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

RECEIVED MAR 26 1964 Bureau of Vital Statistics

Certificate No. 35319

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Merle Drake Kunz (Name on Original Certificate) who was born (Was Born or Died) on November 14, 1915 (Date of Event)
in Bates, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Merle Drake Kunz	Merle Drake Grand Kunz
Child's Date of Birth	November 14, 1915	November 15, 1915

Subscribed and sworn to before me this 19 day of
February, 1964
Notary Public, residing at Driggs
My commission expires 6-20-64
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Arleigh Innes Drake Kung
(Street Address, City, State)
Victor, Idaho

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Teton }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19 day of
February, 1964
Notary Public, residing at Driggs
My commission expires 6-20-64
(Seal)

Signed James H Kung
(Signature of Any Credible Person)
Victor, Idaho
(Street Address, City, State)

FORM DH 60-155 CL 8-12-63. nm

L.D.S. Church Cert. of Blessing, Dec. 19, 1915 gives full name as Merle Drake Grand Kunz, son of James Kunz and Drake, born Nov. 15, 1915 at Bates, Idaho - viewed by V.S.

Own Child's Birth Cert. on file: (Idaho Birth) #380261 gives full name of father as Merle Drake Grand Kunz, age 27, born in Idaho - viewed by V.S.

Family Genealogy Record, appears old and unaltered, family of James Herbert Kunz and Arleigh Inez Drake - gives one child's full name as Merle Drake Grand Kunz, born November 15, 1915 at Bates, Idaho - viewed by V.S.

652.116.041-349

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Litore

City of Victor

No. ..... St.

Hospital .....

Registration District No. 90 File No. 35320

Primary Registration District No. 2012 Registered No. .....

FULL NAME OF CHILD Winn David Weber (Jr)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	12 (Month) 16 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	William Weber	FULL MAIDEN NAME	Lucy Curtis
RESIDENCE	Victor Ida	RESIDENCE	Victor Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Holiday Miami	BIRTHPLACE	Victor Idaho
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 6,30 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Benj. F. Roseman M.D.

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19....

Address Driggs Idaho

Filed Dec 16 1915 G. D. Chaffee

Registrar

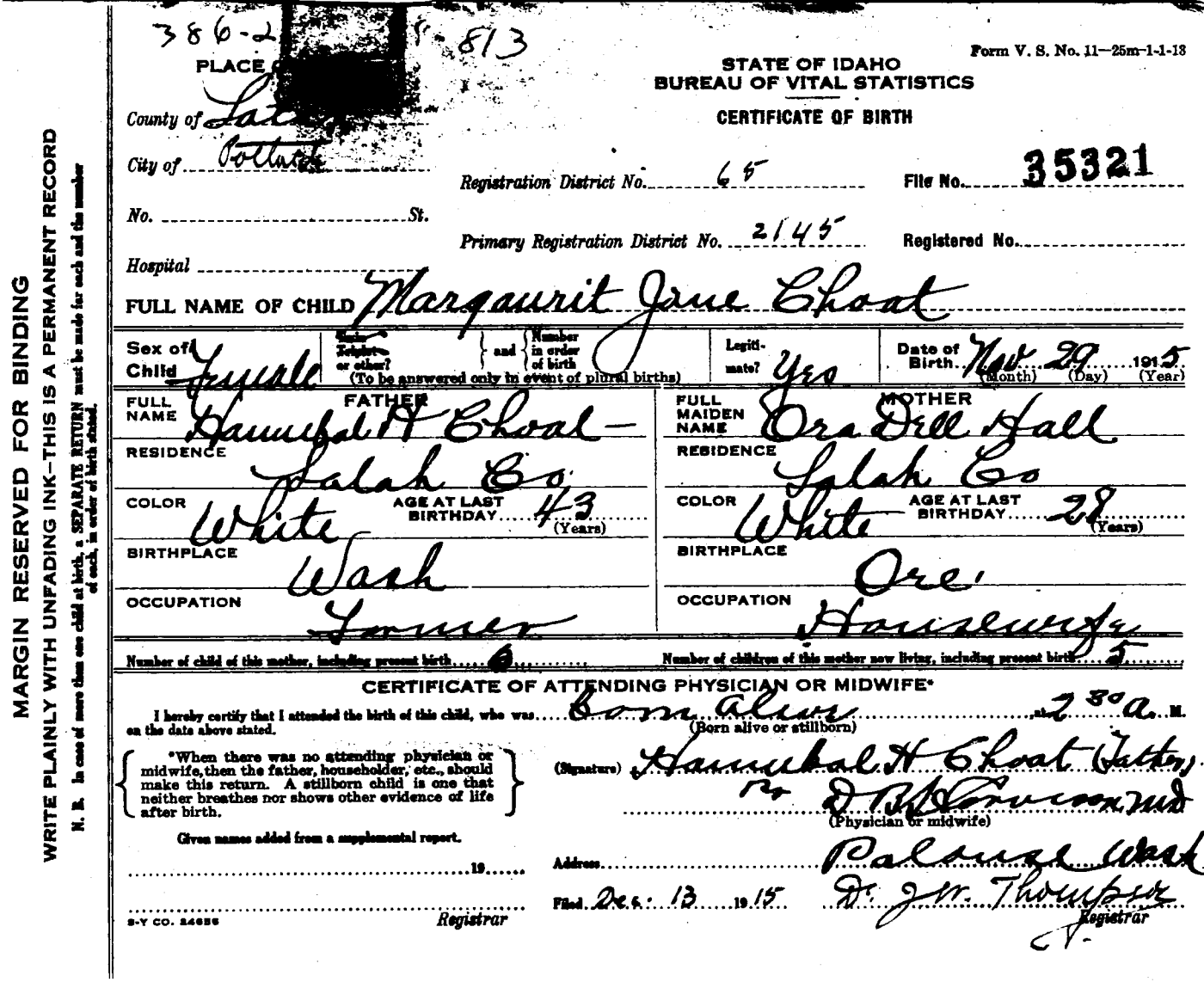
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



386-2 [redacted] 813

Form V. S. No. 11—25m-1-1-13

PLACE [redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lat[redacted]

City of Potlatch

Registration District No. 65 File No. 35321

No. _____ St.

Primary Registration District No. 2145 Registered No. _____

Hospital _____

FULL NAME OF CHILD Margaurit Jane Choat

Sex of Child	~~Twin~~ ~~Triplet~~ or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Nov (Month) 29 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Hannibal H Choat	FULL MAIDEN NAME	Ora Dell Hall
RESIDENCE	Salah Co	RESIDENCE	Salah Co
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Wash	BIRTHPLACE	Ore
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) 2 30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Hannibal H Choat (Father)
By D B Harrison MD
(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Address Palouse Wash

Filed Dec. 13 1915 Dr. J W. Thompson
Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

255-14-029-13

PLACE OF BIRTH

County of Latah

City of Potlatch

No. ..... St.

Hospital .....

Form V. S. No. 11—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 65 File No. 35322

Primary Registration District No. 2145 Registered No. .....

FULL NAME OF CHILD William Edwin Bennett

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	12—1 1915

FATHER		MOTHER	
FULL NAME	Lloyd E. Bennett	FULL MAIDEN NAME	Iva Muriel Ball
RESIDENCE	Potlatch	RESIDENCE	Potlatch
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	New York	BIRTHPLACE	Michigan
OCCUPATION	Laboror	OCCUPATION	House wife

Number of child of this mother, including present birth 1st

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 11 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) J. S. Le Park M D

(Physician or midwife)

Address Potlatch Ida

Filed Dec. 10th 19 15 D. Jr. Thompson Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

[redacted]

FEB 1 1950

MAR 10 1952

613.208:029-268

PLACE OF BIRTH

County of Latah.

City of Potlatch.

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11—25m-9-8-15

Registration District No. 65

File No. 35323

Primary Registration District No. 2145

Registered No. _____

FULL NAME OF CHILD Helen Watts.

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female.	✓		✓	yes.	Dec. 8 1915

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Geo. Watts.	FULL MAIDEN NAME	Cecelia Boyle.
RESIDENCE	Potlatch	RESIDENCE	Potlatch
COLOR	White.	COLOR	White
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	41 (Years)
BIRTHPLACE	Wis. cousin	BIRTHPLACE	Michigan
OCCUPATION	Laborer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 7th

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn) at 8:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. J. W. Thompson M D

(Physician or midwife)

Address Potlatch Idaho

Filed Dec. 10th 1915. D. J. W. Thompson

Registrar

Given names added from a supplemental report.

_____ 19_____

_____ Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 8 1974

455-12-9-029-145

PLACE OF BIRTH

County of Latah.

City of Potlatch.

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-9-8-15

CERTIFICATE OF BIRTH

Registration District No. 65. File No. 35325

Primary Registration District No. 2145 Registered No. _____

FULL NAME OF CHILD Charles. Dan. Dennison.

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male.	✓		✓	yes.	Dec. 29 1915

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Frank. Dennison.	FULL MAIDEN NAME	Jessie. Juett.
RESIDENCE	Potlatch.	RESIDENCE	Potlatch
COLOR	white.	COLOR	white.
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Washington	BIRTHPLACE	England.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 3rd. Number of children of this mother now living, including present birth 3.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn) at 8:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) D. Jr. Thompson. M. D. (Physician or midwife)

Address Potlatch

Filed Dec. 30th 19 15. D. Jr. Thompson Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 3 1 1944

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

714.115:024-364

35326

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35326

County of Latah

City of Potlatch

No. ____ St.

Hospital ____

Registration District No. ____ File No. ____

Primary Registration District No. ____ Registered No. ____

FULL NAME OF CHILD Edward Oscar Gambetty

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	October 15 1915

FATHER	MOTHER
FULL NAME: George John Gambetty	FULL MAIDEN NAME: Victoria Todish
RESIDENCE: Potlatch, Idaho	RESIDENCE: Potlatch, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 22 (Years)	AGE AT LAST BIRTHDAY: 16 (Years)
BIRTHPLACE: Italy	BIRTHPLACE: Michigan
OCCUPATION: Laborer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 2

Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 9:00 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. J. Thompson M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed Dec. 24. 1915 D. J. Thompson Registrar

S-Y CO. 24655

AUG 5 1942

553-121-029-168

PLACE OF BIRTH

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah.

City of Harvard.

Registration District No. 65. File No. 35327

No. ____ St.

Primary Registration District No. 2145 Registered No. ____

Hospital ____

FULL NAME OF CHILD Earl Raymond Nelson.

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male.	✓ (To be answered only in event of plural births)		✓	yes.	Dec. 21 1915

FATHER	MOTHER
FULL NAME: Emil C. Nelson.	FULL MAIDEN NAME: Maggie Johnston
RESIDENCE: Bovill.	RESIDENCE: Bovill.
COLOR: white. AGE AT LAST BIRTHDAY: 25. (Years)	COLOR: white. AGE AT LAST BIRTHDAY: 22. (Years)
BIRTHPLACE: Sweden.	BIRTHPLACE: Idaho.
OCCUPATION: Engineer.	OCCUPATION: Housewife.

Number of child of this mother, including present birth 2nd. Number of children of this mother now living, including present birth 2.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn) at 12 15 M. on the date above stated.

(Signature) Dr. Jas. Thompson. M.D.

(Physician or midwife)

Address Potlatch Idaho.

Filed Dec. 27 1915 Dr. J. Thompson Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 28 1942

MAR 31 1944

692.107.029-557

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Salah

City of

No. St.

Hospital

Registration District No. 65

File No. 35328

Primary Registration District No. 2145

Registered No.

FULL NAME OF CHILD SHIRLEY HARRISON FISCUS (See below)

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Dec 7 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Walter A Fiscus	FULL MAIDEN NAME	Susie Vogle
RESIDENCE	Salah Co	RESIDENCE	Salah Co
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	P.M. Pollack Ida	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D B Harrison

M.D. (Physician or midwife)

Given names added from a supplemental report.

Shirley Harrison Fiscus 1915

D. J. W. Thompson Registrar

Address Palouse Wash

Filed Dec 10th 1915

D. J. W. Thompson Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 16 1942

JUN 14 1943

134-217-029-493

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

~~City of~~ Potlatch

No. 1015 Pine St.

Hospital

Registration District No. 65

File No. 35329

Primary Registration District No. 2145

Registered No.

FULL NAME OF CHILD Edith Alma

Sex of Child female	Twin Triplet or other? ~ and Number in order of birth ~ (To be answered only in event of plural births)	Legitimate? yes	Date of Birth Nov. 17 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Harvey D Shaffer	FULL MAIDEN NAME	Edith A Dickison
RESIDENCE	Potlatch	RESIDENCE	Potlatch
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Montana	BIRTHPLACE	Washington
OCCUPATION	River Man (Lumber)	OCCUPATION	House wife

Number of child of this mother, including present birth Second

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 3 A M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E T Heine MD

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address 203 Palouse Wash.

Filed Dec 1st 1915

D. J. W. Thompson
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 21 1971

Amended 7-8-58

PLACE OF BIRTH

E 3-202 029-465

County of Latah

City of Potlatch

No. 920 Pine St.

Hospital

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 65 File No. 35330

Primary Registration District No. 2145 Registered No.

FULL NAME OF CHILD Mary Laura Yates
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Dec. 2, [redacted] 1915

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME: Clinton Yates	FULL MAIDEN NAME: Marie Monighan
RESIDENCE: Potlatch	RESIDENCE: Potlatch
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 25 (Years)	AGE AT LAST BIRTHDAY: 19 (Years)
BIRTHPLACE: Virginia	BIRTHPLACE: Penna.
OCCUPATION: Fireman	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

..... Registrar.

(Signature) E. T. Hein, M.D.

(Physician or midwife)

Address 203 Palouse Wash.

Filed Dec. 10, [redacted] 1915 Dr. J. W. Thompson Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

School Record, Oct. 28, 1929; and Marriage Certificate, July 16, 1934 viewed by V.S.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

RECEIVED
JUN 25 1958
Bureau of Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 35330

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Marie Laura Yates (Name on Original Certificate) who born (Was Born or Died) on December 2, 1915 (Date of Event)
in Potlatch, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Marie Laura Yates	Mary Laura Yates
		" Mother

Subscribed and sworn to before me this 23 day of June, 1958

Notary Public, residing at Spokane
My commission expires Aug 23, 1958
(Seal)

Signed Bessie Marie Yates
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
N 2701 Argonne Spokane Wash
(Street Address, City, State)
(Mother)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Wash. } ss.
County of Spokane }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23 day of June, 1958

Notary Public, residing at Spokane
My commission expires Aug 23, 1958
(Seal)

Signed Muriel M Daugherty
(Signature of Any Credible Person)
Mullwood Wash
(Street Address, City, State)

FORM DPH 55.155 CL 6-20-58. nm

454-201-042-

PLACE OF BIRTH

County of Twin [redacted]

City of Filer

No. _____ St.

Hospital _____

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35331

Registration District No. 38

File No. _____

Primary Registration District No. 2086

Registered No. _____

FULL NAME OF CHILD Nina Planckel Murger

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
G.				Yes.	12 1 1915

FATHER		MOTHER	
FULL NAME	Fred Murger	FULL MAIDEN NAME	Ella Cobb
RESIDENCE	Filer Idaho	RESIDENCE	Filer Idaho
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Nebr.	BIRTHPLACE	Colo.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at 3:30 a m on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. A A Newberry
(Physician or midwife)

Address _____

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed 12-1 19 15 A A Newberry
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

844-205-042-415

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Filer

No. _____ St.

Hospital _____

Registration District No. 38

Primary Registration District No. 2086

File No. 35332

Registered No. _____

FULL NAME OF CHILD Not Named Doris Ellen Humphrey

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
G.				Yes.	12 5 1915

FATHER		MOTHER	
FULL NAME	Guy Humphrey	FULL MAIDEN NAME	Ethel Davis
RESIDENCE	Filer Ida	RESIDENCE	Filer Ida
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Ida.	BIRTHPLACE	Ida.
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at 9 1/2 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr A A Newberry
(Physician or midwife)

Address _____

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed 12-5 1915 A A Newberry
Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 20 1948

FEB 19 1958

MAY 20 1975

862-211-042-235

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Twin Falls

City of Filer

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 38

File No. 35333

Primary Registration District No. 2086

Registered No. _____

FULL NAME OF CHILD Ruth Jane Hostetler ~~Hostetler~~

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
G.				Yes.	12 11 15

FATHER

FULL NAME	Levi Hostetler
RESIDENCE	Filer Ida
COLOR	W.
AGE AT LAST BIRTHDAY (Years)	41
BIRTHPLACE	Ohio
OCCUPATION	Farmer

MOTHER

FULL MAIDEN NAME	Amanda Steele
RESIDENCE	Filer Ida
COLOR	W.
AGE AT LAST BIRTHDAY (Years)	41
BIRTHPLACE	Ohio
OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or [redacted]) at 12 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. A A Newberry

(Physician or midwife)

Address _____

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed 12-11-19 15 A A Newberry Registrar

S-Y CO. 24695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IL
BUREAU OF VITAL

CERTIFICATE OF

853-220-042-381

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Filer

No. _____ St.

Hospital _____

Registration District No. 38

File No. 35334

Primary Registration District No. 2086

Registered No. _____

FULL NAME OF CHILD ~~Not named~~ Helen Crete Helmick

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl			Yes.	Dec 20 1915

FATHER		MOTHER	
FULL NAME	Ray Helmick	FULL MAIDEN NAME	Rose Smucker
RESIDENCE	Filer Ida	RESIDENCE	Filer Ida
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Nebr	BIRTHPLACE	Kans
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st

Number of children of this mother now living, including present birth 1st

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at 10 45 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. A A Newberry

(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Address _____

Filed 12-20 1915 A A Newberry Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified copy issued 2-20-1941. dp

698-22629-514

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of near Kendrick

Registration District No. 63

File No. 35335

No. ..... St.

Primary Registration District No. 2143

Registered No. 97

Hospital .....

FULL NAME OF CHILD Lois Catherine Fry

Sex of Child: Female

Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth:

Legitimate? yes

Date of Birth: 12 (Month) 26 (Day) 5 (Year) 191

FATHER	MOTHER
FULL NAME: Clarence Fry	FULL MAIDEN NAME: Frances Vaughan
RESIDENCE: near Kendrick Ida	RESIDENCE: same
COLOR: white	COLOR: White
AGE AT LAST BIRTHDAY: 29 (Years)	AGE AT LAST BIRTHDAY: 23 (Years)
BIRTHPLACE: Calif	BIRTHPLACE: Kansas
OCCUPATION: farmer	OCCUPATION: housewife

Number of child of this mother, including present birth: 3

Number of children of this mother now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1:45 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John E. Hoyt M.D.

(Physician or midwife)

Address Kendrick Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 12 26 1918

J. E. Hoyt Registrar

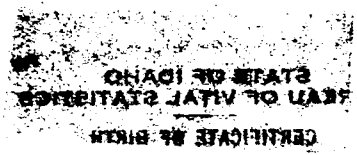
B-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 21 1945


STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

168-207-029-235

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Kendrick

No. _____ St.

Hospital _____

Registration District No. 63 File No. 35336

Primary Registration District No. 2143 Registered No. 96

FULL NAME OF CHILD Bonita Frances Johnson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		Yes	12 (Month) 7 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Jonas Johnson	FULL MAIDEN NAME	Rosella Stevens
RESIDENCE	Kendrick Ida	RESIDENCE	same
COLOR	white	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Idaho
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1259 M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John E. Hoyt MD
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Kendrick Ida

Filed 12-15 1915 J E Hoyt
Registrar

Registrar

S-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

4

DEC 13 1960

284-229-029-997

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Kendrick

No. ..... St.

Hospital .....

Registration District No. 63

File No. 35337

Primary Registration District No. 2143

Registered No. 95

FULL NAME OF CHILD Elva Sarah Sherbondy

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Dec. 29 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	George Harrison Sherbondy	FULL MAIDEN NAME	Cora May Riggin
RESIDENCE	Kendrick Idaho	RESIDENCE	Kendrick Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Latah, Wash.
OCCUPATION	Father	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7:45 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Rothwell MD
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Kendrick Idaho

Filed 12 30 1915 J E Hoyt
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 18 1944

253-122-029-331

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Kendrick

No. ..... St.

Registration District No. 63 File No. 35338

Primary Registration District No. 2143 Registered No. 94

Hospital .....

FULL NAME OF CHILD John Edward Beehler

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male			Yes	Nov. 22 (Month) (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Clarence E. Beehler	FULL MAIDEN NAME	Vera Estrelle Clark
RESIDENCE	Kendrick Idaho	RESIDENCE	Kendrick Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Indiana	BIRTHPLACE	Michigan
OCCUPATION	General Laborer	OCCUPATION	Housework

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11.30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Rothwell M D

(Physician or midwife)

Address Kendrick Idaho

Given names added from a supplemental report

..... 19.....

Filed 12 30 1915 J E Hoyt

Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATI

CERTIFICATE OF BIRTH

168-217-029-317

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Latah

City of Kendrick

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 63 File No. 35339

Primary Registration District No. 2143 Registered No. 93

FULL NAME OF CHILD Helen Alice Johnson

Sex of Child Female | Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth | Legitimate? yes | Date of Birth Dec. 17 (Month) (Day) 1915 (Year)

FATHER	MOTHER
FULL NAME Bascom C. Johnson	FULL MAIDEN NAME Alice May Lee-Grant
RESIDENCE Kendrick Idaho	RESIDENCE Kendrick Idaho
COLOR White	AGE AT LAST BIRTHDAY 34 (Years)
COLOR White	AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE Kansas	BIRTHPLACE South Dakota
OCCUPATION Editor	OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 7.15 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Rothwell M.D

(Physician or midwife)

Address Kendrick Idaho

Given names added from a supplemental report.

..... 19.....

Filed 12 20 1915

J. E. Hoyt
Registrar

..... Registrar

S-Y CO. 24695

11-6-41.

748-119-029-266

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Kendrick

No. ..... St.

Registration District No. 63 File No. 35340

Primary Registration District No. 2143 Registered No. 92

Hospital .....

FULL NAME OF CHILD Kenneth Rothwell Grey

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Nov. 19 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Charles Marcellus Grey	Jessie Alice Soots
RESIDENCE	Kendrick Idaho	Kendrick Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	21	21
BIRTHPLACE	Oklahoma	Missouri
OCCUPATION	General Laborer	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 9.15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Rothwell M D

Kendrick Idaho (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed Dec 20 1915

..... Registrar

J. E. Hoyt Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 24 1967

DEC 26 1950

145·108·044-793

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
[redacted]AU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Midvale

Registration District No. 87

File No. 35341

No. _____ St.

Primary Registration District No. 2104

Registered No. _____

Hospital _____

FULL NAME OF CHILD Cecil Evans Ader

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	7 (Month) – 8 (Day) – 1915 (Year)

FATHER		MOTHER	
FULL NAME	John Wesley Ader	FULL MAIDEN NAME	Bertha Pickett
RESIDENCE	Midvale Idaho	RESIDENCE	Midvale I
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Mo
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 10

Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 P. M. on the date above stated.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. A. Schmitz

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address Midvale Idaho

Filed Jan 2 1916 Dr. W. S. Marshall Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

613-122-044-792

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of ~~Wilburns~~ Wilburs

Registration District No. 87

File No. 35342

No. _____ St.

Primary Registration District No. 2154

Registered No. _____

Hospital _____

FULL NAME OF CHILD Ira Dee Walters

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male		yes	11-22-1915

FATHER		MOTHER	
FULL NAME	Mack Walters	FULL MAIDEN NAME	Mollie Gibson
RESIDENCE	~~Wilburns~~ Wilburs Ida	RESIDENCE	Wilburns
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Tenn	BIRTHPLACE	Tenn
OCCUPATION	~~Home~~ Farm	OCCUPATION	House Wife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at _____ M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. A. Schmidt

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Address Mid Wall Idaho

Filed June 2 1916 D. W. H. Marshall Registrar

S-Y-CO 38071

.2/5/41 L. B.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

689-207-044-238

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Emmett

Registration District No. 87 File No. 35343

No. ..... St.

Primary Registration District No. 2104 Registered No. .....

Hospital .....

FULL NAME OF CHILD Barbara F Whipple

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Female			yes	12 (Month) 7 (Day) 191[illegible] (Year)

FATHER		MOTHER	
FULL NAME	R G Whipple	FULL MAIDEN NAME	Grace Margaret Schwabauer
RESIDENCE	Portland Oregon	RESIDENCE	Portland Oregon
COLOR	White	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Nevada	COLOR	White
OCCUPATION	~~Farmer~~ Laborer	AGE AT LAST BIRTHDAY (Years)	36
		BIRTHPLACE	Nebraska
		OCCUPATION	House Wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 P M. on the date above stated.

(Signature) F A Schmitz Physician (Physician or midwife)

Address Emmett Idaho

Filed June 2 19 16 W. N. Marshall Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

NOV 13 1952

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

231-110-044-366

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Midvale

Registration District No. 87

File No. 35344

No. _____ St.

Primary Registration District No. 2154

Registered No. _____

Hospital _____

FULL NAME OF CHILD Eugene Lowell Blackford

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	12 (Month) 10 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Eugene Luther Blackford	FULL MAIDEN NAME	Emma Olive Collier
RESIDENCE	Midvale I	RESIDENCE	Midvale I
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Mo	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. L. Schmitz

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Address Midvale Idaho

Filed Dec 2 1916 Dr N. H. Marshall Registrar

S-Y-CO 38071

DEC 9 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

143-217-044-493

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Crane

Registration District No. 87

File No. 35345

No. ____ St.

Primary Registration District No. 21 v 4

Registered No. ____

Hospital ____

FULL NAME OF CHILD Joybelle Gulick

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	10 – 17 – 1915

FATHER		MOTHER	
FULL NAME	James R. Gulick	FULL MAIDEN NAME	Nellie B Miller
RESIDENCE	Crane Idaho	RESIDENCE	Crane Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at ____ M. on the date above stated.

(Signature) H. A. Schramm

Physician (Physician or midwife)

Address Murray Ida

Filed June 2 1916 D. M. Marshall Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

Amended 8-3-72

PLACE OF BIRTH

259-202-044-154

County of Washington

City of Meadows

No. _____ St.

Hospital _____

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 87

File No. 35346

Primary Registration District No. 2154

Registered No. _____

FULL NAME OF CHILD Virginia Fay Bergman.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes.	Dec 2 1913.

FATHER		MOTHER	
FULL NAME	Harry J. Bergman	FULL MAIDEN NAME	Iva Viola Anderson.
RESIDENCE		RESIDENCE	
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	S. Dakota.	BIRTHPLACE	Idaho.
OCCUPATION	Farmer.	OCCUPATION	House wife.

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 P. M. on the date above stated.

(Signature) F. A. Schmitz

Physician ~~Midwife~~ Idaho

(Physician or midwife)

Address Meadows Idaho

Filed Jan 2 19 16 Dr. W. H. Marshall

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____

_____

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
VITAL STATISTICS
FEB 23 9 16 AM '72

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Lewis } ss.

Certificate No. 35346

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Virginia Fay Burgman (Name on Original Certificate) who was born (Was Born or Died) on Dec. 2, 1915 (Date of Event)
in Midvale, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's last name	Burgman	Bergman
Father's last name	Harry J. Burgman	John Harry Bergman
Mother's name	Iva Viola Anderson	Ivy Viola Anderson

Subscribed and sworn to before me this 21st day of February, 1972

Notary Public, residing at Colleter, Idaho
My commission expires 2-16-73
(Seal)

Signed [signature]
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1024 W 2nd Idaho Falls Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155 CL 1/3/71 nm

Marriage Certif. give groom's name as Jerome Linde~ and the ~~xx~~bride's name as Virginia Bergman. Dated July 10, 1933 Viewed by V. S.

AUG 4 1972

Diploma from Midvale Rural High School, Midvale, Idaho gives name as Virginia Fay Bergman.. Dated April 21, 1933. Viewed by V. S.

Marriage license of parents gives name of father as Harry J. Bergman. Married December 24, 1913 in Midvale, Idaho.
Viewed by V.S

617-127-044-439

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Midvale

Registration District No. 87

File No. 35347

No. _____ St.

Primary Registration District No. 2154

Registered No. _____

Hospital _____

FULL NAME OF CHILD Lester Wagner

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Nov. 27 1915

FATHER		MOTHER	
FULL NAME	Pardie Wagner	FULL MAIDEN NAME	Stacia McIntosh
RESIDENCE	Midvale - Ida	RESIDENCE	Midvale - Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Tenn.	BIRTHPLACE	Tenn.
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fas Schmitz

Physician (Physician or midwife)

Address Midvale Idaho

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed Jan 2 1915 D. H. Marshall Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 2 8 1971

259-218'044-551

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Midvale

No. ..... St.

Hospital .....

Registration District No. 87

File No. 35348

Primary Registration District No. 2154

Registered No. .....

FULL NAME OF CHILD Nellie Seid

Sex of Child Female. | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes. | Date of Birth Nov. 18 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Allen F. Seid.	FULL MAIDEN NAME	Emily D. Evans.
RESIDENCE	Midvale, Idaho.	RESIDENCE	Midvale, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	29.
BIRTHPLACE	Iowa	BIRTHPLACE	Idaho.
OCCUPATION	Farmer.	OCCUPATION	House wife.

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. A. Schmitz

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Midvale Idaho

Filed June 2 1916 Dr W. H. Marshall

Registrar

S-Y-CO 36071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

FEB 16 1962

DECEASED

365-104-044-795

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington.

City of Midvale

No. _____ St.

Hospital _____

Registration District No. 87

Primary Registration District No. 2154

File No. 35349

Registered No. _____

FULL NAME OF CHILD Kenneth Aron Tonning.

Sex of Child Male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes. | Date of Birth Nov. 4 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Mathew Paul Tonning	FULL MAIDEN NAME	Clara May Green.
RESIDENCE	Midvale - Ida.	RESIDENCE	Midvale - Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	26. (Years)
BIRTHPLACE	Idaho.	BIRTHPLACE	Idaho.
OCCUPATION	Farmer.	OCCUPATION	House wife.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. A. Schmitz

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Address Midvale Idaho

Filed Jan 2 1916 D. M. Marshall Registrar

S-Y-CO 36071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 3 1942

214-187-044-565

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington.

City of Midvale.

Registration District No. 87

File No. 35350

No. _____ St.

Primary Registration District No. 2154

Registered No. _____

Hospital _____

FULL NAME OF CHILD _____

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	Oct. 31 1915

FATHER		MOTHER	
FULL NAME	George Sauers.	FULL MAIDEN NAME	Inez Vera Van Hansen
RESIDENCE	Midvale Ida	RESIDENCE	Midvale, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Oregon.	BIRTHPLACE	Wisconsin.
OCCUPATION	Laborer	OCCUPATION	House wife.

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fat Chmitz

Physician (Physician or midwife)

Address Midvale Idaho

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed June 2 1916 Dr W H Marshall Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

384-126-044-693

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Midvale

Registration District No. 87

File No. 35351

No. _____ St.

Primary Registration District No. 2154

Registered No. _____

Hospital _____

FULL NAME OF CHILD Vernon Willis Lydston (Lydston)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	10 (Month) 26 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Timothy Horace Lydston	FULL MAIDEN NAME	Hattie May Willis
RESIDENCE	Midvale Idaho	RESIDENCE	Midvale Id
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. A. Schmitz

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Address Midvale Idaho

Filed June 2 1916 Dr. W. H. Marshall Registrar

S-Y-CO 38071

912-22-1044-242

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Meadows

Registration District No. 87 File No. 35352

No. ____ St.

Primary Registration District No. 2154 Registered No. ____

Hospital ____

FULL NAME OF CHILD Anna Madaline Rasdall

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Oct. 25 1915

FATHER	MOTHER
FULL NAME: John Marvin Rasdall	FULL MAIDEN NAME: Anna Loretta Busch
RESIDENCE: Meadows Idaho	RESIDENCE: Meadows I
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 35 (Years)	AGE AT LAST BIRTHDAY: 24 (Years)
BIRTHPLACE: Kansas	BIRTHPLACE: Oklahoma
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 1

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 P. M. on the date above stated.

(Signature) T. A. Schmidt

Physician (Physician or midwife)

Address Meadows Idaho

Filed June 2 19 16 Dr. W. H. Marshall Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 20 1958

NOV 16 19[illegible]

OCT 22 1976

813.112044-266

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Midvale

Registration District No. 87

File No. 35353

No. _____ St.

Primary Registration District No. 2154

Registered No. _____

Hospital _____

FULL NAME OF CHILD Murvil Wayne Hale.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in [illegible]lural births)	Legitimate?	Date of Birth
male		yes	Oct 12 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Orlando Hale	FULL MAIDEN NAME	Stella E Book
RESIDENCE	Midvale I	RESIDENCE	Midvale I
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Ill	BIRTHPLACE	Ill.
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fa Schmid

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address Midvale I.

Filed Jan 2 1916 Dr. W. H. Marshall Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

281-118'044-266

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Midvale

No. _____ St.

Hospital _____

Registration District No. 87

File No. 35354

Primary Registration District No. 2154

Registered No. _____

FULL NAME OF CHILD Arthur Glenn Shaw

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes.	Oct. 15 1915

FATHER		MOTHER	
FULL NAME	Arthur Benjamine Shaw.	FULL MAIDEN NAME	Martha May Bowen.
RESIDENCE	Midvale, Idaho.	RESIDENCE	Midvale, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	27.
BIRTHPLACE	Idaho.	BIRTHPLACE	Oregon.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 5.

Number of children of this mother now living, including present birth 5.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. A. Schmitz

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Address Midvale Idaho

Filed Jan 2 1916 D. W. H. Marshall Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 11 1954

289.224.025-685

PLACE OF BIRTH

County of Idaho

City of

No. St.

Hospital

[redacted] OF IDAHO
VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

CERTIFICATE OF BIRTH

Registration District No.

File No. 35355

Primary Registration District No.

Registered No.

FULL NAME OF CHILD Christina, Ellen, Stillam

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Sept. 24th 1915

FATHER

FULL NAME Christopher, J. M. Stillam

RESIDENCE Joseph

COLOR White AGE AT LAST BIRTHDAY 29 (Years)

BIRTHPLACE Millersey, England

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Lillian Beatrice Whitehouse

RESIDENCE Joseph

COLOR White AGE AT LAST BIRTHDAY 29 (Years)

BIRTHPLACE Wolverhampton, England

OCCUPATION Housewife

Number of child of this mother, including present birth Two

Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was not attended at M
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Foskett
Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed Jan. 2 1916

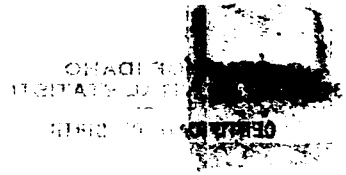
Registrar

S-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



681-201-025-396

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Whitebird

No. ..... St.

Hospital .....

Registration District No. .....

File No. 35356

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Margaret Victoria Wyatt

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female			1	yes	Nov (Month) 1 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Edward Gordon Wyatt	FULL MAIDEN NAME	Martha Crooks
RESIDENCE	Joseph Ida	RESIDENCE	Joseph Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Colorado	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... 1 .....

Number of children of this mother now living, including present birth ..... 1 .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... 1 ..... at ..... 5 ..... M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. [illegible]

Physician

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address ..... Orangeville

Filed Jan 16 1916

..... Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

MOTHER

366-128-025-386

PLACE OF BIRTH

County of Idaho

City of Whitebird

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

CERTIFICATE OF BIRTH

Registration District No. _____ File No. 35357

Primary Registration District No. _____ Registered No. _____

FULL NAME OF CHILD Lowther

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	II	yes	Nov 28 1915

FATHER		MOTHER	
FULL NAME	Burt Lowther	FULL MAIDEN NAME	Effie Thompson
RESIDENCE	Whitebird Ida	RESIDENCE	Whitebird Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Idaho
OCCUPATION	Labor	OCCUPATION	Housewife

Number of child of this mother, including present birth II

Number of children of this mother now living, including present birth II

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 11 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W A Foskett

Physician

(Physician or midwife)

Address Whitebird Ida

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Dec 19 15

Registrar

S-Y CO. 24685

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

433-126-025-419

PLACE OF BIRTH

County of Idaho

City of Whitebird

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

CERTIFICATE OF BIRTH

Registration District No. ____ File No. 35358

Primary Registration District No. ____ Registered No. ____

FULL NAME OF CHILD Charles Homer McCully

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Male	—	3	yes	Nov 26 (Month) (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	McCully	FULL MAIDEN NAME	Helen Marshall
RESIDENCE	Canfield	RESIDENCE	Canfield Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Missouri
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Forkett

Physician (Physician or midwife)

Address Whitebird Ida

Given names added from a supplemental report.

____ 19____

____ Registrar

Filed Dec 19 15

____ Registrar

S-Y CO. 24655

K

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 2 9. 1942

255-110-025-719

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of

No. St.

Hospital

Registration District No.

File No. 35359

Primary Registration District No.

Registered No.

FULL NAME OF CHILD Gerald Sutton Kennedy

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		1	1	Dec (Month) 10 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Carl Kennedy	FULL MAIDEN NAME	Juanita Painter
RESIDENCE	Whitebird Ida	RESIDENCE	Whitebird Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Riverman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 1 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Foskett

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Address Whitebird Ida

Filed Jan 16 1916 W. A. Foskett Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 31 1942

MAR 4 1976

767-216-032-412

PLACE OF BIRTH

STATE OF IDA[redacted]

Bureau of Vital Sta[redacted]

CERTIFI[redacted]RTH

Form V. S. No. [redacted]

County of Lincoln

City of Jerome

Registration District No. 2 3 1 File No. 35360

No. ____, ____ St.

Primary Registration District No. 107-107 Registered No. ____

Hospital ____

FULL NAME OF CHILD Mary Popke

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F		—	Yes	Dec 16 1915

FATHER		MOTHER	
FULL NAME	Wm Popke	FULL MAIDEN NAME	Louie Mason
RESIDENCE	Jerome	RESIDENCE	Jerome Ida
COLOR	White	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Michigan	BIRTHPLACE	Michigan
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. D. Popke M.D.

(Physician or Midwife)

Address Jerome Ida

Given name added from a supplemental report

..... 19.....

Registrar

Filed Jan 3 1916 C. D. Popke

Registrar

S-Y CO., 16666

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

3 86-111-014-218

PLACE OF BIRTH

County of Canyon

City of Parma

No. ..... St.

Hospital Home

BUREAU O[redacted]CS

CERTIFICATE OF BIRTH

Form V. S. No. 11—25m-1-1-13

Registration District No. 2 File No. 35361

Primary Registration District No. 2007 Registered No. 78

FULL NAME OF CHILD Elbur Elton Thomas

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	4 and	4	Yes	12 11 1915

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME J. U. Thomas	FULL MAIDEN NAME Jessie Dayer
RESIDENCE Parma	RESIDENCE Parma
COLOR W.	COLOR W.
AGE AT LAST BIRTHDAY 46 (Years)	AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE Can.	BIRTHPLACE Can
OCCUPATION Laborer	OCCUPATION Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*.

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) [redacted] M.D.

(Physician or midwife)

Address Parma Idaho

Filed Jan 2 1916 [redacted] Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

693-113-014-212

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

County of Canyon

City of Parma

No. ..... St.

Hospital Home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 8 File No. 35362

Primary Registration District No. 2007 Registered No. 79

FULL NAME OF CHILD Anna Marie

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	✓		✓	Yes	12 (Month) 13 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	E. M. Wilson	FULL MAIDEN NAME	Dora Baker
RESIDENCE	Riverview Ore	RESIDENCE	Riverview Ore
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Nevada	BIRTHPLACE	Kentucky
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. J. Owen

M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Parma Idaho.

Filed Jan 3 1916 Lulu Waldrop
Registrar

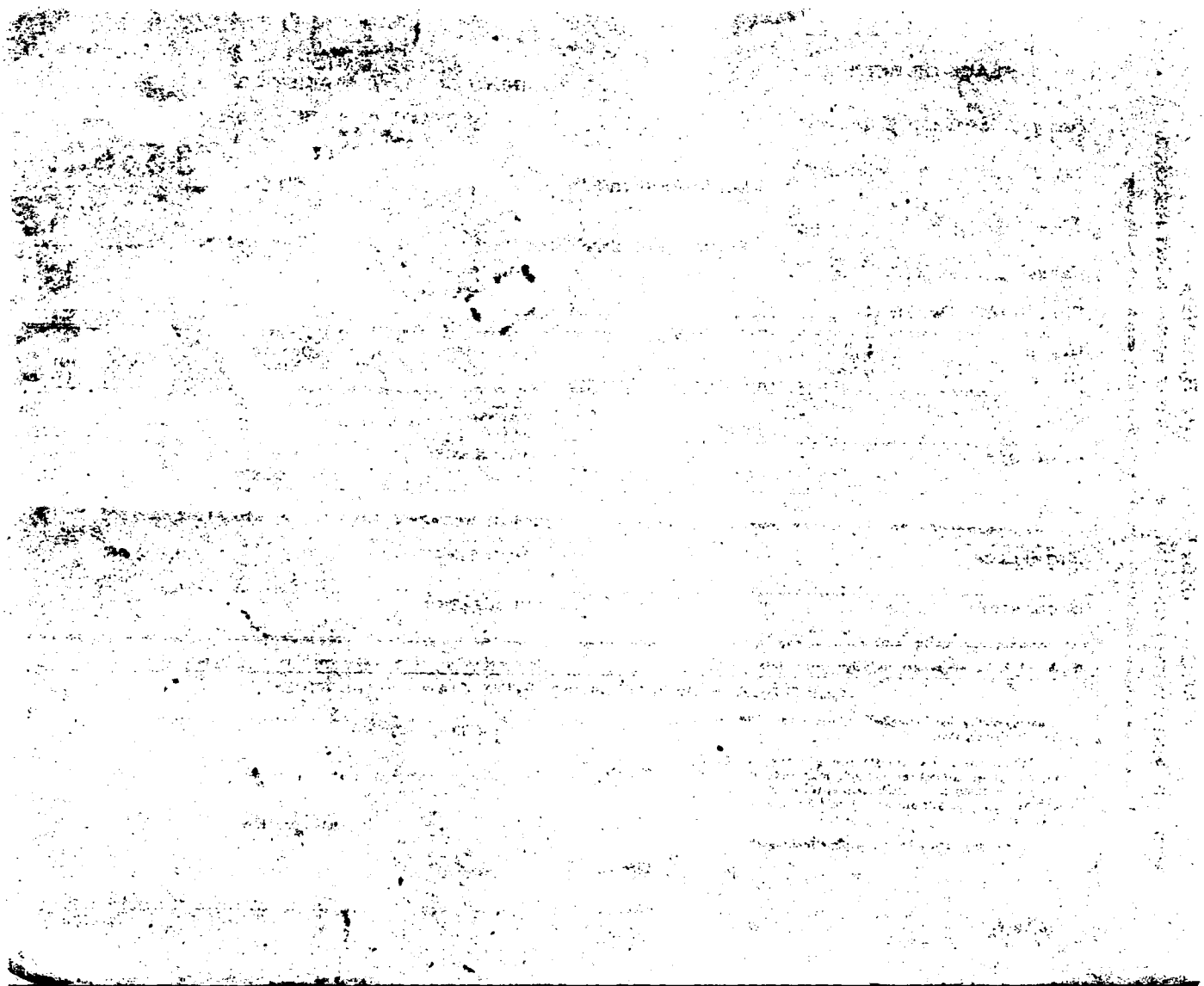
Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



393-230-014-855

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Parma

Registration District No. 3

File No. 35363

No. ..... St.

Primary Registration District No. 2007

Registered No. 82

Hospital Home

FULL NAME OF CHILD Ida Elanor Tilford

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
F.	✓	✓	Yes	12 (Month) 30 (Day) 1916 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	R. R. Tilford	FULL MAIDEN NAME	Gertrude Henderson
RESIDENCE	Homedale Ida	RESIDENCE	Homedale Ida
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Mich.	BIRTHPLACE	Iowa
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now [illegible] 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive 1 P. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. J. Cullen

M. D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Parma Idaho.

Filed Jan 8 1916 [illegible] Waldrop

Registrar

Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF ID
BUREAU OF VITAL
CERTIFICATE OF

JAN 31 1949

962-226-014-663

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35364

County of Canyon

City of Parma

Registration District No. 3

File No.

No. St.

Primary Registration District No. 2007

Registered No. 81

Hospital Home

FULL NAME OF CHILD ~~Lelia~~ Lela Maxine Rose

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F	✓		—	Yes	12 (Month) 26 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Henry L. Rose	FULL MAIDEN NAME	Beulah Folwell
RESIDENCE	Parma	RESIDENCE	Parma
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Minn.	BIRTHPLACE	Iowa
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11:55 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. J. [illegible]

M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address Parma Idaho

19

Filed Jan 3 1916 Lulu [illegible]

Registrar

Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

313.214.014-315

Form V. S. No. 11—25m-1-1-13

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Canyon

City of Parma

No. ..... St.

Hospital Home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 35365

Primary Registration District No. 2007 Registered No. 80

FULL NAME OF CHILD Bessie Margeruite Callaway

Sex of Child F	Twin Triplet or other? ✓ and Number in order of birth ✓ (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth 12 (Month) 14 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	A. F. Callaway	FULL MAIDEN NAME	Cora Cannon
RESIDENCE	Parma Idaho	RESIDENCE	Parma
COLOR	W. AGE AT LAST BIRTHDAY 27 (Years)	COLOR	W AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE	U. Va	BIRTHPLACE	Kan.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2:30 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. J. Clem

M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Parma Idaho

Filed Jan 3 1916 Lulu Waldrop
Registrar

S-Y CO. 24656

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Oregon } ss.
County of Yamhill

RECEIVED JUN 17 1964 Bureau of Vital Statistics

Certificate No. 35365

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Callaway (female child) (Name on Original Certificate) who was born (Was Born or Died) on Dec. 14, 1915 (Date of Event)
in Parma, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Bessie [redacted] Callaway
		MARGERUITE

Subscribed and sworn to before me this 11 day of June, 1964

Notary Public, residing at Newberg Oregon

My commission expires MY COMMISSION EXPIRES AUG. 20, 1965 (Seal)

Signed X Cora & Bessie Callaway
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

RT 3, Box 173, Newberg Ore.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Yamhill

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11 day of June, 1964

Notary Public, residing at Newberg Oregon

My commission expires MY COMMISSION EXPIRES AUG. 20, 1965 (Seal)

Signed X A. F. Callaway (Signature of Any Credible Person)

RT 3, Box 173 Newberg Ore. (Street Address, City, State)

FORM DH 60. 155 CL 6-2-64. one copy pd. rec. #03277.

Own Child's Birth Cert. on file: (Idaho Birth) #311997 gives full maiden name of mother as Bessie Margeruite Callaway - viewed by V.S.

Photo Copy of orr. Social Security Application, dated June 14, 1945, #518-28-8407 gives full maiden name as Bessie Marguerite Callaway, born Dec. 14, 1915 at Wilder, Idaho to Azel Flin Callaway and Cora Ethyl Cannon - married name Bessie M. Lakey - viewed by V.S. doc. ok'd -

SEP 10 1964

849-228-014-214

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Payette, Idaho

Registration District No. 4

File No. 35366

No. 541 N 7th St.

Primary Registration District No. 1008

Registered No. 75

Hospital

FULL NAME OF CHILD Unnamed (Died)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				yes	Nov. 28 1915

FATHER	MOTHER
FULL NAME: Glen Hurd	FULL MAIDEN NAME: Emma Saunders
RESIDENCE: 541 N 7th St. Payette Ida	RESIDENCE: with husband
COLOR: white	COLOR: whit
AGE AT LAST BIRTHDAY: 26 (Years)	AGE AT LAST BIRTHDAY: 23 (Years)
BIRTHPLACE: Idaho	BIRTHPLACE: Michigan
OCCUPATION: Expres Agt.	OCCUPATION: Homewife

Number of child of this mother, including present birth: 3

Number of children of this mother now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. H. Avery

Physician (Physician or midwife)

Address Payette Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Dec 2 1915 J. C. Woodward Registrar

B-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

(7)

114-102-014-689

PLACE OF BIRTH

County of Canyon

City of Payette

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

Registration District No. 4 File No. 35367

Primary Registration District No. 1008 Registered No. 76

FULL NAME OF CHILD Andrew Jackson Jarvis

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	✓	5	yes	12 — 2 — 1915

FATHER		MOTHER	
FULL NAME	Walter Jarvis	FULL MAIDEN NAME	Alma White
RESIDENCE	Payette Ida	RESIDENCE	Payette Ida
COLOR	White	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Missouri	BIRTHPLACE	Ohio
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 2, P, M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Crouch M.D.
(Physician or midwife)

Address Payette, Ida.

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed Dec 11 1915 J.C. Woodward Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

249-205014-355

[redacted]

V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Canyon

City of Payette

No. 1012-1st Ave. S. St.

Registration District No. 4

File No. 35368

Primary Registration District No. 1008

Registered No. 77

Hospital

FULL NAME OF CHILD Valora June Smith

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem		Yes	Dec 5 1915

FATHER		MOTHER	
FULL NAME	Jesse L Smith	FULL MAIDEN NAME	Beryl Le Van
RESIDENCE	Payette	RESIDENCE	Payette
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Iowa	BIRTHPLACE	Idaho
OCCUPATION	Barber	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2:15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J C Woodward

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Payette Id

Filed Dec 5, 1915 J C Woodward Registrar

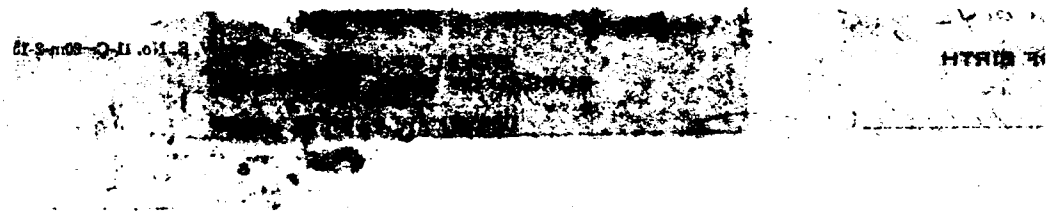
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



753-224-035-546

Form V. S. No. 11-C—25m-1-1-[illegible]

PLACE OF BIRTH

County of Nez Perce

City of Gifford R.F.D. #1

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 93

File No. 85369

Primary Registration District No. 2371

Registered No. .....

FULL NAME OF CHILD Emma Bess Peters

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F			1	yes	10 (Month) - 24 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Elwood Lee Peters	FULL MAIDEN NAME	Lutie Edwards
RESIDENCE	Gifford R.F.D. #1	RESIDENCE	Gifford R.F.D. #1
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	St Louis Mo	BIRTHPLACE	Colo.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 5 P M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Lyle M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Peck Idaho

Filed 10-24 1915

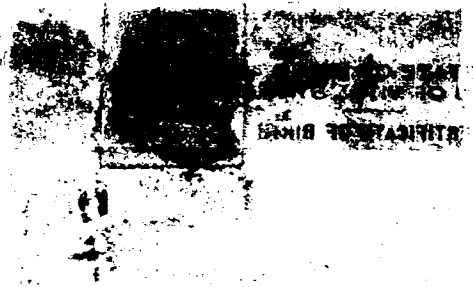
J. M. Lyle
Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



DEC 10 1942

132-117035-381

PLACE OF BIRTH

County of Nez Perce

City of Lenore R.F.D.

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. [illegible] 6m-1-19

CERTIFICATE OF BIRTH

Registration District No. 93

File No. 35970

Primary Registration District No. 2371

Registered No. .....

FULL NAME OF CHILD EARL MILBURNE ALBER

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural birth)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		3	Yes	10-17-1905

FATHER		MOTHER	
FULL NAME	Hiram Alber	FULL MAIDEN NAME	Clara Haddick
RESIDENCE	Lenore R.F.D.	RESIDENCE	Lenore R.F.D.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Wash
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2 P M on the date above stated.

(Born alive or stillborn)

(Signature) J. M. Lyle M.D.

(Physician or midwife)

Address Lenore R.F.D.

Filed 12-17 1905 J. M. Lyle Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ..... 19.....

..... Registrar

S-Y CO. 24698

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 2 2 1941

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH-BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Washington)
)ss
County of Spokane)

Certificate No. 35370

Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate

of.....(birth or death) for.....(Name on original certificate) who.....(was born or died)

on.....(Date of event) in.....(Place of event) are erroneous or were ommitted;

and that, to the best of his knowledge, the true facts of the case as shown

by.....(Bible record, insurance plcy.etc.) prepared on.....(Give date) are:

FACTS TO BE CORRECTED (Name, birthdate,etc.)	FROM (As on original)	TO (The correct facts)
Name	no name given	Earl Milburne Alber

Subscribed and sworn to before me this 11th day of September 1941

Signed Clara Alber
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
Notary Public
Residing at Spokane

1704 E. 5th Spokane, Washington
(Street address, City, State)

My commission expires May 1943

(SEAL)

SUPPORTING AFFIDAVIT OF A SECOND PERSON
(Both affidavits must be completed)

State of Washington)
)ss
County of Spokane)

SEP 12 1941

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12th day of September 1941

Signed Frank Alber
(Signature of any credible person other than the previous affiant.)

.....
Notary Public
Residing at Spokane

1704 E. 5th Spokane, Wash.
(Street address, City, State)

My commission expires May 1943
(SEAL)

791-221-035-689

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Nez Perce

City of Peck

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 93 File No. 35371

Primary Registration District No. 2371 Registered No. .....

FULL NAME OF CHILD Kathryn Jean Graham

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F	1	Yes	11-21-1915

FATHER		MOTHER	
FULL NAME	E. A. Graham	FULL MAIDEN NAME	Bertha E. Whitney
RESIDENCE	Peck	RESIDENCE	Peck
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Wash	BIRTHPLACE	Idaho
OCCUPATION	Traction Engineer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 7:00 a M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Lyle M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Peck Idaho

Filed 11-21 1915

J. M. Lyle
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MAY 18 1942

JUL 2 1973

DECEASED

493-211-035-296

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Melrose

Registration District No. 93

File No. 35372

No. ..... St.

Primary Registration District No. 2371

Registered No. .....

Hospital .....

FULL NAME OF CHILD Florence Bertha Miller

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural birth)	and Number in order of birth	Legitimate	Date of Birth (Month) (Day) (Year)
F		1	yes	11-11-1915

FATHER		MOTHER	
FULL NAME	Lister Fay Miller	FULL MAIDEN NAME	Lena Brocke
RESIDENCE	melrose	RESIDENCE	melrose
COLOR	W	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Wis	COLOR	W
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	22
		BIRTHPLACE	Penn.
		OCCUPATION	Housework

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2:45 P M on the date above stated.

(Born alive or stillborn)

(Signature) J.M. Lyle M.D

(Physician or midwife)

Address Cecil

Filed 11-11 1915 J.M. Lyle

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

..... Registrar

S-Y CO. 24669

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 2 1967

915-205-035-293

Form V. S. No. 11-C-25m-1-1-13

PLACE OF BIRTH

County of Nez Perce

City of Peck

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 93

File No. 35373

Primary Registration District No. 2371

Registered No. .....

FULL NAME OF CHILD Thelma Althea Rancore

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of Birth
F	5	Yes	11 (Month) 5 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	William H. Rancore	FULL MAIDEN NAME	Florence Effie Billo
RESIDENCE	Peck	RESIDENCE	Peck
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Mich	BIRTHPLACE	Oreg
OCCUPATION	Painter	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 12-30 a M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Lyle M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Peck Ida

Filed 11-5 1915

J. M. Lyle
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 1 2 1943

SEP 26 1950

1962 ST 10F

Cert. named from card 3/12/43 Z.J.

JUL 29 1949

212-221-035-955

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Reck R.F.D. 1 Registration District No. 93 File No. 35374

No. ..... St. Primary Registration District No. 2371 Registered No. .....

Hospital .....

FULL NAME OF CHILD Florence Wilma Baker

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	(To be answered only in event of plural birth)	2	Yes	12-21-1915

FATHER		MOTHER	
FULL NAME	Claud Baker	FULL MAIDEN NAME	Clarice Reeves
RESIDENCE	Peck	RESIDENCE	Peck
COLOR	W	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Wash	BIRTHPLACE	Oreg
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11-a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Lyle M.D.

(Physician or midwife)

Address Peck Idaho

Given names added from a supplemental report. ..... 19....

Filed 12-21 1915 J. M. Lyle

..... Registrar ..... Registrar

S-Y CO. 24695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 10 1960

792-101-035-758

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ney Perce

City of Peck R.F.D.

No. ..... St.

Hospital .....

Registration District No. 93

File No. 35375

Primary Registration District No. 2371

Registered No. .....

FULL NAME OF CHILD James Paul Gibbs

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M	3	yes	12-1-1915

FATHER		MOTHER	
FULL NAME	Reese M. Gibbs	FULL MAIDEN NAME	Lydia Gehrke
RESIDENCE	Peck R.F.D.	RESIDENCE	Peck R.F.D.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Wash	BIRTHPLACE	Minn
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 9:45 a.m. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Lyle M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Peck Ida

Filed 12 1 1915

J. M. Lyle
Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 1 1942

493·226·035-384

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35376

County of Nez Perce

City of Peck

Registration District No. 93 File No.

No. St.

Primary Registration District No. 2371 Registered No.

Hospital

FULL NAME OF CHILD Lois Amelia Miller

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural birth)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			1	Yes	July 26 1915

FATHER		MOTHER	
FULL NAME	Melvin E. Miller	FULL MAIDEN NAME	Dorcy Lyda
RESIDENCE	Peck	RESIDENCE	Peck
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Ida	BIRTHPLACE	Ark
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2:45 P. M. on the date above stated.

(Born alive or stillborn)

(Signature) J. M. Lyle M.D.

(Physician or midwife)

Address Peck Idaho

Filed 7/24 1915 J. M. Lyle Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

8-Y CO. 24698

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

695-205-035-693

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-I-13

PLACE OF BIRTH

County of Nez Perce

City of Peck

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35377

Registration District No. 93 File No. .....

Primary Registration District No. 2371 Registered No. .....

FULL NAME OF CHILD Reta May Fine

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural birth)	and Number in order of birth	Legitimate	Date of Birth (Month) (Day) (Year)
F		3	yes	7-5-1915

FATHER		MOTHER	
FULL NAME	Gola A. Fine	FULL MAIDEN NAME	Etta Williams
RESIDENCE	Peck	RESIDENCE	Peck
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Oreg	BIRTHPLACE	Wis
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9:50 P M on the date above stated.

(Born alive or stillborn)

(Signature) J M Lyle M.D.

(Physician or midwife)

Address Peck Idaho

Filed 7-6 1915 J. M. Lyle Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y CO. 24688

JUN 19 1947

299-T04:035-367

PLACE OF BIRTH

County of Nez Perce

City of Lenore

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 93 File No. 35378

Primary Registration District No. 2371 Registered No. .....

FULL NAME OF CHILD Clarence Vernon Smith

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural birth)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		7	Yes	7-4-1915

FATHER		MOTHER	
FULL NAME	Geo. A. Smith	FULL MAIDEN NAME	Nancy D. Lofer
RESIDENCE	Lenore	RESIDENCE	Lenore
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	49	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Utah	BIRTHPLACE	Ark
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10:45 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) F M Lyle M.D.

(Physician or midwife)

Address .....

Filed 7-4 19 15 J M Lyle Registrar

S-Y CO. 24659

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

P.C. 6/21/41

947.102.035-259

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Peck

Registration District No. 93 File No. 35379

No. ..... St.

Primary Registration District No. 2371 Registered No. .....

Hospital .....

FULL NAME OF CHILD Judson Gilbert Ruggles, Jr.

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male			3	yes	7 (Month) - 2 (Day) - 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Judson G. Ruggles	FULL MAIDEN NAME	Mary Bernst
RESIDENCE	Peck	RESIDENCE	Peck
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY	50 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Mass	BIRTHPLACE	Miss
OCCUPATION	Printer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 9 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Tyle M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Peck

Filed 7-2-1915

J. M. Tyle
Registrar

Registrar

S-Y CO. 24695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 16 19

Amended 9-13-56

719-103-031-713

PLACE OF BIRTH

County of Lewis

City of Peck

No. ..... St.

Hospital .....

Form [redacted] S. No. 11-C—[redacted]m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 93

File No. 35380

Primary Registration District No. 2171

Registered No. .....

FULL NAME OF CHILD Clifford Raymond Parks

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M	1	Yes	5 - 3 1915

FATHER		MOTHER	
FULL NAME	Raymond Parks	FULL MAIDEN NAME	Naomi R. Galloway
RESIDENCE	Peck	RESIDENCE	Peck
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Ybn	BIRTHPLACE	Mo
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 11 55 a M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Lyle M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Peck

Filed 8-3- 1915

J. M. Lyle
Registrar

S-Y CO. 24655

MARGIN RES[redacted]T RECORD

WRITE PLAINLY WITH UNFAD[redacted]d the number

N. B. In case of more than one child at birt[redacted] of each

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Nez Perce } ss.

Certificate No. 35380

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Parks (Name on Original Certificate) who was born (Was Born or Died) on May 5, 1915 (Date of Event)
in Peck, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on May 3rd, 1915 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	missing	Clifford R Parks
Child Birth date	May 5, 1915	May 3, 1915

Subscribed and sworn to before me this 26 day of June, 1956

Notary Public, residing at Lewiston Idaho
My commission expires 7-10-59
(Seal)

Signed Naomi Ruth Parks
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Mohler, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Nez Perce } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5th day of September, 1956

Notary Public, residing at Lewiston Idaho
My commission expires 7/10/59
(Seal)

Signed [illegible] Parent
(Signature of Any Credible Person)
Mohler Idaho
(Street Address, City, State)

FORM DPH 55.155

SEP 1 4 1956

695.128.035-236

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Nez Perce

City of Peck

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 93 File No. 35381

Primary Registration District No. 2371 Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M	5	Yes	8-28-1915

FATHER		MOTHER	
FULL NAME	Harry A. Fine	FULL MAIDEN NAME	Zella Bloodsworth
RESIDENCE	Peck	RESIDENCE	Peck
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Oreg	BIRTHPLACE	Oreg
OCCUPATION	Farm Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 5 P M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Lyle M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Peck Idaho

Filed 8-28 1915 J. M. Lyle Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

M. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

B55-111031-719

PLACE OF BIRTH

County of Lemhi

City of Leek

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11 Rev-1-1-15

CERTIFICATE OF BIRTH

Registration District No. 93

Primary Registration District No. 2371

File No. 3352

Registered No. .....

FULL NAME OF CHILD Dwight Elbert Lents

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural birth)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			3	Yes	8-11-1915

FATHER		MOTHER	
FULL NAME	John Henry Lents	FULL MAIDEN NAME	Florence M. Parks
RESIDENCE	Leek	RESIDENCE	Leek
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Mich
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or still born) at 11-P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) J. M. Lyle M.D.

(Physician or midwife)

Address Leek

Filed 8-11 1915 J. M. Lyle Registrar

8-Y CO. 24695

cc 3/8/41 19MF

394-229-035-793

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

[redacted]CE OF BIRTH

County of Ney Perce

City of Lenore R.F.D.

Registration District No. 93

File No. 35383

No. ..... St.

Primary Registration District No. 2371

Registered No. .....

Hospital .....

FULL NAME OF CHILD .....

Sex of Child F	Twin Triplet or other? and Number in order of birth 7 (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth 9 (Month) 29 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Chas H. Crumpacker	FULL MAIDEN NAME	Mary C. Gilmore
RESIDENCE	Lenore R.F.D.	RESIDENCE	Lenore R.F.D.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Oreg	BIRTHPLACE	W. Va
OCCUPATION	Day Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 12:30 a.m. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Lyle M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Peck

Filed 9-29 1915

J. M. Lyle

Registrar

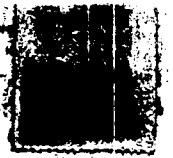
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



21 123-035-242

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perces

City of Gifford R.F.D.

Registration District No. 93

File No. 35384

No. ..... St.

Primary Registration District No. 2371

Registered No. .....

Hospital .....

FULL NAME OF CHILD Peter Day Sardam

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M			5	Yes	9-23 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	S. G. Sardam	FULL MAIDEN NAME	Gertie Ann Sisk
RESIDENCE	Gifford R.F.D.	RESIDENCE	Gifford R.F.D.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Nebr.	BIRTHPLACE	Mo.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 12:30 a M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Lyle M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Peck

Filed 9-23 1915

J. M. Lyle
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

ec 10/28/40

231-109-035-855

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lenore

No. ..... St.

Hospital .....

Registration District No. 93

Primary Registration District No. 2371

File No. 35385

Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M			4	Yes	9 (Month) 9 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	M. L. Blackwell	FULL MAIDEN NAME	Mary T. Hendricks
RESIDENCE	Lenore	RESIDENCE	Lenore
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Oreg	BIRTHPLACE	Mo
OCCUPATION	Day Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2 a. M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Lyle MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Peck

Filed 9-9 1915

J. M. Lyle
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

D

243-102-035-133

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Nez Perce

City of Peck

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 93 File No. 35386

Primary Registration District No. 2371 Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural birth)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		5	Yes	9-2-1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	William R. Sutton	Mary E. Allen
RESIDENCE	Peck	Peck
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	35	24
BIRTHPLACE	Iowa	Wash.
OCCUPATION	Farmer	Housework

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 11 a. M on the date above stated.

(Born alive or stillborn)

(Signature) J. M. Lyle M.D.

(Physician or midwife)

Address Peck

Filed 9-2 1915 J. M. Lyle Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y CO. 24698

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

719-201-035-613

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

PLACE OF BIRTH

County of Nez Perce

City of Peck

No. ..... St.

Hospital .....

Form V. S. No. 11-C—Rev. 1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 93 File No. 35387

Primary Registration District No. 2371 Registered No. .....

FULL NAME OF CHILD HELEN MAY PARKS

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate	Date of Birth (Month) (Day) (Year)
F			2	yes	9-1-15

FATHER		MOTHER	
FULL NAME	Miles M. Parks	FULL MAIDEN NAME	Ella M. Mahler
RESIDENCE	Peck	RESIDENCE	Peck
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Mich	BIRTHPLACE	Mo
OCCUPATION	Engineer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Lyle M.D.

(Physician or midwife)

Address Peck

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 9-1 1915 J. M. Lyle Registrar

6-Y CO. 24658

NOV 3 1941

Certificate named from affidavit attached to no. [redacted]
Z.J.

566-21-6035-854

PLACE OF BIRTH

County of Nez Perce

City of Gifford

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35388

Registration District No. 92 File No. 3

Primary Registration District No. 2170 Registered No. 42

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl			yes	Dec 16 1915

FATHER		MOTHER	
FULL NAME	Melton Wilson	FULL MAIDEN NAME	Vesta Hewett
RESIDENCE	Gifford, Idaho.	RESIDENCE	Gifford, Idaho.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Oregon	COLOR	White
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	26
		BIRTHPLACE	Missouri
		OCCUPATION	Home Wife

Number of child of this mother, including present birth Two

Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Living (Born alive or stillborn) at 3 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. J. Herrington

(Physician or midwife)

Address Gifford Idaho,

Given names added from a supplemental report.

..... 19.....

Filed 1-2 1916 E. E. Watts Registrar

..... Registrar

B-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

414-215-035-381

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35389

County of Nez-Perce

City of Gifford

No. ..... St.

Hospital .....

Registration District No. 92 File No. 3

Primary Registration District No. 2170 Registered No. 41

FULL NAME OF CHILD Elinor Clarice Dammrose

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Dec 15 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ernie Dammrose	FULL MAIDEN NAME	Eureka Chaney
RESIDENCE	Gifford Ida	RESIDENCE	Gifford Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Illinois
OCCUPATION	Farmer	OCCUPATION	House-Wife

Number of child of this mother, including present birth One Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Living (Born alive or stillborn) at 10 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. J. Herrington M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Gifford Idaho

Filed 1-2 1916 E. E. Watts

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECEASED

381-214-835-796.

PLACE OF BIRTH

County of Nez Perce

City of Gifford

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

CERTIFICATE OF BIRTH

35392

Registration District No. 92 File No. 3

Primary Registration District No. 2170 Registered No. 38

FULL NAME OF CHILD Naoma Chastain

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	S	1	Yes	10 14 1913

FATHER		MOTHER	
FULL NAME	Arthur E Chastain	FULL MAIDEN NAME	Lucy Gifford
RESIDENCE	Gifford	RESIDENCE	Gifford
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	S Da
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born living (Born alive or stillborn) at 1:15 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Watts

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 10-14 1913 E. E. Watts

..... Registrar

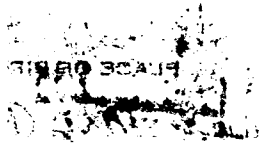
S-Y CO. 24655 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 17 1941



21 [redacted] 028-712

BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County [redacted]enai

City of Coeur d'Alene

No. 4th & Locust St.

Registration District No. 29 File No. 35393

Primary Registration District No. 1050 Registered No. 11

Hospital

FULL NAME OF CHILD Fannie Edith Sawyer

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes.	Dec. 13. 1915.

FATHER	MOTHER
FULL NAME Dorsey Franklin Sawyer	FULL MAIDEN NAME Fannie Lidia Pammer
RESIDENCE Coeur d'Alene	RESIDENCE Coeur d'Alene
COLOR White AGE AT LAST BIRTHDAY 38. (Years)	COLOR White AGE AT LAST BIRTHDAY 33. (Years)
BIRTHPLACE Penn.	BIRTHPLACE Penn.
OCCUPATION Blacksmith	OCCUPATION Home Wife

Number of child of this mother, including present birth 10

Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9 a. m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

.....19.....

.....
Registrar

(Signature) Alexander Cairns M. D.

(Physician or midwife)

Address 611 Garden Ave Coeur d'Alene

Filed Dec 31 1915 Mark A. Dorland
Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

253 [illegible] 028-513

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of [illegible]

City of Cd Alene

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 29 File No. 35394

Primary Registration District No. 1050 Registered No. 12

FULL NAME OF CHILD Mary Kelbell

Sex of Child	~~Twin~~ ~~Triplet~~ or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F.	1st	Yes	Dec. 24 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Mike Kelbell	FULL MAIDEN NAME	Lucy Eachon
RESIDENCE	Cd Alene	RESIDENCE	Cd Alene
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Austria	BIRTHPLACE	Austria
OCCUPATION	Mill Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st Number of children of this mother now living, including present birth 1st

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 4 P M on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Max Aborland

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed Jan. 19 1916 M C Dorland

Registrar

Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

7-17-4

STATE OF IDAHO
BUREAU OF VITAL STATIS

CERTIFICATE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

234-[redacted]-613

PLACE

County of [redacted]

City of Cambridge

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 88 File No. 35395

Primary Registration District No. 2167 Registered No. .....

FULL NAME OF CHILD FRANKLIN EMANUEL STUART

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			yes	Dec 20 1915

FATHER		MOTHER	
FULL NAME	David W Stuart	FULL MAIDEN NAME	Mary Wallace
RESIDENCE	Cambridge Ida	RESIDENCE	Cambridge
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	52 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Ill	BIRTHPLACE	Kan
OCCUPATION	Farmer	OCCUPATION	HW

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 45 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Simeon Hopper M D (Physician or midwife)

Address Cambridge Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Jan 9 1916 O E Edmunds Registrar

S-Y CO. 24655

MAY 12 1942

MAY 12 1976

2532 09 V-243

PLACE OF BIR

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Cambridge

No. ..... St.

Hospital .....

Registration District No. 58 File No. 35396

Primary Registration District No. 2167 Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F M			yes	Dec 19 1915

FATHER		MOTHER	
FULL NAME	Chas A Beck	FULL MAIDEN NAME	Georgia C Sullivan
RESIDENCE	Cambridge Ida	RESIDENCE	Cambridge
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Mo
OCCUPATION	Farmer	OCCUPATION	HW

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Simeon Hopkins MD (Physician or midwife)

Address Cambridge Ida

Given names added from a supplemental report.

..... 19.....

Filed Jan 9 1916 C E Cummings Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

553-220-044-463 Child's name added 9-15-88 MCM

Form V. S. No. 11-C—25m-1-1-18

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of [illegible]

City of Cambridge

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. FF

File No. 35399

Primary Registration District No. 2164

Registered No. .....

FULL NAME OF CHILD Marjorie E Nichols

Sex of Child Female

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth Dec (Month) 20 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Albert J. Nicholas	FULL MAIDEN NAME	Lizzie Dolan
RESIDENCE	Cambridge Idaho 4	RESIDENCE	Cambridge
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Minnesota	BIRTHPLACE	Minnesota
OCCUPATION	Rancher	OCCUPATION	House wife

Number of child of this mother, including present birth 8

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5:20 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C E Schmitz

MD (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Cambridge Idaho

Filed Dec 30 1915 C E Schmitz Registrar

Registrar

S-Y CO. 24655

8-23-88

IDAHO DEPARTMENT OF HEALTH AND WELFARE

Vital Statistics Unit

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
SEP 6 9 29 AM '88

State of _____
County of _____ } ss.

Certificate No. 95399
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for unnamed female (Name on Original Certificate) who was born (Was Born, Died, etc.) on Dec. 20, 1915 (Date of Event)

in Cambridge, Washington Co. (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
full name of child	unnamed	Marjorie Nichols
		middle name Evelyn

Subscribed and sworn to before me this 31st day of August, 1988

Notary Public, Frances Bean

Residing at Jackson County OR

My commission expires 10/31/88

(Seal)

Marjorie Evelyn Nichols
Signature of Applicant

2071 Mill Creek Dr. Prospect Or. 97536
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed __)
(Is not necessary XX)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19__.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Marriage license for Robert L Conger and Marjorie E Nichols
On June 1, 1956 in Oregon. Viewed by VS.

School Record from El Monte High School lists Marjorie Nichols
graduate June 14, 1934, born Dec 20, 1915. Viewed by VS.

258-19-018-39

PLACE OF BIRTH

County of Clearwater

City of Elk River

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

35400

Registration District No 91 File No.....

No....., ... St.

Primary Registration District No. 2168 Registered No.....

Hospital .....

FULL NAME OF CHILD Eugene Defoest Snyder

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	—	1st	yes	Dec. 19th, 1915

FATHER		MOTHER	
FULL NAME	Emerson Snyder	FULL MAIDEN NAME	Cora Littlefield
RESIDENCE	Elk River	RESIDENCE	Elk River
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	West Virginia	BIRTHPLACE	Idaho
OCCUPATION	Line telephoneman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7:30a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Dimon M.D.

(Physician or Midwife)

Address Elk River Idaho

Given names added from a supplemental report

....., 19.....

Filed Dec. 30 1915

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated

JAN 31 1962

STATE OF IDAHO

[redacted]

[redacted]

815·1151020-512

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Elmore

City of Lenox

Registration District No. _____ File No. 35401

No. _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Bert Everett Hausnan

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		Ja	July 15 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Bert Hausnan	FULL MAIDEN NAME	Fannie Eason.
RESIDENCE	Lenox Idaho.	RESIDENCE	Lenox. Idaho,
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	34.
BIRTHPLACE	Virginia	BIRTHPLACE	Sea Ville Ky.
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was _____ (Born alive or stillborn), at _____ M. on the date above stated.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Born a-live without medical attendance or midwife

(Physician or midwife)

Given names added from a supplemental report.

Address Reported by Mrs Hausnan R.F.

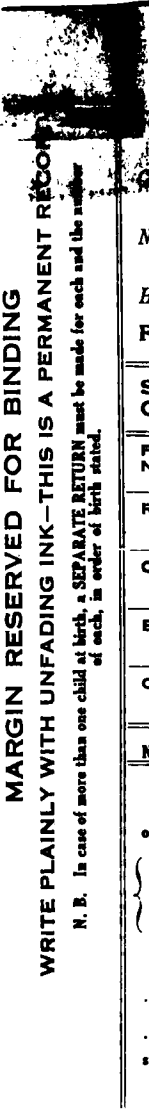
_____ 19__

Filed _____ 19__ July 15 '15

Registrar

Date Registrar

S-Y-CO 38071



MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Z HOUSMAN

Amended 6-15-60

PLACE OF BIRTH

262-21 5 018-312

County of Clearwater

City of Orofino

No. ____ St.

Hospital ____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 90 File No. 35402

Primary Registration District No. 2168 Registered No. 81

FULL NAME OF CHILD Marie Cordelia Koker

(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl			Yes	Dec. 15, 1915

What bactericidal solution was used in eyes? ____

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

FATHER	MOTHER
FULL NAME: Myrtle L. Koker	FULL MAIDEN NAME: Sylvia Case
RESIDENCE: near Fraser	RESIDENCE: near Fraser
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 45 (Years)	AGE AT LAST BIRTHDAY: 38 (Years)
BIRTHPLACE: Iowa	BIRTHPLACE: Indiana
OCCUPATION: Farmer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 2:00 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. W. Horswill

Physician
(Physician or midwife)

Address Orofino

Filed Dec. 31, 1915 J.M. Fairly
Registrar.

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Statement from Mrs. Christine Summers, Deputy Superintendent, County of Kern, State of California, Schools- states "after checking the files of the County Superintendent of Schools Office, we find that IDAHO STATE BOARD OF HEALTH
Marie Cordelia Koker entered the DIVISION OF VITAL STATISTICS
Midway Elementary School Districtin the Third Grade at the age of none years, at the beginning of 1925-26 school year. - viewed by V.S.
other documents listed on back

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of California } ss. Certificate No. 35402
County of Kern } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Koker (Name on Original Certificate) who born (Was Born or Died) on Dec. 15, 1915 (Date of Event) in Orofino, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Marie Cordelia Koker
Full Maiden Name of Mother	Sylvia Carr	Sylvia Case

Subscribed and sworn to before me this 25 day of July, 1959
[signature]
Notary Public, residing at 514 Taylor St
My commission expires MY COMMISSION EXPIRES FEB. 1, 1963
(Seal)

Signed [signature]
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
518 Lincoln St. Taft Calif
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Kern }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25 day of July, 1959
[signature]
Notary Public, residing at 514 Taylor St
My commission expires MY COMMISSION EXPIRES FEB. 1, 1963
(Seal)

Signed Earl A Koker
(Signature of Any Credible Person)
100 Monroe St.
(Street Address, City, State)
Taft Calif

FORM DPH 55.155 CL 5-26-59. nm

Statement from Kern County General Hospital, Bakersfield, California, states that Marie (Koker) Salcido made her first application for Treatment at there hospital on Feb. 24, 1931 under her maiden name, Marie Koker. age being given as 15, birthplace as Idaho, father as M.I. Koker, Iowa and mother's maiden name as Della Case, Indiana - statement made out by Mrs. Helen M. Copelin, R.P.L. Medical Record Librarian - viewed by V.S.

Statement from Kern County General Hospital, Bakersfield, California, states that Sylvia Della Koker, made her first application for treatment at there hospital on Sept. 21, 1926 at which time she gave her age as 48; birthdate as 12-10-1877, Elkhart, Indiana, name of father as Lloyd Case, Ohio, deceased and mother's maiden name as Ellen Fredrick, Indiana - statement made out by Mrs. Helen M. Copelin, R.P.L., Medical Record Librarian - viewed by V.S.

Notification of Birth Registration, State of California, #5565, September 23, 1954 of Own Child's Birth Certificate, gives correct information concerning mother's Maiden Name - Maria Cordelia Koker - viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

3 48-207-018-689

PLACE OF BIRTH

County of Nezperce

City of Orofino

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35403

Registration District No. 90 File No. .....

Primary Registration District No. 2168 Registered No. 82

FULL NAME OF CHILD Ruth Tucker

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Dec 7 1915

FATHER		MOTHER	
FULL NAME	Frank Tucker	FULL MAIDEN NAME	Bessie Whitted (?)
RESIDENCE	Orofino, Idaho	RESIDENCE	Orofino Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	37
COLOR	White	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Iowa	BIRTHPLACE	Miss.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) J. M. Tucker

Physician

(Physician or midwife)

Address Orofino Idaho

Filed January 1 1916 J. M. Tucker Registrar

S-Y-CO 38071

OCT 5 1966

265-126-018-259

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 35404

County of Clearwater

City of Orofino

No. _____ St.

Hospital _____

Registration District No. 90 File No. _____

Primary Registration District No. 2168 Registered No. 83

FULL NAME OF CHILD _____

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Jany 21 1915 (Month) (Day) (Year)

	FATHER		MOTHER
FULL NAME	Archie Bonner	FULL MAIDEN NAME	Clara Belle Snider
RESIDENCE	Orofino, Ida	RESIDENCE	Orofino, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	49 (Years)	AGE AT LAST BIRTHDAY	44 (Years)
BIRTHPLACE	W. Va.	BIRTHPLACE	W. Va.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11.45 p. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Fairly

Physician (Physician or midwife)

Address Orofino, Idaho

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed Jany 1915 J. M. Fairly Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

294-231-618-259

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35405

County of Clearwater

City of _____ Registration District No. 20 File No. _____

No. _____ St. Primary Registration District No. 1168 Registered No. 84

Hospital _____

FULL NAME OF CHILD Beatrice Francis Kruse

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
girl	X	X	Yes	12/3/1915

FATHER		MOTHER	
FULL NAME	Carl C Kruse	FULL MAIDEN NAME	Bessie Kerr
RESIDENCE	Wuiss	RESIDENCE	Wuiss
COLOR	Wht	COLOR	Wht
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Nebraska
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E W Howard

(Physician or midwife)

Address Orofino

Filed Dec 31 1915 J. M. Faires Registrar

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 2 3 1976

AUG 1 1 1949

2[redacted]036-386

Form V. S. No. 11-C—25m-1-1-13

[redacted] BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ida

City of Malad

No. ..... St.

Hospital .....

Registration District No. 26

File No. 35406

Primary Registration District No. 2069

Registered No. 192

FULL NAME OF CHILD Theda Thomas Stayner

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
fe		yes	12 - 1 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Arthur Stayner	FULL MAIDEN NAME	Jane Thomas
RESIDENCE	Malad R F D	RESIDENCE	Same
COLOR	wh AGE AT LAST BIRTHDAY 27 (Years)	COLOR	wh AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10 40 AM on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Ray MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Malad Oneida

Filed 12-12-1915 D C Ray

Registrar

Registrar

S-Y CO. 24635

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

OCT 28 1944

OCT 27 1944

36-1140[illegible]-351

PLACE OF BIRTH

County of Ada

City of Malad

No. _____ St.

Hospital _____

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35407

Registration District No. 26 File No. _____

Primary Registration District No. 2069 Registered No. 193

FULL NAME OF CHILD _____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	12 14 1915

FATHER		MOTHER	
FULL NAME	Hiram Lewis	FULL MAIDEN NAME	Sarah Evans
RESIDENCE	Malad	RESIDENCE	Same
COLOR	wh	COLOR	wh
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Ida	BIRTHPLACE	Ida
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3 P M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____ Registrar

(Signature) D C Ray M D

(Physician or midwife)

Address Malad City Idaho

Filed 12-13 1915 D C Ray Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

993-21-096-255

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

Registration District No. 26 File No. 35408

Primary Registration District No. 2069 Registered No. 189

FULL NAME OF CHILD Mary Richards

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
f			yes	11 11 1915

FATHER

FULL NAME Thomas Richards

RESIDENCE Malad

COLOR wh AGE AT LAST BIRTHDAY 27 (Years)

BIRTHPLACE Ida

OCCUPATION farmer

MOTHER

FULL MAIDEN NAME Hazel Beazley

RESIDENCE Cayuse

COLOR wh AGE AT LAST BIRTHDAY 22 (Years)

BIRTHPLACE Utah

OCCUPATION housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10 A M on the date above stated.

(Born alive or stillborn)

(Signature) D C Ray M D

(Physician or midwife)

Address Malad City Ida

Filed Nov 15 1915 D C Ray Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

852-123·036-552

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 35409

County of Oneida

City of Malad

No. _____ St.

Hospital _____

Registration District No. 26 File No. _____

Primary Registration District No. 2069 Registered No. 190

FULL NAME OF CHILD _____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	11 - 22 1915

FATHER		MOTHER	
FULL NAME	John Lawrence Hess	FULL MAIDEN NAME	Ida Isabelle Rush
RESIDENCE	Malad R F D	RESIDENCE	same
COLOR	wh	COLOR	wh
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	farmer & stock	OCCUPATION	housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Kay M D

(Physician or midwife)

Address Malad City Idaho

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed 12-1 1915 D C Kay Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

943-123-036-432

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35410

County of Oneida

City of Malad

Registration District No. 26 File No.

No. St.

Primary Registration District No. 2069 Registered No. 191

Hospital

FULL NAME OF CHILD Sherman Richardson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	11 23 1915

FATHER		MOTHER	
FULL NAME	Oscar Richardson	FULL MAIDEN NAME	Mary Ellen McKay
RESIDENCE	Malad	RESIDENCE	same
COLOR	wh	COLOR	wh
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Ida	BIRTHPLACE	Ida
OCCUPATION	barber	OCCUPATION	housework

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Ray MD

(Physician or midwife)

Address Malad City Ida

Given names added from a supplemental report.

.....19.....

Filed 12-1 19 15 D C Ray

Registrar

S-Y CO. 24655

Registrar

268-108-036-386

Form V. S. No. 11-C—25m-1-1-13

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 3541

Primary Registration District No. 2069 Registered No. 188

FULL NAME OF CHILD John H Balmforth

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			yes	11 - 8 1913

FATHER		MOTHER	
FULL NAME	John Balmforth	FULL MAIDEN NAME	Beatrice Thomas
RESIDENCE	Malad	RESIDENCE	same
COLOR	wh	COLOR	wh
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	farmer & stock	OCCUPATION	housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Ray M D

(Physician or midwife)

Address Malad City Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 11-13- 19 13 D C Ray Registrar

S-Y CO. 24655

SEP 30 1958

386-130-036-219

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35412

Registration District No. 26 File No. .....

Primary Registration District No. 2069 Registered No. 187

FULL NAME OF CHILD Lawrence B Thomas

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	11 (Month) 30 (Day) 1905 (Year)

FATHER		MOTHER	
FULL NAME	Richard L Thomas	FULL MAIDEN NAME	Alice Elya Barnett
RESIDENCE	Malad	RESIDENCE	same
COLOR	wh	COLOR	wh
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Laborer	OCCUPATION	housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 12 40 M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Kay M D

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Malad City Idaho

Filed 12-1 1915 D C Kay

Registrar Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

396-226-036-557

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH — 35413

County of Oneida

City of Malad

No. _____ St.

Hospital _____

Registration District No. 26 File No. _____

Primary Registration District No. 2069 Registered No. 186

FULL NAME OF CHILD Margaret Crowther

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
fs			yes	11 26 1915

FATHER		MOTHER	
FULL NAME	Edward N. Crowther	FULL MAIDEN NAME	Stella Evans
RESIDENCE	Malad	RESIDENCE	same
COLOR	wh	COLOR	wh
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Ida
OCCUPATION	miller	OCCUPATION	housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19_____

_____ Registrar

(Signature) D C Ray M D

(Physician or midwife)

Address Malad City Ida

Filed 12-1 19 15 D C Ray Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 1 5 1973

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS MAR 22 11 10 AM '73

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 35413

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Crowther (female) (Name on Original Certificate) who was born (Was Born or Died) on Nov. 26, 1912 (Date of Event)
in Malad, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Certif. of Bap. & Confirmation 11/2/1923
Certif. of Blessing prepared on 2/6/1916
(Bible Record, Insurance Policy, Etc.) Birth Index Application 5/14/1931 (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Margaret Crowther
Date of Birth	~~Nov~~ 11/26/1912	11/26/1915

Subscribed and sworn to before me this 19th day of March, 1973.

Notary Public, residing at MALAD, IDAHO

My commission expires 8-6-76
(Seal)

Signed Grace Emmett
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah }
County of Box Elder } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19th day of March, 1973.

Notary Public, residing at Tremonton, Utah

My commission expires 1-18-74
(Seal)

Signed Rita M. Lorenzen
(Signature of Any Credible Person)

RFD #1, Garland, Utah 84312
(Street Address, City, State)

FORM DH 60-155 CL 3/14/73

Bush 11

Certificate of Baptism and Confirmation from LDS Church gives name as Margaret Crowther daughter of Edward N. Crowther and Estella Evans. Born Nov. 26, 1915. Was Bpatized Dec. 2, 1923. Viewed by V. S.

MAR 23 1973

Certif. of Blessing from LDS Church gives name as Margaret Crowther daughter of Edward N. Crowther and Stella Evans. Was born Nov. 26, 1915. Blessed Feb. 6, 1916. Viewed by V. S.

386-125-036-165

PLACE OF BIRTH

County of Oneida

City of Malad

No. _____ St.

Hospital _____

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35414

Registration District No. 26

File No. _____

Primary Registration District No. 2069

Registered No. 185

FULL NAME OF CHILD John Russel Thomas

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			yes	11 23 1915

FATHER		MOTHER	
FULL NAME	Wallace O Thomas	FULL MAIDEN NAME	Carolus Jones
RESIDENCE	malad	RESIDENCE	same
COLOR	wh	COLOR	wh
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Rural mail carrier	OCCUPATION	housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5:30 A M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Ray MD

Malad City Idaho

(Physician or midwife)

Address _____

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed 12-1 1915

D C Ray Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 17 1942

852-102-036-165

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35415

County of Oneida

City of Malad

No. _____ St.

Hospital _____

Registration District No. 26 File No. _____

Primary Registration District No. 2069 Registered No. 184

FULL NAME OF CHILD Richard Jones Hess

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	11 (Month) 2 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Joseph Hess	FULL MAIDEN NAME	Esther Jones
RESIDENCE	Malad City Ida	RESIDENCE	same
COLOR	wh AGE AT LAST BIRTHDAY 28 (Years)	COLOR	wh AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 10 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Ray

M D (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Malad City Idaho

Filed 11-15 1915 D C Ray Registrar

_____ Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STA

CERTIFICATE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

695 PLA[redacted] 73-279

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of [redacted]

City of Sugar

No. ..... St.

Hospital .....

Registration District No. 100 File No. 35416

Primary Registration District No. 2178 Registered No. 270

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				11-24-1915

FATHER		MOTHER	
FULL NAME	Conrad Fres	FULL MAIDEN NAME	Anna Schriger
RESIDENCE	Sugar	RESIDENCE	Sugar
COLOR	W.	COLOR	
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Russia	BIRTHPLACE	Russia
OCCUPATION	Laborer	OCCUPATION	

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5 05 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed 12-31 1915 [signature] Registrar

S-Y CO. 24688

962-228-073-155

PLACE OF BIRTH

County of Madison

City of Sugar

No. ..... St.

Hospital .....

Form S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35417

Registration District No. 160 File No. .....

Primary Registration District No. 2178 Registered No. 271

FULL NAME OF CHILD Mary Ann Roberts

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female			11 (Month) – 28 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Horace Roberts	FULL MAIDEN NAME	Louise Jensen
RESIDENCE	Sugar	RESIDENCE	Sugar
COLOR	W. AGE AT LAST BIRTHDAY 32 (Years)	COLOR	AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Rancher	OCCUPATION	

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 [illegible] P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J V Thupe

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed 12-31 1915 G G Espe

Registrar

Registrar

S-Y CO. 2-[illegible]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 35417

MAR 0 2 02 PM '72

Date Filed 12-31-15

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Roberts (Female) (Name on Original Certificate) who was born (Was Born or Died) on Nov. 28, 1915 (Date of Event)

in Sugar, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Mary Ann Roberts

Subscribed and sworn to before me this 16th day of February, 19 71

[illegible]

Notary Public, residing at Rexburg, Idaho

My commission expires 3-31-71

(Seal)

Signed [illegible]

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Sugar City Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Madison }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd day of March, 19 72

[illegible]

~~Notary Public, residing at~~ Clerk of District Court

~~My commission expires~~ Rexburg Idaho

(Seal)

Signed [illegible] R. Cook

(Signature of Any Credible Person)

244 W 1st So Rexburg Idaho

(Street Address, City, State)

FORM DH 60-155 CL 10/26/70 1cc pd.

Certificate of Baptism and Confirmation gives name of child as Mary Ann Roberts daughter of Horace E. Roberts and Martha L. Jensen born Nov. 28, 1915 at Sugar, Idaho. Baptized December 1, 1923 in L.D.S.Church.
Viewed by V.S.

MAR 23 1972

Own childs birth certificate on file with the state of Idaho, # 49-11348 gives mother's maiden name as Mary Ann Roberts. Child born August 28, 1949.
Viewed by V.S.

113-1291033-793

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35418

County of Madison

City of Sugar

No. ..... St.

Hospital .....

Registration District No. 100 File No. .....

Primary Registration District No. 2178 Registered No. 272

FULL NAME OF CHILD Merlin Lee Jacobs

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			11-29-1915

FATHER		MOTHER	
FULL NAME	Leo Jacobs	FULL MAIDEN NAME	Florence Gilchrist
RESIDENCE	Sugar	RESIDENCE	Sugar
COLOR	W. AGE AT LAST BIRTHDAY 36 (Years)	COLOR	AGE AT LAST BIRTHDAY 36 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Rancher	OCCUPATION	

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10 55 p (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. P. Shupe

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 12-31 1915 G. G. Espe

Registrar

Registrar

6-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

8-11-41

APR 12 1971

791-218033-219

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Madison

City of Teton

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35420

Registration District No. 100 File No. .....

Primary Registration District No. 2178 Registered No. 268

FULL NAME OF CHILD Mozelle Graham

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female			11 (Month) – 18 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Claude Graham	FULL MAIDEN NAME	Hannah Gardner
RESIDENCE	Teton City	RESIDENCE	Teton City
COLOR	W. AGE AT LAST BIRTHDAY 25 (Years)	COLOR	AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J R Thupe
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed 12-31 1915 G G Estes
Registrar

Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 2 4 1975

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
MAR 0 1 1975

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 35420

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Graham (female) (Name on Original Certificate) who was born (Was Born or Died) on Nov. 18, 1915 (Date of Event)
in Teton, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Mozelle Graham

Subscribed and sworn to before me this 26 day of ..... , 19 75

Notary Public, residing at Idaho Falls, Idaho
My commission expires 12/3/77
(Seal)

Signed Eleanor Graham
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

112 E. 16th St. Idaho Falls, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd day of ..... , 19 75

Notary Public, residing at .....
My commission expires 5-22-76
(Seal)

Signed .....
(Signature of Any Credible Person)

142 E. 2nd North Rigby, Idaho
(Street Address, City, State)

FORM DH 60-155 CL 2/24/75

Certificate of Blessing from LDS Church gives nameas Mozell Graham daughter of Claude Grahma nd Hannah Grahm. Born Nov. 18, 195 at Teton, Idaho Was Blessed Jan. 2, 1916. viewed by V. S.

MAR 2 0 1975

Certif. of Baptism and Confirmation gives name as Mozelle Graham daughter of Claud Greham and Hanna Gardner. Born Nov. 18, 195 at Teton, Idaho. Was Baptised Aug. 2, 1924. viewed by V. S.

544-115-033-413

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35421

County of Madison

City of Sugar

No. ..... St.

Hospital .....

Registration District No. 100 File No. .....

Primary Registration District No. 2178 Registered No. 267

FULL NAME OF CHILD Elmer Dalling Eddington

Sex of Child Male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? | Date of Birth 11 (Month) 15 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Henry Eddington	FULL MAIDEN NAME	Anna Dalling
RESIDENCE	Sugar City	RESIDENCE	Sugar City
COLOR	W. AGE AT LAST BIRTHDAY 30 (Years)	COLOR	W AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Electrician	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 335 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J R Thupe

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed 12-31 1915 G G Espe

Registrar

Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO
VITAL STATISTICS
CERTIFICATE OF BIRTH
MAY 27 1952

MAR 4

719-214-033-365

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35422

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

Registration District No. 100 File No. .....

Primary Registration District No. 2178 Registered No. 266

FULL NAME OF CHILD MARY PARKER

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	(To be answered only in event of plural births)				11-14-1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Lorenzo Parker	FULL MAIDEN NAME	Saville Long
RESIDENCE	Hibbard	RESIDENCE	Hibbard
COLOR	W	COLOR	
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Raucher	OCCUPATION	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2:30 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Shuke

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 12-31 1915 G. G. Espe

Registrar

Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho
County of Bonneville } ss.

Certificate No. 35422
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Nov. 14, 1915 (Birth) (Birth or Death)
for Mary Parker (Name on Original Certificate) who was born (Was Born or Died) on Nov. 14, 1915 (Date of Event)
in Hibbard, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Family Record (Bible Record, Insurance Policy, Etc.) prepared on Date of Birth 11/14/15 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Mary Parker
MARY Parker		

Subscribed and sworn to before me this 13th
day of May, 1943.
[illegible]
Notary Public, residing at
My commission expires 12/8/43
(Seal)

Signed Olive L. Parker
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Iona, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bonneville } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13th
day of May, 1943.
[illegible]
Notary Public, residing at Idaho Falls, Ida.
My commission expires 12/8/43
(Seal)

Signed [illegible]
(Signature of Any Credible Person Other Than Previous Year)
135 East 14th, Idaho Falls, Ida.
(Street Address, City, State)

MAY 17 1943

814-2141033-695

Form V. S. No. 1-C—25m-1-1-13

PLACE OF BIRTH

County of Madison

City of Sugar

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35423

Registration District No. 100 File No. .....

Primary Registration District No. 2178 Registered No. 265

FULL NAME OF CHILD Belle Hamilton

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			11-14-1915

FATHER		MOTHER	
FULL NAME	John Hamilton	FULL MAIDEN NAME	Almina Winnell
RESIDENCE	Sugar City	RESIDENCE	Sugar City
COLOR	W. AGE AT LAST BIRTHDAY 39 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5:15 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J R Thupe

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 12-31 1915 G G Estee

Registrar Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 24 1970

DECEASED

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

RECEIVED
JUL 10 1970
Bureau of Vital Statistics

State of Idaho
County of Madison } ss.

Certificate No. 35423

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Hamilton (female child) (Name on Original Certificate) who was born (Was Born or Died) on Nov. 14, 1915 (Date of Event)
in Sugar, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Church records (Bible Record, Insurance Policy, Etc.) prepared on abt. December, 1915 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Belle Hamilton

Subscribed and sworn to before me this 26th day of June, 19 70

Mary Smith

Notary Public, residing at Rexburg, Idaho

My commission expires June 25, 1971

(Seal)

Signed Elizabeth Viola Hamilton

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Sugar City, Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Madison } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25th day of June, 19 70

Mary Smith

Notary Public, residing at Rexburg, Idaho

My commission expires June 25, 1971

(Seal)

Signed Olive G. Webster

(Signature of Any Credible Person)

234 E. 1st North, Rexburg, Idaho

(Street Address, City, State)

FORM DH 60.155 CL 9-9-65. nm

Statement from A. H. Brock, Bishop, Rexburg Fourth Ward from LDS Church gives namea as Belle Hamilton Webster born Nov. 14, 1915 at Sugar City, Idaho. Viewed V. S.

Letter from Sugar-Salem Schools, Sugar City, Idaho 83448 gives name as Belle Hamilton. birth date listed as Nov. 14, 1915. Graduated from Sugar City High School May 1934. Signed by. Onan T. Mecham, Superintendent. Viewed by V. S.

893-214-033-297

Form V.S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Madison

City of Sugar

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35424

Registration District No. 100 File No. .....

Primary Registration District No. 2178 Registered No. 264

FULL NAME OF CHILD FERN MARJORIE HILL

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			11-14-1915

FATHER		MOTHER	
FULL NAME	John W Hill	FULL MAIDEN NAME	Gladys Bigler
RESIDENCE	Sugar City	RESIDENCE	Sugar City
COLOR	W. AGE AT LAST BIRTHDAY 24 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 18 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3[illegible] M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J R Thupe

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 12-31 1910 G G Espe

Registrar Registrar

S-Y CO. 24695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of CALIFORNIA } ss.
County of LOS ANGELES }

Certificate No. 35424

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (BIRTH OR DEATH)
for ..... (NAME ON ORIGINAL CERTIFICATE) who ..... (WAS BORN OR DIED) on ..... (DATE OF EVENT)
in ..... (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Fern Marjorie Hill

Subscribed and sworn to before me this 19th day of APRIL, 19 43

Notary Public, residing at EL SEGUNDO

My commission expires JULY 13th 1943

(SEAL)

Signed Gladys Hill (Mother)
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

228 West Maple Ave. El Segundo Calif.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Los Angeles }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19th day of APRIL, 19 43

Notary Public, residing at EL SEGUNDO

My commission expires JULY 13th 1943

(SEAL)

Signed Mrs. Stella Russell
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

215 West Palm Ave. El Segundo, Calif.
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

APR 27 1943

796-226-033-868

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

*STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Sugar

No. ..... St.

Hospital .....

Registration District No. 100 File No. 35425

Primary Registration District No. 2178 Registered No. 263

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			11 26 1915

FATHER		MOTHER	
FULL NAME	Phillip Propp	FULL MAIDEN NAME	Kate Hohnonde
RESIDENCE	Sugar	RESIDENCE	Sugar
COLOR	AGE AT LAST BIRTHDAY 43 (Years)	COLOR	AGE AT LAST BIRTHDAY 40 (Years)
BIRTHPLACE	Russia	BIRTHPLACE	Russia
OCCUPATION	Laborer	OCCUPATION	Laborer

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 750 p. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Shupe

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed 12-31 1915 G. G. Eshe

Registrar Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STAT
BUREAU OF
DEPT

113-201-033-692

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35426

County of Madison

City of Plano

No. ..... St.

Hospital .....

Registration District No. 100 File No. .....

Primary Registration District No. 2178 Registered No. 274

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl	38	yes	12 (Month) 1 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Jessie Jackson	FULL MAIDEN NAME	Eliz. Fisher
RESIDENCE	Plano, Idaho	RESIDENCE	Plano
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Idaho, Plano.	BIRTHPLACE	Plano, Idaho
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 38 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 9 P M on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Joseph Walker

(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19....

Address Rexburg, Idaho

Filed 12-14 1915 G G Espe

..... Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

689-201-033-867

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Madison

City of Rexburg

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35427

Registration District No. 100 File No. _____

Primary Registration District No. 2178 Registered No. 273

FULL NAME OF CHILD _____

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female			Dec 1 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Thomas White	FULL MAIDEN NAME	Annabell Hope
RESIDENCE	Rexburg	RESIDENCE	Rexburg
COLOR	W. AGE AT LAST BIRTHDAY 22 (Years)	COLOR	AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION		OCCUPATION	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2.55 p.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J R Shupe

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address _____

Filed 12-31 1915 G G Eaton

Registrar

Registrar

9-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

895-205-033-217

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35428

County of Madison

City of Hibbard

No. ..... St.

Hospital .....

Registration District No. 100 File No. .....

Primary Registration District No. 2178 Registered No. 277

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	(To be answered only in event of plural births)				Dec (Month) 5 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Ira Hinckley	FULL MAIDEN NAME	Emma Kappner
RESIDENCE	Hibbard	RESIDENCE	Hibbard
COLOR	W. AGE AT LAST BIRTHDAY 36 (Years)	COLOR	AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5 55 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. V. Pruyn

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 12-31 1915 G. J. Espe Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

695-204-033-819

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35429

County of Madison

City of Sugar

No. ..... St.

Hospital .....

Registration District No. 100

File No. .....

Primary Registration District No. 2178

Registered No. 276

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female			Dec 4 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wm Winnill	FULL MAIDEN NAME	Tacy Hardy
RESIDENCE	Sugar	RESIDENCE	Sugar
COLOR	AGE AT LAST BIRTHDAY 40 (Years)	COLOR	AGE AT LAST BIRTHDAY 38 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Rancher	OCCUPATION	

Number of child of this mother, including present birth 11

Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8 05 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J R Shupe

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed 12-31 1915 G G Espe

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STAT

819-203-033-155

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35430

Registration District No. 100 File No. .....

Primary Registration District No. 2178 Registered No. 275

FULL NAME OF CHILD Aura Mary Haines

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female			Dec 3 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Pearl Haines	FULL MAIDEN NAME	Balbertha Jensen
RESIDENCE	Hibbard	RESIDENCE	Hibbard
COLOR	W. AGE AT LAST BIRTHDAY 27 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Utah
OCCUPATION	Forest Ranger	OCCUPATION	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7 15 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed 12-31 1915 G. G. Eske

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 13 1943

154.106.033-613

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35431

County of Madison

City of Independence

No. _____ St.

Hospital _____

Registration District No. 100

File No. _____

Primary Registration District No. 2178

Registered No. 278

FULL NAME OF CHILD Ross Z. Andersen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		yes	12 (Month) 6 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Charles P Andersen	FULL MAIDEN NAME	Luella Irene Waldron
RESIDENCE	Independence Idaho	RESIDENCE	Independence
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Redman Utah	BIRTHPLACE	Ogden Utah
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 12-30 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Almira M Nelson

Midwife
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address _____

Filed 12-16 1915 G G Eske
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

1-24-41

DECEASED

692-108'033-363 ADDED CHILD'S NAME 3-26-99 MS

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35432

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

Registration District No. 100 File No. .....

Primary Registration District No. 2178 Registered No. 279

FULL NAME OF CHILD MERLE RILEY FISHER

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Dec 8 1915

FATHER		MOTHER	
FULL NAME	Fred Fisher	FULL MAIDEN NAME	Lucinda Tolman
RESIDENCE	Rexburg	RESIDENCE	Rexburg
COLOR	W. AGE AT LAST BIRTHDAY 29 (Years)	COLOR	AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Rancher	OCCUPATION	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Snipe
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 12-31 1915 J. J. Espe
Registrar

Registrar

9-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

NOV 1 3 2001

DECEASED

9-7-83

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

VITAL STATISTICS
99 MAR 15 PM 4:13

State of _____
County of _____ } ss.

Certificate No. 35432
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Fisher (Name on Original Certificate) who was born (Was Born, Died, etc.) on Dec 8, 1915 (Date of Event)

in Rexburg (Madison) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Merle Riley Fisher

RAEL RACKHAM
NOTARY PUBLIC
STATE OF IDAHO

Subscribed and sworn to before me this 6th day of March, 1999

Notary Public, Rael Rackham

Residing at Rexburg, ID

My commission expires 8/1/2002

(Seal)

Merle Riley Fisher
Signature of Applicant

331 So. 3 W. Rexburg ID 83440
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Madison } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th day of March, 1999

RAEL RACKHAM
NOTARY PUBLIC
STATE OF IDAHO

Notary Public, Rael Rackham

Residing at Rexburg, ID 83440

My commission expires 8/1/2002

(Seal)

Alta Fisher
Supporting Signature

331 S 3 W Rexburg Ida
Street Address, City, State 83440

CERTIFICATE OF BLESSING FROM THE LDS CHURCH SHOWS MERLE RILEY FISHER BORN DEC. 8, 1915 IN REXBURG (MADISON) ID WAS BLESSED DEC. 29, 1915 VIEWED VS.

CERTIFICATE OF BAPTISM AND CONFIRMATION FROM THE LDS CHURCH SHOWS MERLE RILEY FISHER BORN DEC. 8, 1915 IN REXBURG ID WAS BAPTIZED JAN. 5, 1924 VIEWED VS.

669-209-033-168

Form V. S. No. 11-C—25m-1-1-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35433

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

Registration District No. 100 File No. .....

Primary Registration District No. 2178 Registered No. 280

FULL NAME OF CHILD .....

Sex of Child: F	Twin / Triplet / or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth: 12 (Month) 9 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	George Forsyth	FULL MAIDEN NAME	Rosetta Johnson
RESIDENCE	Rexburg Ida	RESIDENCE	Rexburg
COLOR	W	COLOR	
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Ut.	BIRTHPLACE	Ut.
OCCUPATION	Farmer	OCCUPATION	—

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2,45 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G G Espe

M

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed 12-14 1915 G G Espe

Registrar Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DUP OF 1915 D72-507

399-112033-217

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35434

County of Madison

City of Hibbard

No. ..... St.

Hospital .....

Registration District No. 100 File No. .....

Primary Registration District No. 2178 Registered No. 281

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				12 — 12 ... 191 5

FATHER		MOTHER	
FULL NAME	Henry Friesig	FULL MAIDEN NAME	Mary Kaplinger
RESIDENCE	Hibbard	RESIDENCE	Hibbard
COLOR		AGE AT LAST BIRTHDAY (Years)	46
COLOR		AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Russia	BIRTHPLACE	Russia
OCCUPATION	Laborer	OCCUPATION	

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 4 o'c M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. J. Espe

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 12-31 1915 J. J. Espe

..... Registrar

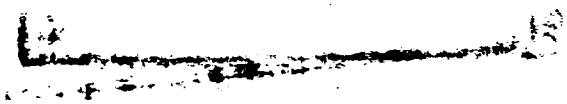
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



599-115'033-231

[redacted]

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of archer

No. ..... *St.*

Hospital .....

Registration District No. 100 **File No.** 35435

Primary Registration District No. 2178 **Registered No.** 282

FULL NAME OF CHILD Norman Blackburn Erickson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Dec (Month) 15 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Herman Erickson	FULL MAIDEN NAME	Gladys E Blackburn
RESIDENCE	archer	RESIDENCE	archer
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Sweeden	BIRTHPLACE	Brigham City
OCCUPATION	Farmer	OCCUPATION	house wife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at ten minutes to 4 a.m. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Margaret A Briggs (Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address .....

Filed 12-23 1915 G G Epke Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MAY 2 4 1941

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho } ss.
County of Madison

Certificate No. 35435
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Norman Blackburn Erickson (Name on original certificate) who born (Was born or died) on Dec. 15, 1915 (Date of event)
in ~~Arches~~ (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true
facts as shown by family record (Bible record, insurance policy, etc.) prepared on ..... (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.	FROM (As on original)	TO (The correct facts)
Norman Blackburn Erickson		

Subscribed and sworn to before me this 20
day of May, 1941
[signature]
Notary Public, residing at Rexburg
My commission expires Sept 5-1942
[SEAL]

Signed Mrs. Gladys E. Erickson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)
Thornton R1 Idaho
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of Idaho } ss.
County of Madison

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20
day of May, 1941
[signature]
Notary Public, residing at Rexburg Idaho
My commission expires Sept 5-1942
[SEAL]

Signed [signature]
(Signature of any credible person other than the previous affiant)
[illegible]
(Street Address, City, State)

Received for filing on ..... by .....
(Registrar's signature)

6/17/41 Z.J.

892-218'033.811

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35436

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

Registration District No. 100 File No. .....

Primary Registration District No. 178 Registered No. 288

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				12-18-1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ki Kifuda	M. Hayaski
RESIDENCE	Rexburg	Rexburg
COLOR	Dark	
AGE AT LAST BIRTHDAY	26 (Years)	29 (Years)
BIRTHPLACE	Japan	Japan
OCCUPATION	Laborer	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12 45 P M on the date above stated. 1 Photostat copy 1/7/42

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J V Stupe

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

..... Registrar

Filed 12-31 1915 G J Esp Registrar

S-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Madison }

Certificate No. 35436

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for Miss Toshiko Hikida (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Dec. 18, 1915 (DATE OF EVENT)
in Rexburg, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by insurance policy (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on about January 1, 1916 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed Hikida	Toshiko Hikida

Subscribed and sworn to before me this 2nd. day of January 1942.

Notary Public, residing at Rexburg, Idaho

My commission expires Sept. 5, 1942
(SEAL)

Signed Toshiko Hikida
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Madison }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd. day of January, 1942.

Notary Public, residing at Rexburg, Idaho

My commission expires Sept. 5, 1942
(SEAL)

Signed Eiji Hikida
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Rexburg, Idaho, RFD #1
(STREET ADDRESS, CITY, STATE)

Received for filing on By
(REGISTRAR'S SIGNATURE)

155·219·033-613

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Madison

City of Salem

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 35437

Primary Registration District No. 2178 Registered No. 284

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female			Dec 19 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Joseph Jensen	FULL MAIDEN NAME	Ollie Walker
RESIDENCE	Salem	RESIDENCE	Salem
COLOR	AGE AT LAST BIRTHDAY 33 (Years)	COLOR	AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Mail Carrier	OCCUPATION	

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J R Shupe

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 12-31 1915 G G Espe Registrar

..... Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 1 6 1973

MAY 1 6 1975

433-219-033-000

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35438

County of Madison

City of Sugar

No. ..... St.

Hospital .....

Registration District No. 100 File No. .....

Primary Registration District No. 2178 Registered No. 285

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female			Dec 19 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Chas. McCallister	FULL MAIDEN NAME	Isabel
RESIDENCE	Sugar	RESIDENCE	Sugar
COLOR	AGE AT LAST BIRTHDAY 30 (Years)	COLOR	AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Scotland
OCCUPATION	Book keeper	OCCUPATION	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8 20 9 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W V Shupe

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 12-31 1915 J J Espe Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

355-123-033-867

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Hibbard

No. ..... St.

Hospital .....

Registration District No. 100 File No. 35439

Primary Registration District No. 2178 Registered No. 286

FULL NAME OF CHILD Glen Mark Lee

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			12-23 1915

FATHER		MOTHER	
FULL NAME	Mark Lee	FULL MAIDEN NAME	Hattie Hope
RESIDENCE	Hibbard	RESIDENCE	Hibbard
COLOR	AGE AT LAST BIRTHDAY 20 (Years)	COLOR	AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 45 9 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. V. Hope

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 12-31 1915 J. G. Espe Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 29 1967

469-124-033-866

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

Registration District No. 100

File No. 35440

Primary Registration District No. 2178

Registered No. 287

FULL NAME OF CHILD Eugene Lowell Morris

Sex of Child: M	Twin / Triplet / or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth: 12 (Month) 24 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Hilton Morris	FULL MAIDEN NAME	Lilly Howell
RESIDENCE	Rexburg	RESIDENCE	Rexburg
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Mt.	BIRTHPLACE	Mt.
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2.50 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G G Espe

M.D. (Physician or midwife)

Given names added from a supplemental report.

..... 19....

..... Registrar

Address .....

Filed 12-26 1915 G G Espe Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 17 1959

121-227033-359

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35442

County of Madison

City of Sugar

No. ..... St.

Hospital .....

Registration District No. 100 File No. .....

Primary Registration District No. 2178 Registered No. 289

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			12-27-1915

FATHER		MOTHER	
FULL NAME	Sachi Asahina	FULL MAIDEN NAME	Chiye Terra
RESIDENCE	Sugar	RESIDENCE	Sugar
COLOR	Dark	COLOR	Dark
AGE AT LAST BIRTHDAY (Years)		AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Laborer	OCCUPATION	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 1230 a M on the date above stated. (Born alive or stillborn)

1 photostatic copy 2/10/42

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Thupe

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 12-31 1915 G. G. Espe Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Utah } ss.
County of Salt Lake }

Certificate No. 35442

Date Filed Feb. 5-1942

The undersigned does solemnly swear that certain facts on the certificate of (BIRTH OR DEATH) ...

for Sachi Asahina (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on Dec. 27-1915 (DATE OF EVENT)

in Lewiston City Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Family Record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Dec. 27-1915 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Sachi Asahina

Subscribed and sworn to before me this 5th day of February, 1942

Leon A. Hilton

Notary Public, residing at Salt Lake City Utah

My commission expires Sept. 27-1944 (SEAL)

Signed Sachi Asahina (SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

321 E. 3rd So. Salt Lake City, Ut. (STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Salt Lake }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5th day of February, 1942

Leon A. Hilton

Notary Public, residing at Salt Lake city

My commission expires Sept. 27-1944 (SEAL)

Signed Kay Yasuda (SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

121 Regent St. (STREET ADDRESS, CITY, STATE)

Salt Lake City Utah

Received for filing on ..... By ..... (REGISTRAR'S SIGNATURE)

652-127093-249

PLACE OF BIRTH

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 102 File No. 35445

Primary Registration District No. 2178 Registered No. 259

FULL NAME OF CHILD Leon A. Westover

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				10-27-1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Arnold Westover	Mary Smith
RESIDENCE	Rexburg	Rexburg
COLOR		
AGE AT LAST BIRTHDAY (Years)	21	19
BIRTHPLACE	Utah	Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12 40 a M on the date above stated.

(Signature) J. V. Shupe

(Physician or midwife)

Address .....

Filed 12-31 19 15 G. V. Estes Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

8-Y CO. 24695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 2 1976

432.224.033-719

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35446

County of Madison

City of Moody Creek

No. ..... St.

Hospital .....

Registration District No. 100 File No. .....

Primary Registration District No. 2178 Registered No. 260

FULL NAME OF CHILD Mary Vesta McKinley

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth 10-24 1915 (Month) (Day) (Year)
Female			

FATHER		MOTHER	
FULL NAME	Oscar McKinley	FULL MAIDEN NAME	Vera Garn
RESIDENCE	Moody Creek	RESIDENCE	Moody Creek
COLOR	W. AGE AT LAST BIRTHDAY 24 (Years)	COLOR	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 7 20 P M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed 12-31 1915 [signature] Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 26 1973

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS MAR 21 12 42 PM '73

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 35446

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed McKinley (Female) (Name on Original Certificate) who was born (Was Born or Died) on Oct. 24, 1915 (Date of Event)

in Moody Creek, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed McKinley	Mary Vesta McKinley

Subscribed and sworn to before me this 20th day of March, 1973

Vesta Pickett

Notary Public, residing at 220 Pinon, Idaho Falls Idaho

My commission expires April 27, 1974

(Seal)

Signed Mary Vera McKinley

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bonneville }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd day of March, 1973

Vesta Pickett

Notary Public, residing at 220 Pinon Dr. Idaho Falls Idaho

My commission expires April 27, 1974

(Seal)

Signed Mary N. Beer

(Signature of Any Credible Person)

1558 So-14 East

(Street Address, City, State)

Salt Lake City, Ut

FORM DH 60-155 CL 2/26/73 lbc pd. rec. # 11323

Certificate of XXXXX Blessing from LDS Church gives xxname as Mary Vesta McKinlay daughter of Oscar G. McKinley and Mary V. Garon. Born Oct. 24, 1915. Was Blessed Dec. 4, 1915. Viewed by V. S.

SEP 2 0 1973

Own childs birth certificate - Michael Terry Pickett born July 6, 1944 at Burley, Idaho, State file No. 394970 gives mothers name as Mary Vesta McKinley. Viewed by VS

694-130-033-692

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison amended Dec. 6, 1977

City of Roxburg

No. ..... St.

Hospital .....

Registration District No. 100 File No. 35447

Primary Registration District No. 2178 Registered No. 261

FULL NAME OF CHILD Abner Garr Widdison

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			10 - 30 1915

FATHER		MOTHER	
FULL NAME	Abner Widdison	FULL MAIDEN NAME	May Fisher
RESIDENCE	Hibbard	RESIDENCE	Hibbard
COLOR	W. AGE AT LAST BIRTHDAY 31 (Years)	COLOR	AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Raucher	OCCUPATION	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 340a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J R Thupe

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 12-31 1915 G G Esfe

Registrar Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Received Dec. 6, 1977

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
OCT 24 12 48 PM '77
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Madison

Certificate No. 35447

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Widdison (Male) (Name on Original Certificate) who was born (Was Born or Died) on Oct 30, 1915 (Date of Event)
in Rexburg, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Abner Garr Widdison

Subscribed and sworn to before me this 21st day of October, 1977

Notary Public, residing at Rexburg, Idaho
My commission expires Life
(Seal)

Signed Mary E Widdison
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed Mary E Widdison
(Signature of Any Credible Person)

Rt 1 Box 46, Rexburg, Idaho
(Street Address, City, State)

FORM DH 60-155

CL 9/29/77

Certificate of blessing lists name as Abner Garr Widdison, born Oct. 30, 1915, to Abner Widdison and May Fisher. Child blessed Dec. 5, 1915, in LDS church.
viewed by V.S.Dec. 6, 1977

DEC 7 1977

Certificate of baptism and confirmation lists name as Abner Gar Widdison, born Oct.30,1915, to Abner Widdison and May Fisher. Baptized on Dec.1, 1923, in LDS Church.
viewed by V.S. Dec. 6, 1977

559-128 [illegible] 14

PLACE OF [illegible]

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. _____ St.

Hospital _____

Registration District No. 121 File No. 35448

Primary Registration District No. 1007 Registered No. 257

FULL NAME OF CHILD Unnamed Neider

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Dec 28 1915

FATHER		MOTHER	
FULL NAME	Edward Neider	FULL MAIDEN NAME	Mary L. Ramey
RESIDENCE	Blackfoot Idaho	RESIDENCE	Do
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Nebraska	BIRTHPLACE	Va
OCCUPATION	Janitor - "Bank"	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at _____ M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. E. Patrie

Phys. (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address Blackfoot, Idaho

Filed Dec 29 1915 W. E. Patrie Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

D

212-121-16-412

PLA[illegible]

Form V. S. No[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Thomas Pre

Registration District No. 121 File No. 35[illegible]

No. _____ St.

Primary Registration District No. 2194 Registered No. 258

Hospital _____

FULL NAME OF CHILD ~~Tame~~ Takeshi Sakamoto

Sex of Child: Male	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	Date of Birth: 12 (Month) 21 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Kahachi Sakamoto	FULL MAIDEN NAME	Yoto Masuda
RESIDENCE	Thomas Pre	RESIDENCE	Thomas Pre
COLOR	Brown	COLOR	Brown
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Farmer	OCCUPATION	Wife Mother

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 2 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Marion Crawford
Midwife
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Blackfoot R F D 2

Filed Jan 1 1916 Wm Patrie
Registrar

Registrar

S-Y CO. 24655

(over)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECO[illegible]

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

First certified copy issued 12-23-36
#4[illegible] PBA

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

893.231-006.719

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. 122 X 3 St.

Hospital

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35450

Registration District No. 121

File No.

Primary Registration District No. 2194

Registered No. 259

FULL NAME OF CHILD Gladys Lillian Hill

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Dec 31 1915

FATHER	MOTHER
FULL NAME William Leonard Hill	FULL MAIDEN NAME Margretta Henrietta Parker
RESIDENCE Blackfoot	RESIDENCE Blackfoot
COLOR White	AGE AT LAST BIRTHDAY 22 (Years)
COLOR White	COLOR White
BIRTHPLACE Utah	BIRTHPLACE Utah
OCCUPATION Laborer	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2:10 P. M. on the date above stated.

(Signature) W. W. Beck

Physician (Physician or midwife)

Address Blackfoot Idaho

Filed Jan 1 19 16

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

S-Y-CO 38071

Registrar

c.c. 4/26/41. w.h.

Compton, Calif.
Mar 31 41 1941

Inclosing data of my birth

1. Birth place--Black Foot Idaho
County City or town State

2. Date of birth--Dec 31st 1915
Month Day Year

3. Full name of child--Gladys Lillian Hill

4. Sex--female Color--white

5. Fathers full name--William Leonard Hill

6. Birth place--Salt Lake City Utah.
County Cit or town State

7. Age at time of this birth**--25 years teamster

8. Mothers full maiden name--Margaretta Henrietta Barton

9. Birth place--Salt Lake City Utah
County Town or city State

10. Age at time of this birth--22--Occupation--Hwife

11. Number of children born to this mother at time of and including this birth--4--

12. Number of children now living--3--

mail care of M. Mercer Mrs Robert M. Harmon
MOTHER

Dr Beck attendent

Please let me know if this birth is on record. If not on record will you mail me form to fill out for a delayed birth certificate. Thank you.
Please mail 2 forms incase of mistake made on first one.

366-224-066-634

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35451

County of Bingham

City of Blackfoot

Registration District No. 12

File No.

No. St.

Primary Registration District No. 2194

Registered No. 260

Hospital

FULL NAME OF CHILD MARY ELIZABETH Lowder

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female				Yes	Dec 24 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Carl Samuel Lowder	FULL MAIDEN NAME	Eva Olmstead
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Wyoming	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12:35 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Blackfoot, Idaho

Filed Jan 1 1916 [illegible]

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

d31-123-0065-33

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. R2 # 1 St.

Hospital

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35452

Registration District No. 121 File No.

Primary Registration District No. 2194 Registered No. 261

FULL NAME OF CHILD Unnamed Black

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Dec 23 1915

FATHER		MOTHER	
FULL NAME	Lorenzo Black	FULL MAIDEN NAME	Jennie May Ellison
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7:20 P M. on the date above stated.

(Signature) W. W. Beck

Physician (Physician or midwife)

Address Blackfoot, Idaho

Filed Jan 1 1916

Registrar

*When there was no attending physician or midwife, then the father, householder, etc, should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

819-217-006-813

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. RD #3 St.

Hospital

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 35453

Registration District No. 121 File No.

Primary Registration District No. 2194 Registered No. 242

FULL NAME OF CHILD DORA BERTHA Harris

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Dec 17 1915

FATHER		MOTHER	
FULL NAME	Robert Earnest Harris	FULL MAIDEN NAME	Hanna May Yates
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Salt Lake City, Ut	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated, at 11:50 A. M.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Beck

Physician (Physician or midwife)

Address Blackfoot, Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Jan 1 1916

Registrar

S-Y-CO 38071

FEB 4 1970

689-212-006-884

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. 1001 Bridge St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

Registration District No. 121 File No. 35454

Primary Registration District No. 1007 Registered No. 263

FULL NAME OF CHILD Mommard Whitmill

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Dec 12 1915

	FATHER	MOTHER
FULL NAME	George C. Whitmill	Effie Jane Hymas
RESIDENCE	Blackfoot	Blackfoot
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	32	26
BIRTHPLACE	Utah	Idaho
OCCUPATION	Clerk in Hardware Store	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5:00 A. M. on the date above stated.

(Signature) W. W. Beck

Physician (Physician or midwife)

Address Blackfoot, Idaho

Filed Jan 1 19 16 M. E. Petrie Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 2 1 1970

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

419-201-006946

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. RD # 3 St.

Hospital

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 121 File No. 35455

Primary Registration District No. 2194 Registered No. 267

FULL NAME OF CHILD Sarah Marlow

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth
Female			Yes	Jan 1 (Month) (Day) 191 5 (Year)

FATHER		MOTHER	
FULL NAME	P. Walton Marlow	FULL MAIDEN NAME	Sarah Harriett Reed
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	North Carolina	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 9:45 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck

Physician
(Physician or midwife)

Address Blackfoot, Idaho

Filed Jan 2 19 15

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

Registrar

844-203-006-685

Amended 5-15-62

(Be sure the information is complete and accurate)

State File No. 35456
Local Reg. No. 265
Reg. Dist. No. 121

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Leathie
b. (Middle): Ellen
c. (Last): Hudson

4. SEX: Female
5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]
5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]
6. DATE OF BIRTH (Month) (Day) (Year): 12 - 3 - 1915

FATHER OF CHILD

7. FULL NAME
a. (First): Samuel
b. (Middle): P.
c. (Last): Hudson
8. COLOR OR RACE: White
9. AGE (At time of this birth): 46 YEARS
10. BIRTHPLACE (State or foreign country) (City or Town): Tennessee
11a. USUAL OCCUPATION: Farmer
11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Rachel
b. (Middle): Alice
c. (Last): Wheeler
13. COLOR OR RACE: White
14. AGE (At time of this birth): 31 YEARS
15. BIRTHPLACE (State or foreign country) (City or Town): Mo.
16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 6
b. How many OTHER children were born alive but are now dead? -
c. How many children were stillborn (born dead after 20 weeks pregnancy)? -
17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: H. J. Simmons, M.D.
18b. ATTENDANT AT BIRTH: M. D. [X] MIDWIFE [ ] OTHER (Specify)
18c. ADDRESS: Blackfoot, Idaho
18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.: Jan. 3, 1916
20. REGISTRAR'S SIGNATURE: W.E. Patrie
21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

FOR MEDICAL AND HEALTH USE ONLY
(This section MUST be filled out)

22a. LENGTH OF PREGNANCY
22b. WEIGHT AT BIRTH
23. Was a standard serological test for syphilis performed? [ ] [ ]

Correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physici or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this artic with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occ red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in su case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of bir Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by mu cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charg with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper cert cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, a upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

Documents listed on back -

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Bannock } ss.

Certificate No. 35456

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Leathie Hudson (Name on Original Certificate) who was born (Was Born or Died) on Dec. 3, 1915 (Date of Event)
in Blackfoot, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Family Bible (Bible Record, Insurance Policy, Etc.) prepared on or about January 1, 1916 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Leathie Hudson	Leathie Ellen Hudson
Child's Date of Birth	Dec. 3, 1915	December 4, 1915
Mother's Maiden Name	Rachel Monchester	Rachel Alice Wheeler

Subscribed and sworn to before me this 9th day of August, 1961

Notary Public, residing at Pocatello, Idaho
My commission expires 9-4-63
(Seal)

Signed Bessie Hudson Shilts (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

5461 Yellowstone, Pocatello, Idaho (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bannock } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th day of August, 1961

Notary Public, residing at Pocatello, Idaho
My commission expires 9-4-63
(Seal)

Signed Jane Adams (Signature of Any Credible Person)

718 North 7th, Pocatello, Idaho (Street Address, City, State)

FORM DH 60-155 CL 4-27-61. nm

letter received 5-15-62 requesting date of birth be left as it is -

Certificate of Marriage, State of Missouri, May 17, 1900 at Many Springs, Missouri gives full name of groom as Samuel P. Hudson and full name of bride as Rachel A. Wheeler - viewed by V.S.

Family Record, appears old and unaltered gives one child's full name as Leathie Ellen Hudson, born Dec. 4, 1915 at Tabor, Idaho - viewed by V.S. photostatic copy of family record -

Another child's death cert. on file: (Idaho Death) #23025, died Nov. 9, 1918 gives full maiden name of mother as Rachel Alice Wheeler - viewed by V.S.

Mother's Own Death Cert. on file: (Idaho Death) #45190, died April 11, 1924, gives full name of deceased as Rachael Alice Hudson, born Oct. 9, 1884 in Missouri to John William Wheeler and A. Brown - viewed by V.S.

~~Another Chi~~
Own Child's Birth Cert. on file: (Idaho Birth) #40379⅘ gives full maiden name of mother as Leathie Ellen Hudson - viewed by V.S.

- corrections being made -
adding child's middle name, correcting child's date of birth, and adding mother's middle name & correcting spelling of maiden name -

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

641-119-006-48

Form V. S. No. 11-C—20m-8-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Riverside Pre

Registration District No. 121 File No. 35458

No. ..... St.

Primary Registration District No. 2194 Registered No. 267

Hospital .....

FULL NAME OF CHILD Arnold Dayley Adams

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Dec 19 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Lot P. Adams	FULL MAIDEN NAME	Myra Dayley
RESIDENCE	Blackfoot Route 2	RESIDENCE	Leo
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 10 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. E. Patrie M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Blackfoot Idaho

Filed Jan 3 1916 W. E. Patrie

Registrar

Registrar

S-Y CO. 20174

JUL 2 1973

133-121-006-815

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. North City limits

Registration District No. 121 File No. 35459

Primary Registration District No. 2194 Registered No. 268

Hospital

FULL NAME OF CHILD Jesse Allen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Dec 21 1913

FATHER		MOTHER	
FULL NAME	Wm Jesse Allen	FULL MAIDEN NAME	Lina May Hancock
RESIDENCE	Blackfoot Idaho	RESIDENCE	Do
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M E Patrick MD

(Physician or midwife)

Address Blackfoot Idaho

Given names added from a supplemental report

.....19.....

Filed Jan 3 19 16 M E Patrick

.....
Registrar

.....
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

863.130 006359

Form V. S. No. 11-C—Rev. 1-1-16

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

Registration District No. 121 File No. 35460

No. out of Limits St.

Primary Registration District No. 2194 Registered No. 269

Hospital No

FULL NAME OF CHILD ~~Rudolf Hotovy~~ RUDY RUDOLF HOTOVY

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		Yes	12 (Month) 30 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Rudolf Hotovy	FULL MAIDEN NAME	Leopoldina Teimel
RESIDENCE	Blackfoot Idaho	RESIDENCE	Blackfoot Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Bohemia	BIRTHPLACE	Hungeria
OCCUPATION	Machinist	OCCUPATION	Housewife

Number of child of this mother, including present birth two Number of children of this mother now living, including present birth two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 11 30 A. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. L. P. Balway
Midwife
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address

Filed Jan 3 1915 M E Patrie
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 35460

County of Bingham } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)

for Rudy Hotovy (NAME ON ORIGINAL CERTIFICATE) who Born (WAS BORN OR DIED) on Dec 31 1915 (DATE OF EVENT)

in ..... (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	Rudolf Hotovy	Rudy Rudolf Hotovy
mother's name	Leopoldina Teimel	Leopoldina Teimd

Subscribed and sworn to before me this 24th day of January, 1942

Allen M. Freeland

Notary Public, residing at Grand Rapids, Kent County, Michigan.

My commission expires January 9, 1944.

(SEAL)

Signed Rudolf Hotovy (Father)

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD, OR OTHER CREDIBLE PERSON.)

4 East Burton.

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.

County of .....

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19 .....

Signed .....

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at .....

My commission expires .....

(SEAL)

.....

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....

(REGISTRAR'S SIGNATURE)

MAY 6 1952

113-225-006-632

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Bingham

City of West Firth

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 121 File No. 35461

Primary Registration District No. 2164 Registered No. 27

FULL NAME OF CHILD Lottie Jacobson

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Dec 25 1915

FATHER		MOTHER	
FULL NAME	John Jacobson	FULL MAIDEN NAME	Mary Olson
RESIDENCE	Blackfoot, Idaho #1	RESIDENCE	Blackfoot, Idaho #1
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Sweden	BIRTHPLACE	Sweden
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2 P. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Mitchell M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Blackfoot Idaho

Filed Jan 4 1916 W. E. Patrick

Registrar Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

154-124-006-236

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Thomas

No. ..... St.

Hospital .....

Registration District No. 121 File No. 35462

Primary Registration District No. 2194 Registered No. 271

FULL NAME OF CHILD James Hural Anderson

Sex of Child Male	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	Date of Birth Dec (Month) 24 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Carl Anderson	FULL MAIDEN NAME	Della Stoddard
RESIDENCE	Blackfoot, Idaho #2	RESIDENCE	Blackfoot, Idaho #2
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 3 P. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Mitchell Mrs.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Blackfoot Idaho

Filed Jan 4 1916 W. E. Parker

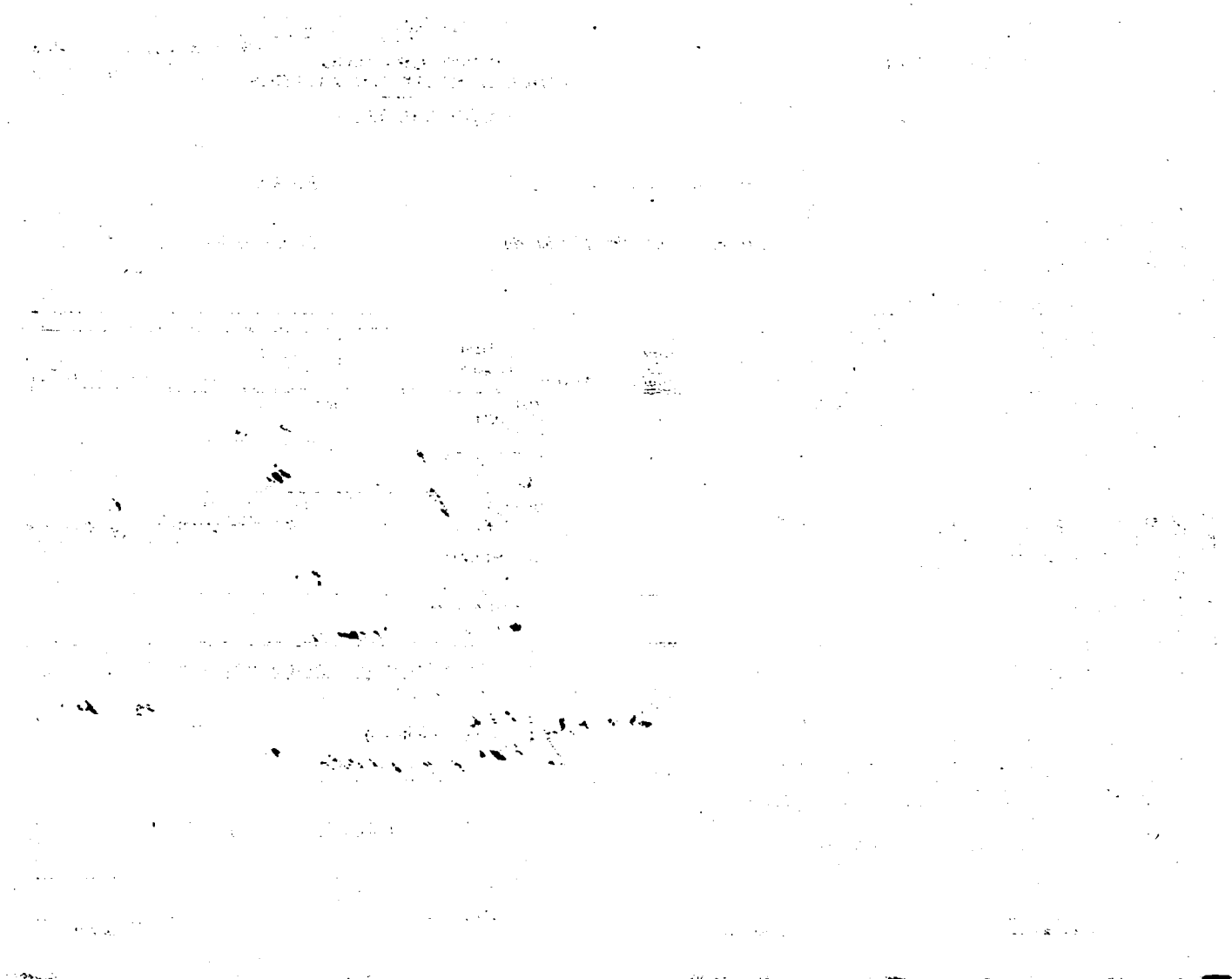
Registrar Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



296-104-006-419

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35463

County of Bingham

City of Fort Hall

Registration District No. 121 File No.

No. St.

Primary Registration District No. 2194 Registered No. 272

Hospital

FULL NAME OF CHILD Ralph Broncho

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Dec 4 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Sam Broncho	FULL MAIDEN NAME	Rose Martin
RESIDENCE	Fort Hall, Idaho	RESIDENCE	Fort Hall, Idaho
COLOR	Indian	COLOR	Indian
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10 A. M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Mitchell M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address Blackfoot Idaho

Filed Jan 4 1916 W. E. Pahl

Registrar Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

236-116-006-265

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35464

County of Bingham

City of Blackfoot

No. 594 So. Shilling

Registration District No. 121

File No.

Primary Registration District No. 1227

Registered No. 293

Hospital

FULL NAME OF CHILD Farrell Sweet Stone

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	December 16 1915 (Month) (Day) (Year)

FATHER		GLENN MOTHER	
FULL NAME	Harvey A. Stone	FULL MAIDEN NAME	Nettie Sweet
RESIDENCE	Blackfoot, Idaho	RESIDENCE	Blackfoot Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Kans
OCCUPATION	Asst. Post Master	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9 30 A. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Mitchell

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Blackfoot Idaho

Filed Jan 4 1916

M. E. Parker
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 13 1943

891-22-006-466

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 35465
Local Reg. No.
Reg. Dist. No. 121

Amended 6/7/78

1. PLACE OF BIRTH
a. COUNTY: Bingham
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Blackfoot
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Blackfoot, #1
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Donna
b. (Middle): Ann
c. (Last): Hiatt

4. SEX: Female
5a. THIS BIRTH: SINGLE ____ TWIN ____ TRIPLET ____
5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____
6. DATE OF BIRTH: (Month) Nov. (Day) 21, (Year) 1915

Time: 5:00 A.M.

FATHER OF CHILD

7. FULL NAME
a. (First): W.
b. (Middle): L.
c. (Last): Hiatt

8. AGE (At time of this birth): 26 YEARS
9. BIRTHPLACE (State or foreign country) (City or Town): Utah
10. USUAL OCCUPATION: Farmer
11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Mary
b. (Middle): Jane
c. (Last): Moore

13. AGE (At time of this birth): 26 YEARS
14. BIRTHPLACE (State or foreign country) (City or Town): Utah
15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 4
b. How many OTHER children were born alive but are now dead?
c. How many children were stillborn (born dead after 20 wks. pregnancy?)
16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: F. W. Mitchell, M. D.
18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____
19. ADDRESS: Blackfoot, Idaho
20. DATE SIGNED:
21. DATE REC'D BY LOCAL REG.: Jan 4, 1916
22. REGISTRAR'S SIGNATURE: W. E. Patrie
23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS
WEIGHT AT BIRTH ____ LBS ____ OZS.
RACE OR COLOR OF FATHER: White
RACE OR COLOR OF MOTHER: White
METHOD OF DELIVERY:
Was 1% Silver Nitrate Used to prevent blindness? YES ____ NO ____

BIRTH INJURY TO INFANT
____ YES IF YES, DESCRIBE
____ NO

CONGENITAL MALFORMATIONS OF INFANT
____ YES IF YES, DESCRIBE
____ NO

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate must be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

3/10/78

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
MAY 12 11 08 AM '78

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. etr6t 35465

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Alice Hiatt (Name on Original Certificate) who was born (Was Born or Died) on 11/21/15 (Date of Event)

in Blackfoot, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Alice Hiatt	Donna Ann Hiatt

Subscribed and sworn to before me this 16th day of March, 1978

Margaret D. Davis

Notary Public, residing at Boise

My commission expires Lifetime

(Seal)

Signed Renee Fluckiger

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

3410 No. 5 Mile Boise, Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Utah }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th day of March, 1978

Nadia B Stauffer

Notary Public, residing at Payson, Utah

My commission expires 2-28-80

(Seal)

Signed William L. Hiatt

(Signature of Any Credible Person)

570 W. Utah Avenue

(Street Address, City, State)

Payson Utah

FORM DH 60-155

Family record gives name as Donna Ann Hiatt born Nov 21, 1915 at Blackfoot Idaho father's name as William Luther and mother's name as Mary Jane Moore. Blessed Jan 2, 1916 Baptized Dec 2, 1923. viewed b y V. S.

JUN 7 1978

Certif of Marriage from Utah gives groom's name as Emil George Winze and the bride's name as Donna Ann Hiatt. dated June 30, 1938. viewed by VS

255-117-006-843

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 35466

County of Bingham

City of Blackfoot

No. Garfield St.

Registration District No. 121 File No.

Primary Registration District No. 2194 Registered No. 275

Hospital

FULL NAME OF CHILD Donald Fran Reed

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural birth)	and Number in order of birth	Legitimate	Date of Birth (Month) (Day) (Year)
Male			yes	Nov 17 1915

FATHER	MOTHER
FULL NAME John A. Reed	FULL MAIDEN NAME Naoma Hutchinson
RESIDENCE Blackfoot, Idaho # 4	RESIDENCE Blackfoot Idaho # 4
COLOR White AGE AT LAST BIRTHDAY 39 (Years)	COLOR White AGE AT LAST BIRTHDAY 38 (Years)
BIRTHPLACE Utah	BIRTHPLACE Utah
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 4. P. M. on the date above stated.

(Signature) F. C. Mitchell MD

(Physician or midwife)

Address Blackfoot, Idaho

Filed Jan. 4. 1916 W. E. Parkin Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

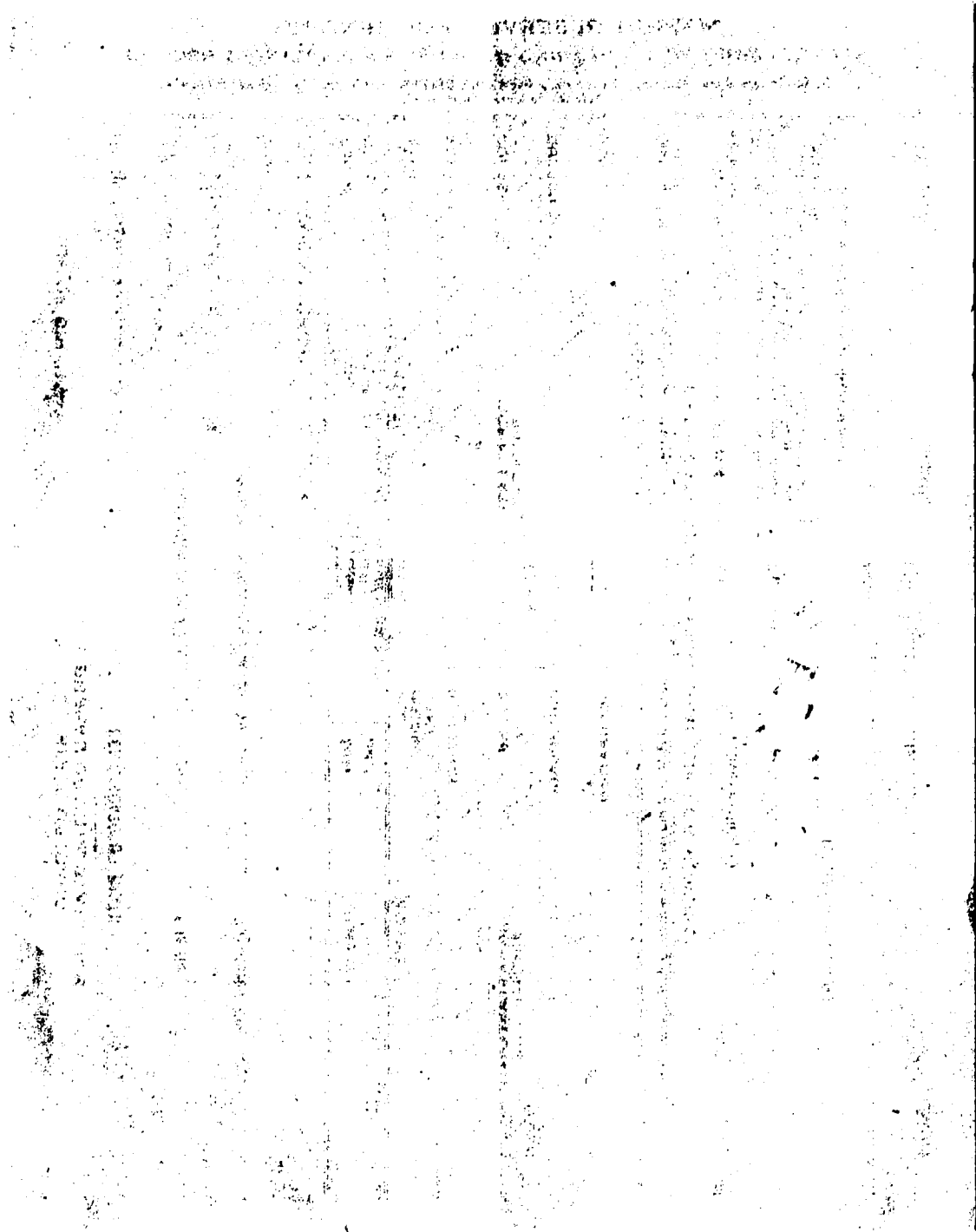
..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.



294-224 1006-251

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. Porterville St.

Registration District No. 121 File No. 35467

Primary Registration District No. 119 Registered No. 216

Hospital

FULL NAME OF CHILD ~~Lydie Mae Bruce~~ LYDIE MAY BRUCE

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Nov. 24 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	William Bruce	FULL MAIDEN NAME	Nellie Beasley
RESIDENCE	~~Blackfoot~~ Idaho #1	RESIDENCE	Blackfoot Idaho #1
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Texas	BIRTHPLACE	Colorado
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 9 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Mitchell M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address Blackfoot Idaho

Filed Jan 4, 1916 W. E. Patrie Registrar

Registrar

9-Y CO. 24698

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Bingham } ss.

Certificate No. 35467

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth or Death)
for Lydia May Bruce (Name on Original Certificate) who was born (Was Born or Died) on Nov. 24, 1915 (Date of Event)
in Blackfoot, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Lidie	Lydie May Bruce

Subscribed and sworn to before me this 14th day of October, 19 42

Notary Public, residing at Blackfoot, Idaho

My commission expires Jan. 6, 1944
(Seal)

Signed Wm Bruce
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

OCT 19 1942

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

OCT 2 0 1942

419-117-006-2191

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35468

County of Bingham

City of Bladfoot

No. Ward #3 St.

Hospital

Registration District No. 121

File No.

Primary Registration District No. 2194

Registered No. 377

FULL NAME OF CHILD James Martin Jr

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate	Date of Birth
Male		Yes	Dec 17 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	James Martin	FULL MAIDEN NAME	Ellen Barr
RESIDENCE	Bladfoot, Idaho	RESIDENCE	Bladfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Wyo.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 12 30 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F W Mitchell MD

(Physician or midwife)

Given names added from a supplemental report.

19

Address Blackfoot Idaho

Filed Jan 4 1916 M E Parker

Registrar

Registrar

S-Y CO. 24555

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

231-131-006-265

PLACE OF BIRTH

County of Bingham

City of Bellfoor

No. RFD 3 St.

Hospital

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35469

Registration District No. 121 File No.

Primary Registration District No. 2194 Registered No. 178

FULL NAME OF CHILD Unnamed Blackburn

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	Dec 31 19[illegible]

FATHER		MOTHER	
FULL NAME	Darley P. Blackburn	FULL MAIDEN NAME	Margaret Bonzo
RESIDENCE	Bellfoor R F D 3	RESIDENCE	Bellfoor R F D 3
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Ohio
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 45 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B Davis

(Physician or midwife)

Address [illegible]

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Jan 4 19 16

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

815-226-006-235

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 35470

County of Bingham

City of Belfoot

No. R F D 3 St.

Registration District No. 121 File No.

Primary Registration District No. 2194 Registered No. 279

Hospital

FULL NAME OF CHILD Violet R. Hansen

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F	\		\	Yes	Dec 26 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Willard Hansen	FULL MAIDEN NAME	Steffensen
RESIDENCE	Belfoot R F D 3	RESIDENCE	Belfoot R F D 3
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	utah	BIRTHPLACE	utah
OCCUPATION	farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 11.50 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc, should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Davis

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Blackfoot Idaho

Filed Jan 4 1916 M E [illegible]

Registrar

S-Y-CO 38071

Amended 8-21-63

(Be sure the information is complete and accurate)

State File No. 35471
Local Reg. No. 280
Reg. Dist. No. 121

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH

a. COUNTY: Bingham

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Bingham

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)	a. (First)	b. (Middle)	c. (Last)
	Ruth	Maxine	Bible

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF BIRTH	(Month)	(Day)	(Year)
F.	SINGLE [X] TWIN [ ] TRIPLET [ ]	1ST [ ] 2ND [ ] 3RD [ ]		Dec.	14,	1915

FATHER OF CHILD

7. FULL NAME	a. (First)	b. (Middle)	c. (Last)	8. COLOR OR RACE
	Thomas		Bible	W.

9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country) (City or Town)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
49 YEARS	Illinois	Carpenter	

MOTHER OF CHILD

12. FULL MAIDEN NAME	a. (First)	b. (Middle)	c. (Last)	13. COLOR OR RACE
	Effie		Holloway	W.

14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country) (City or Town)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?	c. How many children were stillborn (born dead after 20 weeks pregnancy)?
40 YEARS	Mo.	4	4	0

17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: J. B. Davis

18b. ATTENDANT AT BIRTH: M. D. [X] MIDWIFE [ ] OTHER (Specify)

18c. ADDRESS: Blackfoot, Idaho

18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.: Jan. 4, 1916

20. REGISTRAR'S SIGNATURE: W.E. Patrie

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

FOR MEDICAL AND HEALTH USE ONLY
(This section MUST be filled out)

ndence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physici or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this arti with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occ red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in su case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of bir Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by mu cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charg with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper cert cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, a upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

(a) State all operations for delivery.

Marriage License & Cert., State of Idaho, County of Bingham, married April 3, 1933 at Blackfoot, Idaho gives full name of groom as John Stanley Carlson and full name of bride as Ruth Maxine Bible - viewed by V.S.

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Bingham }

RECEIVED
AUG 2 1963
Bureau of Vital Statistics

Certificate No. 35471

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Bible (female child) (Name on Original Certificate) who was born (Was Born or Died) on Dec. 14, 1915 (Date of Event)
in Blackfoot, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Ruth Maxine Bible
Mother's Maiden Name	Effie Holaway	Effie Holloway

Subscribed and sworn to before me this 27th day of July, 19 63.

Notary Public, residing at Blackfoot, Idaho
My commission expires Jan. 6, 1964
(Seal)

Signed Ruth B. Bradt
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

618 So. Meridian St., Blackfoot, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bingham }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th day of July, 19 63.

Notary Public, residing at Blackfoot, Idaho
My commission expires Jan. 6, 1964
(Seal)

Signed X Charles Bradt
(Signature of Any Credible Person)

618 So. Meridian St., Blackfoot, Idaho
(Street Address, City, State)

FORM DH 60-155

CL 7-25-63. one copy pd. rec. #07706.

(Carlson is married name)
L.D.S. Church Cert. of Baptism and Confirmation, July 4, 1954 gives full name as Ruth Maxine Carlson, daughter of Thomas Bible and Effie Bell Holloway, born Dec. 14, 1915 at Blackfoot, Idaho - viewed by V.S.

Mother's Death Cert. on file: (Idaho Death) #110060 gives full name as Effie Belle Bible, died July 15, 1938 at Pocatello, Idaho - born Sept. 16, 1875 in Mo. to Clark Holloway and Belle Welfard - viewed by V.S.

296-127-006-962

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Belfoot

No. East Bridge St.

Hospital

Registration District No. 121

File No. 35472

Primary Registration District No. 10[illegible]

Registered No. 281

FULL NAME OF CHILD [redacted] Brown, LLOYD JAMES BROWN

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	1		1	Yes	Nov 27 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Joseph J Brown	FULL MAIDEN NAME	Effie Robinson
RESIDENCE	Belfoot	RESIDENCE	Belfoot
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Mont	BIRTHPLACE	Idaho
OCCUPATION	R.R. Brakeman	OCCUPATION	House wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8:30 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Davis MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Blackfoot Ida

Filed Jan 4 1916 W. E. Patrick

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 35472

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	not given	Lloyd James Brown

Subscribed and sworn to before me this .....
day of ....., 19 .....

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at .....

My commission expires .....
(Seal)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8
day of April, 19 44

Signed W L Johnson
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at Boise

1018 N 11th Boise Ida
(Street Address, City, State)

My commission expires 7/14/47
(Seal)

APR 18 1944

812-202-006-899

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

35478

County of Bingham

City of Thomas Ward

Registration District No. 121 File No.

No. St.

Primary Registration District No. 2194 Registered No. 176

Hospital

FULL NAME OF CHILD Irene Hasegona

Sex of Child Female girl | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? L | Date of Birth Sept (Month) 2 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	N. Hasegona	FULL MAIDEN NAME	T. Hirata
RESIDENCE	Thomas Ward	RESIDENCE	Thomas Ward
COLOR	Brown	COLOR	Brown
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Farmer	OCCUPATION	Wife & mother

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 6 a. m. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mairon Crawford

midwife (Physician or midwife)

Given names added from a supplemental report.

19

Address Blackfoot R. F. D. No 2

Registrar

Filed Sept 6 1915 W E Patrick Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

169.103.006.595

Amended 9-2-64

(Be sure the information is complete and accurate)

State File No. 35474
Local Reg. No. 177
Reg. Dist. No. 121

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (*Type or print*)
a. (First): Elmer
b. (Middle): Nielsen
c. (Last): Jorgensen

4. SEX: Boy
5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]
5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]
6. DATE OF BIRTH (Month) (Day) (Year): 9 - 3 - 1915

FATHER OF CHILD

7. FULL NAME
a. (First): Anthony
b. (Middle):
c. (Last): Jorgensen
8. COLOR OR RACE: White
9. AGE (At time of this birth): 28 YEARS
10. BIRTHPLACE (State or foreign country) (City or Town): Idaho
11a. USUAL OCCUPATION: Farmer
11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Margaret
b. (Middle):
c. (Last): Nielsen
13. COLOR OR RACE: White
14. AGE (At time of this birth): 27 YEARS
15. BIRTHPLACE (State or foreign country) (City or Town): Idaho
16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 1
b. How many OTHER children were born alive but are now dead? 0
c. How many children were stillborn (born dead after 20 weeks pregnancy)? 0
17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: Mrs. L.P. Batway
18b. ATTENDANT AT BIRTH: M. D. [ ] MIDWIFE [X] OTHER (Specify)
18c. ADDRESS:
18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.: Sept. 6, 1915
20. REGISTRAR'S SIGNATURE: W.E. Patrie
21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

FOR MEDICAL AND HEALTH USE ONLY
(*This section MUST be filled out*)

22a. LENGTH OF PREG- | 22b. WEIGHT AT BIRTH | 23

ondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occu hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physi or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this ar with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there b attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or own the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth oc red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of b Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by m cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person cha with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper ce cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Bannock }

RECEIVED MAY 8 1964 Bureau of Vital Statistics

Certificate No. 35474

Date Filed May 7, 1964

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Elmore Jorensen (Name on Original Certificate) who was born (Was Born or Died) on Sept. 3, 1915 (Date of Event) in Blackfoot, Idaho - route 3 (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Church Records (Bible Record, Insurance Policy, Etc.) prepared on during the year 1915 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Elmore Jorensen	Elmer Nielsen Jorgensen
Father's Last Name	Antony Jorensen	Anthony Jorgensen
Mother's Full Maiden Name	Magaret Nielson	Margaret Nielsen

Subscribed and sworn to before me this 7th day of May, 1964

Notary Public, residing at Pocatello, Idaho

My commission expires May 1966

(Seal)

Signed Margaret N. Jorgensen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record, or other credible person.)

Firth Idaho Route #1
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bannock }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7th day of May, 1964

Notary Public, residing at Pocatello, Idaho

My commission expires May 1966

(Seal)

Signed Anthony Jorgenson
(Signature of Any Credible Person)

Firth, Idaho Route #1
(Street Address, City, State)

FORM DH 60-155

CL 3-5-64. one copy pd. rec. #16463.

Certificate of Ordination to the Office of Teacher gives name as Elmer nielsen Jorgensen son of Anthony Jorgensen and Margaret Nielsen Ordained Feb. 22, 1931 by Bishop John C. Stutznegger.
Viewed by V. S.

Certificate of Blessing of child Randy Niel Jorgensen gives fathers name as Elmer Nielsen Jorgensen Child ~~Blessed~~ born Jan. 19, 1956 ~~by Rex Elmer Christensen~~ and blessed March 4, 1956. by Rex Elmer Christensen, an Elder of the L.D.S. church.
Viewed by V. S.

Ins. Policy gives fathers name as Anthony Jorgensen issued Jan. 15, 1958 Mutual of Omaha.
Viewed by V. S.

Certificate of Ordination to the office of Priest gives mothers name as Margaret Nielsen. Elmer Nielsen Jorgensen ~~ordained~~ babtized Aug. 2, 1924

493-204-006-243

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35475

County of Bingham

City of Bekfoot

No. R F D (3) St.

Registration District No. 121 File No.

Primary Registration District No. 2194 Registered No. 178

Hospital

FULL NAME OF CHILD Opal Inella Unnamed Miles

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F	X		X	Yes	Sept 4 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Lorenzo Miles	FULL MAIDEN NAME	Pearl Buttcane
RESIDENCE	Bekfoot R F (3)	RESIDENCE	Bekfoot R F D (3)
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth (1) Number of children of this mother now living, including present birth (1)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 4 55 A. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Davis MD
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address

Filed Sept 6 1915 M E Pahrie
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DEC 30 1965

515-201-006-691

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Bingham

City of Belfoot

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 121 File No. 35476

Primary Registration District No. 1007 Registered No. 179

FULL NAME OF CHILD Mary Louise Vandernood

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F	X		X	Yes	Sept 1 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Henry W. Vandernood	FULL MAIDEN NAME	Elsie Franklin
RESIDENCE	Belfoot Ida	RESIDENCE	Belfoot
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Bookkeeper	OCCUPATION	Housewife

Number of child of this mother, including present birth (4) Number of children of this mother now living, including present birth (4)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 6 10 A. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B Davis MD
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address .....

Filed Sept 6 1915 W. E. Patrie
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 2 9 1971

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Bingham } ss.

Certificate No. 35476

Date Filed JUN 26 12 44 PM '73

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Vanderwood (male) (Name on Original Certificate) who was born (Was Born or Died) on Sept. 1, 1915 (Date of Event) in Blackfoot, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Hi school diploma & Ins policy (Bible Record, Insurance Policy, Etc.) prepared on May 18th 1933 + Sept 30, 1930 (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Mary Louise Vanderwood

Subscribed and sworn to before me this 27th day of March, 1973

C H Vanderwood

Notary Public, residing at Blackfoot, Idaho

My commission expires Feb 15, 1974

(Seal)

Signed Mrs Elvira McKee

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

610 N.E. Main Blackfoot Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO
County of Bingham } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21st day of June, 1973

Vicki L. Hanley

Notary Public, residing at Blackfoot, Idaho

My commission expires 3-1-76

(Seal)

Signed Earl A. Cory

(Signature of Any Credible Person)

190 S. Adams Ave.

Blackfoot, Idaho

(Street Address, City, State)

FORM DH 60-155 CL 12/29/71 nm

Blackfoot High School Diploma gives name as Mary Louise Vanderwood. Dated May 18, 1933. Viewed by V. S.

JUL 31 1973

Life Ins. Policy from Northern Life gives name as Mary Louise Vanderwood. Dated Sept. 30, 1930. Date of birth given as Sept. 1,1915. Viewed by V. S.

815·221·006-413

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35477

County of Bingham

City of Blackfoot

No. Riverside St.

Hospital

Registration District No. 121 File No.

Primary Registration District No. 2194 Registered No. 180

FULL NAME OF CHILD Francis Hanson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Aug 21 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Andrew H. Hanson	FULL MAIDEN NAME	Ida Mathews
RESIDENCE	Blackfoot R7 Kit	RESIDENCE	Blackfoot Ida Mathews
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Germany
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 3 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H Simmons

MD
(Physician or midwife)

Given names added from a supplemental report.

19

Address Blackfoot Idaho

Filed Sept 8 1915 McPatrie
Registrar

Registrar

S-Y CO. 24685

WRITE PLAINLY WITH UNFADING INK—TH

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 3 1966

236-221-006-279

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35478

County of Bingham

City of Black foot

No. Maryland

Registration District No. 121 File No.

Primary Registration District No. 2194 Registered No. 181

Hospital

FULL NAME OF CHILD Gladys Estelle Stone

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Aug 21 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Chas Ira Stone	FULL MAIDEN NAME	Stella Spicer
RESIDENCE	Black foot Ref No 4	RESIDENCE	Black foot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	North Carolina
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 12 P M on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H J Simmons M D (Physician or midwife)

Given names added from a supplemental report.

19

Address Black foot Idaho

Filed Sept 8 1915 M E Patrie Registrar

Registrar

8-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 2 5 1973

168-103-006-553

[redacted] Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35479

PLACE OF BIRTH

County of Bingham

City of Groveland Prec. Registration District No. 121 File No.

No. St. Primary Registration District No. 2194 Registered No. 182

Hospital

FULL NAME OF CHILD Henry Johnson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate	Date of Birth (Month) (Day) (Year)
Male			Yes	Sept 3 1913

FATHER		MOTHER	
FULL NAME	Nels Johnson	FULL MAIDEN NAME	Matilda Nelson
RESIDENCE	Groveland Ida	RESIDENCE	do or Blackfoot Route 1
COLOR	White	COLOR	W
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Sweden	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M E Yates

Phys (Physician or midwife)

Address Blackfoot Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed Sept 10 19 13 M E Yates
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

715-204-006-599

PLACE OF BIRTH

Form V. S. No. 11C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35480

County of B

City of Moreland

No. ..... St.

Hospital .....

Registration District No. 121 File No. .....

Primary Registration District No. 2194 Registered No. 183

FULL NAME OF CHILD Unnamed Ganske

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Sept (Month) 1 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Andrew Ganske	FULL MAIDEN NAME	Katie Ertig
RESIDENCE	Blackfoot Route 4	RESIDENCE	Do
COLOR	White	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Russia	BIRTHPLACE	Neb
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W E Patrie

Phys (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Blackfoot Ida

Filed Sept 10 1915 W E Patrie Registrar

Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

619.107.006-249

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35481

County of Bingham

City of Blackfoot

No. Dipple Add. St.

Registration District No. 121 File No.

Primary Registration District No. 1007 Registered No. 184

Hospital

FULL NAME OF CHILD Leroy S. Fairbanks

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Sept 7 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Leroy S. Fairbanks	FULL MAIDEN NAME	Orissa Smith
RESIDENCE	Blackfoot	RESIDENCE	Do
COLOR	White	COLOR	W
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. E. Patrie

Phys (Physician or midwife)

Given names added from a supplemental report

19

Address Blackfoot Idaho

Filed Sept 10 1915 W. E. Patrie Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

418-216-006-215

Form V. S. No. 11-C—25m-1-1-13

35482

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. Route No 3 St.

Hospital No.

Registration District No. 121 File No.

Primary Registration District No. 2194 Registered No. 185

FULL NAME OF CHILD Deana Dayley

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl		Yes	9 16 1915

FATHER		MOTHER	
FULL NAME	Benjamin F. Dayley	FULL MAIDEN NAME	Martha Sanford
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth six Number of children of this mother now living, including present birth six

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 7-25 A.M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. L. P. Batway

Midwife (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address

Filed Sept 20 1915 W. E. Patrick

Registrar Registrar

S-Y CO. 24658

AUG 2 1 1981

159.217.006-553

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. Route No. 3 St.

Hospital No

Registration District No. 121 File No. 35483

Primary Registration District No. 2194 Registered No. 186

FULL NAME OF CHILD Mable N. Jergensen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl		Yes	9 17 1915

FATHER		MOTHER	
FULL NAME	John Peter Jergensen	FULL MAIDEN NAME	Rosa Nelson
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth eight seven Number of children of this mother now living, including present birth six

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 12-45 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. L. P. Batway

Midwife (Physician or midwife)

Given names added from a supplemental report.

..... 19....

..... Registrar

Address

Filed Sept 20 1915 M. E. Patrie Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

861.102 Book 748

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. R.F.D. # 2 St.

Hospital

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35484

Registration District No. 121 File No.

Primary Registration District No. 2194 Registered No. 187

FULL NAME OF CHILD Unnamed Hoare

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Sept 2 1915

FATHER		MOTHER	
FULL NAME	Robert Henry Hoare	FULL MAIDEN NAME	Louise Carolina Eliz Ivy
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Australia	BIRTHPLACE	Australia
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 8

Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6:40 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. W. Beck

Physician

(Physician or midwife)

Address Blackfoot, Ida

Filed Oct 4 1915 M. Patrie

Registrar

Given names added from a supplemental report

..... 19.....

.....

Registrar

B-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 1915 D80-174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

314-210-0006-693

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. R2 F 2 St.

Hospital

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35486

Registration District No. 121 File No.

Primary Registration District No. 2194 Registered No. 189

FULL NAME OF CHILD Barbara ~~Hammond~~ Campbell

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			Yes	Sept 10 1915

FATHER		MOTHER	
FULL NAME	A. Jay Campbell	FULL MAIDEN NAME	Pearl Wilson
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Utah
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 3:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Beck

Physician
(Physician or midwife)

Address Blackfoot Idaho

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed Oct 4 1915 M. E. Petrie
Registrar

S-Y CO. 20174

OCT 19 1942

466 113.006.693

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35487

County of Bingham

City of Blackfoot

Registration District No. 121 File No.

No. St.

Primary Registration District No. 2194 Registered No. 190

Hospital

FULL NAME OF CHILD Unnamed Moon

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	Yes	Sept 13 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Sumner A. Moon	FULL MAIDEN NAME	Sydney Williams
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Colorado
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 12:10 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck

Physician
(Physician or midwife)

Given names added from a supplemental report

19

Address Blackfoot, Idaho

Filed Oct 4 1915 W E Patrick
Registrar

Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

219.216.0006(41

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. R.D. # 2 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 35488

Registration District No. 191 File No.

Primary Registration District No. 2194 Registered No. 191

FULL NAME OF CHILD Ruth ~~Hammond~~ Barnes

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Sept 16 1915

FATHER

FULL NAME Lewis Barnes

RESIDENCE Blackfoot

COLOR White AGE AT LAST BIRTHDAY 27 (Years)

BIRTHPLACE Utah

OCCUPATION Farming

MOTHER

FULL MAIDEN NAME Betras Adams

RESIDENCE Blackfoot

COLOR White AGE AT LAST BIRTHDAY 21 (Years)

BIRTHPLACE Utah

OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5.17 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. C. Beck

Physician (Physician or midwife)

Address Blackfoot Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed Oct 4 1915 W. E. Petrie
Registrar

S-Y CO. 20174

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893.116:006.551

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. 260 S Fisher St.

Hospital

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35489

Registration District No. 121 File No.

Primary Registration District No. 1007 Registered No. 192

FULL NAME OF CHILD Stanley Neal Hilliard

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male			yes	Sept 16 (Month) (Day) 1915 (Year)

FATHER	MOTHER
FULL NAME Fred N. Hilliard	FULL MAIDEN NAME Alice Elizabeth Neal
RESIDENCE Blackfoot	RESIDENCE Blackfoot
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 32 (Years)	AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE Colorado	BIRTHPLACE Kansas
OCCUPATION Foreman at Sugar Factory	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Beck

Physician (Physician or midwife)

Address Blackfoot Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Oct 4 19 15 M. E. Patrie Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[illegible]

295-117-006-667

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35490

County of Bingham

City of Blackfoot

No. R.D. # 1 St.

Registration District No. 121 File No.

Primary Registration District No. 2194 Registered No. 193

Hospital

FULL NAME OF CHILD RICHARD NORMAN BINGHAM Bingham

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male				Yes	Sept 17 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Norman Bingham	FULL MAIDEN NAME	Maud Lavern Fox
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Nebraska
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck

Physician (Physician or midwife)

Given names added from a supplemental report

19

Address Blackfoot Idaho

Filed Oct 4 1915 W E Patrick

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 25 1942

612-22-006-259

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham
City of Blackfoot
No. R.D. #4 St.
Hospital

Registration District No. 121 File No. 35491
Primary Registration District No. 2194 Registered No. 194

FULL NAME OF CHILD HERTHA FASSBENDER
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
FEMALE			yes	Sept. 27 1915

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

FATHER		MOTHER	
FULL NAME	Albert Fassbender	FULL MAIDEN NAME	Antonia Berger
RESIDENCE	Blackfoot, RD#4	RESIDENCE	Blackfoot, R. D. #4
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	
BIRTHPLACE	Germany	BIRTHPLACE	Germany
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Beck

physician (Physician or midwife)

Address Blackfoot, Idaho

Filed Oct. 4 1915 W.E. Patrie
Registrar.

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 35491
Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)

for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)

in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
LAST NAME	FASTBENDER	FASSBENDER
DATE OF BIRTH	SEPT. 23	SEPT. 27

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed [illegible]
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Montana } ss.
County of Ravalli }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd day of May, 1957

J. F. Temple
Notary Public, residing at Florence Mont
My commission expires May 10 1957
(Seal)

Signed Anna Hendrickson
(Signature of Any Credible Person)

R.F.D. Florence Mont
(Street Address, City, State)

My Commission Expires May 10, 1952.

1 c. pd.

719-226-606-693

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. Parkinson add St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—30m-3-15-12

CERTIFICATE OF BIRTH

Registration District No. 121 File No. 35492

Primary Registration District No. 1007 Registered No. 192

FULL NAME OF CHILD Ada D Parkinson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Female			Yes	Sept 26 (Month) (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Franklin N. Parkinson	FULL MAIDEN NAME	Ora Wilson
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Real Estate	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck

Physician (Physician or midwife)

Address Blackfoot, Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed Oct 4 19 15 M L Patica
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

P. C. 6/24/41

ted States
artment of Commerce
eau of Census

JUN 18 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

LACE OF BIRTH
) County Bingham (b) City Blackfoot
) Street Address or R.F.D. No. No Broadway
) Name of Hospital or Maternity Home: Residence
) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Blackfoot
(d) Street Address or R.F.D. No. No. Broadway
(e) How long has **MOTHER** lived in Idaho? 8 yrs.
(f) Mother's mailing address Blackfoot, Idaho
3. **RESIDENCE of FATHER** (city, state) Same

ULL NAME F CHILD Ada Dorene Parkinson
5. Date of Birth (Month, day, year) Sept. 26, 1915
x female
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD
FULL NAME Franklin Stuart Nuttal Parkinson
Color or Race White
12. Age at time of THIS birth 29 yrs.
Birthplace Franklin, Idaho (City or town) (State or foreign country)
Exact Occupation Real Estate, Loans and Investment Business
Industry or Business Real Estate, Investment + Loaning Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Ora May Wilson
17 Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Salt Lake City, Utah (City or town) (Taylorville) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

Name prophylactic used to prevent ~~Ophthalmia Neonatorum~~ Argyrol
Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living One
c) Born alive and now dead 1 (d) Stillborn 0

I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Ada Dorene Parkinson (First name) (Last name), who is related to this child as mother (Mother, etc.)

(a) JUN 18 1941 (Date received) (b) ..... (Registrar's signature)
Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. ~~(D.O., Midwife, etc.)~~
and address Blackfoot, Idaho Date

of California
nty of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

, Ora W. Parkinson, being first duly sworn, say that I am related to — (Related to (or) acquainted with)
a Dorene Parkinson (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate ars above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts con-d therein are true to the best of my knowledge. ~~I further state that~~ ..... (Name of attendant at birth), ~~who attended birth~~ ..... (Is now deceased (or) cannot be located) ~~and that this birth has not been previously recorded.~~

Ora W. Parkinson Signature
3[illegible] N. Cedar St. Glendale, Calif. P. O. Address

ubscribed and sworn to before me on this 16 day of June, 1941

(SEAL) [signature] Notary Public, residing at Los Angeles, Calif.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

T41.228 ... 336

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. RD#4 St.

Hospital

Form U. S. No. 11-C

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35493

Registration District No. 121 File No.

Primary Registration District No. 2194 Registered No. 196

FULL NAME OF CHILD MELVIA LUIEGENE Adams

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Sept 28 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Quincey Adams	FULL MAIDEN NAME	Jane Clough
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2:00 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck

Physician
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Blackfoot, Idaho

Filed Oct 4 1915 W E Patrick
Registrar

S-Y CO. 20174

DECEASED

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bingham }

Certificate No. 35493

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth
(BIRTH OR DEATH)
for Melvia Luiegene Adams (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on September 28, 1915 (DATE OF EVENT)
in Moreland Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Church record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed Adams	Melvia Luiegene Adams

Subscribed and sworn to before me this 12th day of March, 1947.

Father John Quincy Adams

Mother Jane Adams

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD: OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD: OR OTHER CREDIBLE PERSON.)

Notary Public, residing at Pocatello, Idaho

My commission expires May 10, 1950. (SEAL)

718 North 7th Ave. (STREET ADDRESS, CITY, STATE) Pocatello Idaho

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Signed (SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at

My commission expires (SEAL)

(STREET ADDRESS, CITY, STATE)

Received for filing on By (REGISTRAR'S SIGNATURE)

[redacted] 6-695

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35494

County of Bingham

City of Blackfoot

No. 723 So. Univ. St.

Hospital No

Registration District No. 121

File No.

Primary Registration District No. 1007

Registered No. 213

FULL NAME OF CHILD Donald Wintle Dance Unnamed Dance

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day)
Male		Yes	Nov. 8 19

FATHER		MOTHER	
FULL NAME	Willard A. Dance	FULL MAIDEN NAME	Lulu Wintle
RESIDENCE	Blackfoot Ida	RESIDENCE	Do
COLOR	White	COLOR	W
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Dep. Assessor & Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. E. Patrie

Phys (Physician or midwife)

Given names added from a supplemental report

19

Address Blackfoot Idaho

Filed Nov. 13 1915 W. E. Patrie

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

[redacted]

JUN 22 1953

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECO

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 121 File No. 35495

No. _____ St.

Primary Registration District No. 2194. Registered No. 216

Hospital _____

FULL NAME OF CHILD Beulah Allred

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		L	Nov (Month) 8 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Joseph S. Allred	FULL MAIDEN NAME	Mary Jennett Daily
RESIDENCE	Thomas Prec.	RESIDENCE	Thomas
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Wife & Mother

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5 five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 3 A. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Marion Crawford
Midwife
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Blackfoot R. F. D. No. 2 Idaho

Filed Nov 13 1915 W. E. Patrick
Registrar

Registrar

S-Y CO. 24655

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

SEP 6 1973

753209-006-713

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35496

County of Bingham

City of Thomas Prec

No. ..... St.

Hospital .....

Registration District No. 121 File No. .....

Primary Registration District No. 2194 Registered No. 217

FULL NAME OF CHILD Berther May Peterson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
girl		L	Nov (Month) 9 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Joseph William Peterson	FULL MAIDEN NAME	Sarah Elizebeth Palmer
RESIDENCE	Thomas Prec.	RESIDENCE	Thomas Prec.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho.
OCCUPATION	Farmer	OCCUPATION	wife & mother

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Marion Crawford

Midwife (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Blackfoot R. F. D. No 2 Idaho

Filed Nov 15 1915 M. E. Patrice

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

235-270-006-577

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

Registration District No. [illegible]

File No. 35498

No. KFD 3 St.

Primary Registration District No. [illegible]

Registered No. 219

Hospital home

FULL NAME OF CHILD Kathrine Fredrick a Kleinsmith

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
girl			Sep. 30 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Fred Kleinsmith	FULL MAIDEN NAME	Velice Fern Eggly
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	~~[illegible]~~ Illinois	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 10 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Trained Mise

Clara Bell West
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Blackfoot Ida

Filed Nov 30 1915

[illegible] Registrar

Registrar

S-Y CO. 24033

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DECEASED

757-120-006-235

PLACE OF BIRTH

~~Form V. S.~~ No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35499

County of Bingham

City of Blackfoot

No. out of limits St.

Hospital No

Registration District No. 121

File No.

Primary Registration District No. 2194

Registered No.

FULL NAME OF CHILD Pepper, Rex

Sex of Child Boy

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth 10 (Month) 20 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Ray Pepper	FULL MAIDEN NAME	Cora Stevens
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth eight

Number of children of this mother now living, including present birth six

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. L. P. Batway

Midwife (Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed Dec 1 1915

W. E. Patrie
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STA

CERTIFICATE OF BIR

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho } ss.
County of Bingham }

Certificate No. 35429
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth for Jacob Pepper who was born on Oct. 20, 1915
(Name on original certificate) (Was born or died) (Birth or death) (Date of event)

in Blackfoot, Idaho are erroneous or ~~were omitted~~; and that, to the best of his knowledge, the true
(Place of event)

facts as shown by Registrars record prepared on Dec. 1st. 1915, are:
(Bible record, insurance policy, etc.) (Give date)

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
	Sept. 20, 1915	Oct. 20, 1915
Name & birth date	Jacob Pepper	Rex Pepper

Subscribed and sworn to before me this 29th. day of May, 19 41

[illegible] residing at Blackfoot, Idaho

My commission expires Jan 11, 1943

[SEAL]

Signed [illegible]
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

[illegible]
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of Idaho } ss.
County of Bingham }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29th. day of May, 19 41

[illegible] residing at Blackfoot, Idaho

My commission expires Jan. 11, 1943

[SEAL]

Signed [illegible]
(Signature of any credible person other than the previous affiant)

[illegible]
(Street Address, City, State)

Received for filing on Dec. 1 - 1915 by [illegible]
(Registrar's signature)

OCT 5 1942

866-220-006-395

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35500

County of Bingham

City of Blackfoot

No. 609 University St.

Hospital No

Registration District No. 121

File No.

Primary Registration District No. 1007

Registered No. 221

FULL NAME OF CHILD Verna Howly

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl		Yes	9 20 1915

FATHER		MOTHER	
FULL NAME	Howard Howly	FULL MAIDEN NAME	Ardis Link
RESIDENCE	Howe Idaho	RESIDENCE	Howe Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	20	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Howe Idaho	BIRTHPLACE	Longdale Okla.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth one

Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 5-40 P. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. L. P. Batsvay

Midwife
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address

Filed Dec 1 1915 M. E. Patrick
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 2 1 2011

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

53.103-006 [redacted]

PLACE OF BIRTH [redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-13

CERTIFICATE OF BIRTH

35501

County of Bingham

City of Blackfoot

No. Route 3 St.

Hospital No

Registration District No. 121

Primary Registration District No. 2194

File No.

Registered No. 222

FULL NAME OF CHILD Arnold Anthony

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		Yes	12 (Month) 3 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Joseph Anthony	FULL MAIDEN NAME	Lillian Nielson
RESIDENCE	Blackfoot Idaho	RESIDENCE	Blackfoot Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth one

Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5 30 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. L. P. Balway

Midwife
(Physician or midwife)

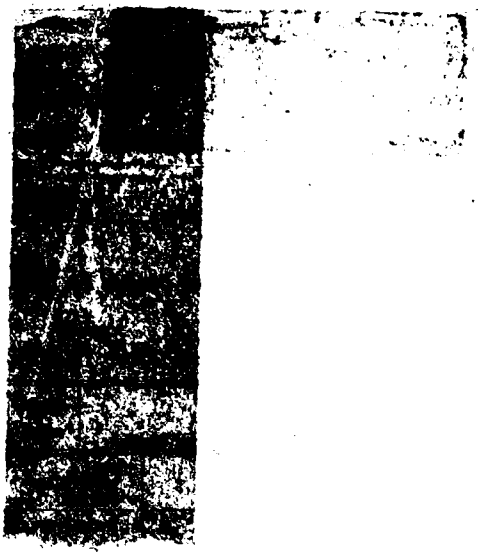
Given names added from a supplemental report.

..... 19....

Address

Filed Dec 1 1915 M. E. Fabrie
Registrar

S-Y CO. 24655



DECEASED

Amended 11/5/73

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 35502
Local Reg. No.
Reg. Dist. No. 121

1. PLACE OF BIRTH
a. COUNTY: Bingham
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Blackfoot
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Blackfoot
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Elvada
b. (Middle):
c. (Last): Landon

4. SEX: female

5a. THIS BIRTH: SINGLE ____ TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): Nov. 25, 1915

FATHER OF CHILD

7. FULL NAME
a. (First): Charles
b. (Middle): Frances
c. (Last): Landon

8. AGE (At time of this birth): 43 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Utah

10. USUAL OCCUPATION: Blacksmith

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Maria
b. (Middle):
c. (Last): Jung

13. AGE (At time of this birth): 38 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Utah

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 7
b. How many OTHER children were born alive but are now dead?
c. How many children were stillborn (born dead after 20 wks. pregnancy?)

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Mrs. L. P. Batway

18. ATTENDANT AT BIRTH: M.D. ____ MIDWIFE X OTHER (Specify) ____

19. ADDRESS:

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: Dec 1, 1915

22. REGISTRAR'S SIGNATURE: W. E. Patrie

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS

WEIGHT AT BIRTH ____ LBS. ____ OZS. TIME: 10:35 AM

RACE OR COLOR OF FATHER: White

RACE OR COLOR OF MOTHER: White

METHOD OF DELIVERY:

Was 1% Silver Nitrate Used to prevent blindness? YES ____ NO ____

BIRTH INJURY TO INFANT
____ YES IF YES, DESCRIBE
____ NO

CONGENITAL MALFORMATIONS OF INFANT
____ YES IF YES, DESCRIBE
____ NO

LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED BUREAU OF VITAL STATISTICS OCT 15 1 24 PM '73

State of Idaho } ss.
County of Bingham

Certificate No. 35502

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Helen Landon (Name on Original Certificate) who was born (Was Born or Died) on Nov. 25, 1915 (Date of Event)
in Blackfoot, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Elvada Landon

Subscribed and sworn to before me this 28 day of September, 1973.

Carl A. Hall

Notary Public, residing at Shelley, Idaho

My commission expires 3-26-75

(Seal)

Signed Elvada Landon
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bingham

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28 day of September, 1973.

Carl A. Hall

Notary Public, residing at Shelley, Idaho

My commission expires 2-26-75

(Seal)

Signed Una Swafford
(Signature of Any Credible Person)

137 East Pine Shelley Ida
(Street Address, City, State)

FORM DH 60-155 CL 9/24/73 10 Col.

Certif. of birth from LDS Church gives name as Elvada Landon. born Nov. 25, 1915. in Kimball, Idaho. Father's name given as Charles F. Landon and the mother's name as Maria Young. ~~XXX~~ Entered on record Feb. 6, 1916. Viewed by V. S.

Marriage record from Bonneville, County gives groom;s name as Allen Lee and the x bride's name as Elvada Landon. dated Jan. 23, 1932. Viewed by V. S.

813-113-006-142

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35503

County of Bingham

City of Blackfoot

No. Maryland St.

Hospital

Registration District No. 121

File No.

Primary Registration District No. 2194

Registered No. 224

FULL NAME OF CHILD Harlan Earl Hall

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Nov 13 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Riley Hall	FULL MAIDEN NAME	Ethel Justice
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	52	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Ky.	BIRTHPLACE	Ky.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H J Simmons

MD (Physician or midwife)

Given names added from a supplemental report.

19

Address Blackfoot Idaho

Filed Dec 3 1915 W E Patrick Registrar

Registrar

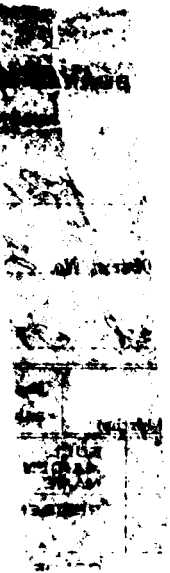
S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 4 1965



962-115-006-619

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 35504

County of Bingham

City of Blackfoot

No. Moreland St.

Hospital

Registration District No. 121

Primary Registration District No. 2194

File No.

Registered No. 25

FULL NAME OF CHILD Verdsill Robbins

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			yes	Nov. 15 1915

FATHER		MOTHER	
FULL NAME	Chester Ralph Robbins	FULL MAIDEN NAME	Jennie Farnsworth
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Mexico
OCCUPATION	Merchant	OCCUPATION	Housework

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) H. J. Simmons M D

(Physician or midwife)

Address Blackfoot Idaho

Filed Dec 2 1915 W. E. Butler Registrar

B-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DuP 001915-245588

693-227-006-249

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35505

County of Bingham

City of Black Foot

No. Presto St.

Hospital

Registration District No. 121 File No.

Primary Registration District No. 2194 Registered No.

FULL NAME OF CHILD — Williams (Dee)

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	Twin	No 1	yes	Nov 27 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Henry K Williams	FULL MAIDEN NAME	Margaret Burrell
RESIDENCE	Black Foot	RESIDENCE	Black Foot
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Colorado	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 12 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Howard Simmons M.D.
(Physician or midwife)

Given names added from a supplemental report.

19

Address Black Foot Idaho

Filed Dec 3 1915 W E Patrick
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

693-227-006-249

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE [redacted]
BUREAU OF [redacted]TICS
CERTIFIC[redacted]

35506

County of Bingham

City of Black foot

No. Fusto St.

Hospital

Registration District No. 121 [redacted] File No.

Primary Registration District No. 2194 Registered No. [illegible]

FULL NAME OF CHILD Grace Williams

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Female	Twin	no 2	yes	Nov 27 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Henry K Williams	FULL MAIDEN NAME	Margaret Burrell
RESIDENCE	Black foot Idaho	RESIDENCE	Black foot
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Colorado	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 1 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Howard J Simmons M.D.
Black foot Idaho
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed Dec 3 1915 M E Patrick
Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

[redacted]

c.e. 6/3/41. w.h.

113-101-006-314

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

County of Bingham

City of Thomas Pre

Registration District No. 121

File No. 35507

No. _____ St.

Primary Registration District No. 2194

Registered No. 228

Hospital _____

FULL NAME OF CHILD George Raymond Jackson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	12 (Month) 1 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	James Jackson	FULL MAIDEN NAME	Ethel Perle Cameron
RESIDENCE	Thomas Pre	RESIDENCE	Thomas Pre
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Wyoming	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Wife & Mother

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 5 1/10 M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Marion Crawford

Midwife
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Blackfoot R. F. D. No. 2

Filed Dec 6 1915 [illegible]

Registrar

Registrar

S-Y CO. 24685

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

386-127-006-395

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35508

County of Bingham

City of Blackfoot

No. No. Stout Ave St.

Hospital

Registration District No. 121 File No.

Primary Registration District No. 1007 Registered No.

FULL NAME OF ~~CHILD~~ Unnamed Lyons, Bennie Harold

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	Sept 27 1915

FATHER		MOTHER	
FULL NAME	Benjamin H. Lyons	FULL MAIDEN NAME	Ida Lindsay
RESIDENCE	Idaho Blackfoot	RESIDENCE	Blackfoot Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Restaurant.	OCCUPATION	Housewife

Number of child of this mother, including present birth (1) Number of children of this mother now living, including present birth (1)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1 05 A. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Davis

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed Dec 4 1915 M E Fabric

Registrar Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

cne copy issued 10/31/40

Amended 11-10-70

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 35509
Local Reg. No. 230
Reg. Dist. No. 3194

1. PLACE OF BIRTH

a. COUNTY: Bingham

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Blackfoot

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho

b. COUNTY: Blackfoot

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Blackfoot

d. STREET ADDRESS (If rural, give location): South Asylum

3. CHILD'S NAME. (Type or print)

a. (First): Lillian

b. (Middle): Rose

c. (Last): Steffens

4. SEX: female

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): September 25 1915

FATHER OF CHILD

7. FULL NAME

a. (First): Arthur

b. (Middle):

c. (Last): Steffens

8. AGE (At time of this birth): 29 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Sweden

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY: farming

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Minnie

b. (Middle):

c. (Last): Williams

13. AGE (At time of this birth): 24 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Idaho

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 1

b. How many OTHER children were born alive but are now dead? 0

c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: J. B. Davis

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Blackfoot, Idaho

20. DATE SIGNED: December 4, 1915

21. DATE REC'D BY LOCAL REG.: Dec. 4, 1915

22. REGISTRAR'S SIGNATURE: W. E. Patrie

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS

WEIGHT AT BIRTH ____ LBS. ____ OZS.

RACE OR COLOR OF FATHER: White

RACE OR COLOR OF MOTHER: White

METHOD OF DELIVERY

Was 1% Silver Nitrate Used to prevent blindness? YES ____ NO ____

BIRTH INJURY TO INFANT ____ YES IF YES, DESCRIBE ____ NO

CONGENITAL MALFORMATIONS OF INFANT ____ YES IF YES, DESCRIBE ____ NO

DECEASED 6-29-06 ID 06-5301

LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

9-29-70

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss. RECEIVED Certificate No. 35509

County of Bonneville } Date Filed

NOV 10 1970

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Steffa (Name on Original Certificate) Bureau of Vital Statistics was born (Was Born or Died) on Sept. 25, 1915 (Date of Event)

in Blackfoot, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	Unnamed Steffa	Lillian Rose Steffens
Father's name	Arthur Steffa	Arthur Steffens

Subscribed and sworn to before me this 22nd day of October, 1970

Notary Public, residing at Idaho Falls, Idaho

My commission expires March 1, 1973

(Seal)

Signed (Mother) x Minnie Williams King

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1346 N. Fremont Idaho Falls, Ida

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.

County of Bonneville }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22nd day of October, 1970

Notary Public, residing at Idaho Falls, Idaho

My commission expires March 1, 1973

(Seal)

Signed Lydian Schmidt Ruiz

(Signature of Any Credible Person)

1030 Elmore Idaho Falls, Idaho

(Street Address, City, State)

FORM DH 60-155 Correct. Corresp. (S) fc

Certificate of Baptism and Confirmation of child certifies that Lillian Rose Steffens is the mother of kHoward Merl Brocksome born Sept. 2, 1942 at Idaho Falls, Idaho. Child Baptized May 1, 1954 in L.D.S.Church.
Viewed by V.S.

Own childs birth certificate on file - Idaho # 230492 gives name as Lenore Elizabeth Kelley born to Ernest L. Kelley and Lillian Rose Steffens. Child born November 8, 1934.
Viewed by V.S.

Statement signed by Howard Packham regarding the family records in his office, states the father Arthur Steffens died April 6, 1916 father of Lillian Rose Steffens. His statement is dated July 6, 1960.
Viewed by V.S.

755.118.06-295

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. 20 Schilling Ave

Registration District No. 121

File No. 35510

Primary Registration District No. 7

Registered No.

Hospital

FULL NAME OF CHILD GLENN EMERSON Pendleburry

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	Sept 18 1915

FATHER		MOTHER	
FULL NAME	James Pendleburry	FULL MAIDEN NAME	Elva Bingham
RESIDENCE	Blackfoot Idaho	RESIDENCE	Blackfoot Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	England	BIRTHPLACE	Utah
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 1 1 20 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L Adams

(Physician or midwife)

Address

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Dec 4 19 11

Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

259-226-006-648

PLACE OF BIRTH

Form V. S. No. 1-C—25m-1-1-13

35511

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Tabor

No. ..... St.

Hospital .....

Registration District No. ..... File No. .....

Primary Registration District No. ..... Registered No. 232

FULL NAME OF CHILD Julia C. Serr

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F	/		/	Yes	Sep. 26 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Christoff Serr	FULL MAIDEN NAME	Paulina Fuhrer
RESIDENCE	Tabor Ida	RESIDENCE	Tabor Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Russia	BIRTHPLACE	Nebraska
OCCUPATION	Ry Section Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 11 P. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Davis
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed Dec 4 1915 M E Patrick
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

169-205-606-315

PLACE OF BIRTH

County of Bingham

City of Bergt

No. RFD 4 St.

Hospital

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35512

Registration District No. 1[illegible]

File No.

Primary Registration District No. [illegible]

Registered No. 233

FULL NAME OF CHILD LEAL EVELINE Unnamed Jordan

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	/	/	Yes	Oct 5 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Elijah Jordan	Mary Tanner
RESIDENCE	Bergt RFD 4	Bergt RFD 4
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	30	21
BIRTHPLACE	England	Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 P. M. on the date above stated.

(Signature) B Davis

(Physician or midwife)

Address

Filed Dec 1 19 15

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

S-Y-CO 38071

OCT 7 1947

JUN 19 1950

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

551-208·006·235

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Bekft

No. R F D 3 St.

Hospital

Registration District No. 121 File No. 35513

Primary Registration District No. 2194 Registered No. 234

FULL NAME OF CHILD Unnamed Evans, Ardell L.

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F	\		\	Yes	Oct 8 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Albert Evans	FULL MAIDEN NAME	Heneritta Steed
RESIDENCE	Bekft R F D 3	RESIDENCE	Bekft R F D 3
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Indiana	BIRTHPLACE	Indiana
OCCUPATION	farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5 10 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Davis MD

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed Dec 4 1915 [illegible]

Registrar

S-Y-CO 38071

691-212-006-432

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35514

County of Bingham

City of Belfoot

No. RFD 4 St.

Registration District No. 121 File No.

Primary Registration District No. 2194 Registered No.

Hospital

FULL NAME OF CHILD Unnamed - Wray, Melba Blanche

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Oct 12 1915

FATHER		MOTHER	
FULL NAME	Moroni Wray	FULL MAIDEN NAME	Blanche McBride
RESIDENCE	Belfr RFD 4	RESIDENCE	Belfr RFD 4
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 35 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Davis MD

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed Dec 4 1915 [illegible]

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Own Child's Birth Cert. on file:(Idaho Birth)#278658 gives full maiden name of mother as Melba Blanche Wray - viewed by V.S. Social Security Card #518-30-9809 gives name as Melba Blanche Adams (married name) viewed by V.S.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Nevada } ss.
County of Clark

Certificate No. 35514

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Wray (female child) (Name on Original Certificate) who was born (Was Born or Died) on Oct. 12, 1915 (Date of Event) in Blackfoot, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Melba Blanche Wray

Subscribed and sworn to before me this 13th day of August 1962

Norma L. Hurley

Notary Public, residing at Las Vegas, Nevada

My commission expires

(Seal)

Signed Blanche E. Smith

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

2505 E. Tonopah, Las Vegas, Nevada

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Nevada } ss.
County of Clark

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th day of August 1962

Dorothy K Reynolds

Notary Public, residing at No. Las Vegas, Nevada

My commission expires Sept. 26, 1963.

(Seal)

Signed Rhea Swope

(Signature of Any Credible Person)

2828 Caney St. No. Las Vegas, Nevada

(Street Address, City, State)

FORM DH 60-155 CL 4-3-62. two copies pd. rec. #8941.

361-21S-106-336

PLACE OF BIRTH

County of Bingham

City of Bergr

No. R F D 1 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH 35515

Registration District No. 121 File No.

Primary Registration District No. 2194 Registered No.

FULL NAME OF CHILD Unnamed Coatney

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	\		\	Yes	Oct 18 1915

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Grover Coatney	FULL MAIDEN NAME	Ena Cloud
RESIDENCE	~~Kansas~~ Bergr R F D 2	RESIDENCE	Bergr R F D 3
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Kansas	BIRTHPLACE	Nebraska
OCCUPATION	farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 30 P. M. on the date above stated.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Davis M D

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed Dec 6 19 15

S-Y-CO 38071

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 28 1967

487-225-006-553

PLACE OF BIRTH

County of Bingham

City of Bellfoor

No. E. Bridge St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. H-C—25m-9-8-15

CERTIFICATE OF BIRTH

Registration District No. 127 File No. 35516

Primary Registration District No. 1107 Registered No.

FULL NAME OF CHILD MARY ALICE Dygert

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	Oct 25 1915

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Roy J. Dygert	FULL MAIDEN NAME	Eva Nettleman
RESIDENCE	Bellfoor	RESIDENCE	Bellfoor E. Bridge
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Indiana	BIRTHPLACE	Indiana
OCCUPATION	Attorney	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4:40 A. M. on the date above stated.

(Signature) J. B. Davis M.D.

(Physician or midwife)

Address

Filed Dec 4 19 15

Registrar

*When there was no attending physician or midwife, then the father, householder, etc, should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 35516

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Dygert (Name on Original Certificate) who was born (Was Born or Died) on Oct. 25, 1915 (Date of Event)
in Blackfoot, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Child's birth certificate (Bible Record, Insurance Policy, Etc.) State File #226984 - Boise, Ida. prepared on December 30, 1933 (Give Date), are:
Viewed by Vital Statistics

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
FULL NAME OF CHILD	"Unnamed" Dygert	Mary Alice Dygert

Subscribed and sworn to before me this 13th day of January 1956

Notary Public, residing at Malad, Oneida Co.
My commission expires 12-5-58
(Seal)

Signed Eva L. Dygert
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Caribou } ss.

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 19[illegible] Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th day of January 1956

Notary Public, residing at Soda Springs, Ida.
My commission expires July 6, 1956
(Seal)

Signed Gertrude Freeman
(Signature of Any Credible Person)

Soda Springs, Idaho
(Street Address, City, State)

154.201-006-791

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. Main St. St.

Name added 7/17/80

Hospital

FULL NAME OF CHILD Elsie E. Anderson

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

Registration District No. 121 File No. 35517

Primary Registration District No. 1009 Registered No.

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
F	\	\	Yes	Nov 1 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Carl G. Anderson	FULL MAIDEN NAME	Amanda Grahn
RESIDENCE	Blkfr Main St	RESIDENCE	Blkfr Main St
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Sweden
OCCUPATION	Insurance & Loans	OCCUPATION	Home wife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5:05 A. M. on the date above stated.

(Signature) J B Davis MD

(Physician or midwife)

Address

Filed Dec 1 19 15

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

4-22-80

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of IDAHO
County of Bingham } ss.

Certificate No. 35517
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for unnamed Anderson (Name on Original Certificate) who was born (Was Born, Died, etc.) on Nov. 1, 1915 (Date of Event)

in Blackfoot (Bingham) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	omitted	Elsie Eleanor Anderson

Subscribed and sworn to before me this 16th day of June, 19 80.

Notary Public, [signature]
Residing at Blackfoot, Idaho
My commission expires : January 31, 1982
(Seal)

Elsie Eleanor Anderson Smith
Signature of Applicant
375 Monroe Street
Street Address, City, State
Blackfoot, Idaho 83221

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO
County of Bingham } ss.

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th day of June, 19 80.

Notary Public, [signature]
Residing at Blackfoot, Idaho
My commission expires : January 31, 1982
(Seal)

Edna A. Flint
Supporting Signature
650 South Stout Street
Street Address, City, State
Blackfoot, Idaho 83221

Diploma from XXX Blackfoot High schol give name as Elsie Anderson dated May 17 1934. viewed by V. S.

Marriage licesn and certif romIdaho givesnames as Albert Winkler and Elsie E. Anderson dated Feb 10, 1936. viewed by V. S.

S-3-118-606-443

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Belfort

No. Packing Plant St.

Registration District No. 121 File No. 35518

Primary Registration District No. 2194 Registered No.

Hospital

FULL NAME OF CHILD Emanuel Andrew Vollweiler

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.	(To be answered only in event of plural births)		Yes	Nov 18 1935

	FATHER	MOTHER
FULL NAME	Henry Vollweiler	FULL MAIDEN NAME Justina Muller
RESIDENCE	Belfort – Packing Plant	RESIDENCE Belfort Packing Pl
COLOR	W	COLOR W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE	Germany	BIRTHPLACE Germany
OCCUPATION	Butcher	OCCUPATION Homemfe

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 12 10 A.M. on the date above stated.

(Born alive or stillborn)

(Signature) B Dawson M.D.

(Physician or midwife)

Address

Filed Dec 6 19

Registrar

*When there was no attending physician or midwife, then the father, householder, etc, should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AFFIDAVIT.

STATE OF IDAHO)
: ss.
County of Bingham)

Henry A. Vollweiler of 178 N. Stout Street, Blackfoot, Bingham County, Idaho, being first duly sworn, deposes and says that he is the father of Emanuel Andrew Vollweiler, born at Blackfoot, in Bingham County, Idaho, on November 18th, 1915, the mother of said child being Justine Muller Vollweiler; that said child was named Emanuel Andrew Vollweiler but through error is named in the birth certificate as Henry Vollmirlow; that the mother of said son of affiant is now deceased.

WHEREFORE, affiant asks that the birth certificate be corrected as to name of the son of affiant, the name given said son being Emanuel Andrew Vollweiler.

Henry A. Vollweiler

Subscribed and sworn to before me this 6th day of May, 1942.

Notary Public for the State of Idaho
Residing at Blackfoot, Idaho.

MAY 11 1942

947-120-6006-212

PLACE OF BIRTH AMENDED SEPT. 13, 1949

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

County of Bingham
City of Blackfoot
No. ..... St.
Hospital .....

Registration District No. 121
Primary Registration District No. 2194
File No. 35519
Registered No. 240

FULL NAME OF CHILD Evan Paul Rupp
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Oct. 20 1915

What bacteriocidal solution was used in eyes? .....

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

FATHER	MOTHER
FULL NAME: George Earl Rupp	FULL MAIDEN NAME: Ruby Baker
RESIDENCE: Blackfoot, Route 1	RESIDENCE: Blackfoot, Route 1
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 26 (Years)	AGE AT LAST BIRTHDAY: 24 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Wyoming
OCCUPATION: Farmer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4:15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. E. Patrie, M. D.
(Physician or midwife)

Address Blackfoot, Idaho

Give names added from a supplemental report.

..... 192.....

..... Registrar.

Filed Dec. 1 1915 W. E. Patrie
Registrar.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Bannock }

Certificate No. 35519

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Evan Paul Rupp (Name on Original Certificate) who was born (Was Born or Died) on Oct. 20, 1915 (Date of Event)
in Blackfoot, Idaho (Place of Event) are erroneous ~~or were omitted~~; and that, to the best of his knowledge, the
true facts are shown by Christening Certificate (Bible Record, Insurance Policy, Etc.) prepared on Jan. 2, 1916 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Sex	Female	Male
Date of Birth	Not Readable	Oct. 20, 1915

Subscribed and sworn to before me this third day of September, 1949.

Notary Public, residing at Pocatello, Idaho
My commission expires Jan. 10, 1953
(Seal)

Signed George Earl Rupp
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

242 McKinley, Pocatello, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bannock }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this third day of September, 1949.

Notary Public, residing at Pocatello, Idaho
My commission expires Jan. 10, 1953
(Seal)

Signed Mary A Rupp
(Signature of Any Credible Person)

242 McKinley, Pocatello, Idaho
(Street Address, City, State)

Icp. Rd.

663-109-0 06-955

Form V. S. No. 11-C—20m-3-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Moreland Pric

Registration District No. 121 File No. 35520

No. ..... St.

Primary Registration District No. 2194 Registered No. [illegible]

Hospital .....

FULL NAME OF CHILD ~~[illegible]~~ HARRY Wolff

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Nov 9 1915

FATHER		MOTHER	
FULL NAME	Gotleib Wolff	FULL MAIDEN NAME	Rose Zeib
RESIDENCE	Blackfoot Route #4	RESIDENCE	Do
COLOR	White	COLOR	W
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Germany	BIRTHPLACE	Germany
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2:50 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. E. Patrick MD

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Blackfoot Idaho

Filed Dec 1 1915 W E Patrick

Registrar Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of North Dakota } ss. Certificate No. 35520

County of Logan } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Harry Wolff (Birth or Death)

for Wolff (Name on Original Certificate) who was born (Was Born or Died) on Nov. 9-1915 (Date of Event)

in Blackfoot Idaho. (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Family Bible (Bible Record, Insurance Policy, Etc.) prepared on Nov. 9-1915 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed Wolf	Harry Wolff

Subscribed and sworn to before me this 17 day of March, 1942

E. J. Neumann

Notary Public, residing at Gackle, N. Dak.

My commission expires Aug 9 [illegible]

(Seal)

Signed Rose Wolff Schulz Mother

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Streeter, N. Dak.

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.

County of }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this

day of , 19

Notary Public, residing at

My commission expires

(Seal)

Signed

(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

862-113-006-862

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Groveland Pnc

Registration District No. 121 File No. 35521

No. No St.

Primary Registration District No. 2194 Registered No. 242

Hospital No

FULL NAME OF CHILD Kenneth Geo Yost

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Nov 13 1913

FATHER		MOTHER	
FULL NAME	George Henry Yost	FULL MAIDEN NAME	Anna Yost
RESIDENCE	Blackfoot # 4	RESIDENCE	Do
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Nebraska	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 25 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. E. Patrick M.D.

Blackfoot Idaho (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed Dec 1 19 15 W. E. Patrick

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE
BURE
SEP 2 1947

154.211.006-612

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35522

County of Bingham

City of Thomas Prec

Registration District No. 121 File No.

No. St.

Primary Registration District No. 2194 Registered No. 243

Hospital

FULL NAME OF CHILD Sadie Camilla Anderson

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Sept 11th 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Andrew Anderson	FULL MAIDEN NAME	Emma Oaksen
RESIDENCE	Blackfoot Idaho	RESIDENCE	Do
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 2:40 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. E. Patrie M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address Blackfoot Idaho

Filed Dec 1 1915 W. E. Patrie

Registrar Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 1 9 1974

293·113·606·693

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35523

County of Bingham

City of Pocatello

Registration District No. 121 File No.

No. St.

Primary Registration District No. 2194 Registered No. 2 [illegible]

Hospital

FULL NAME OF CHILD Vinton Lloyd Bitton

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Sept 13 1915

FATHER		MOTHER	
FULL NAME	Lewis A. Bitton	FULL MAIDEN NAME	Zina Williams
RESIDENCE	Blackfoot Route 2	RESIDENCE	do
COLOR	White	COLOR	white
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Ogden Utah	BIRTHPLACE	Draper Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. E. Parkin M.D.

(Physician or midwife)

Address Blackfoot Idaho

Given names added from a supplemental report

..... 19.....

Filed Dec 1 19 15 W. E. Parkin

Registrar

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MAR 25 1942

DECEASED

587-122- 006-386

PLACE OF P

Form V. S. No. 11-C—20m-3-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35524

County of Bingham

City of Groveland Pre

Registration District No. 121 File No.

No. St.

Primary Registration District No. 2194 Registered No. 245

Hospital

FULL NAME OF CHILD Wendell Grover Nygard.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Sept 27 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Grover Nygard	FULL MAIDEN NAME	Carolina A. Thomsen
RESIDENCE	Blackfoot Route 1	RESIDENCE	Do
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Logan Utah	BIRTHPLACE	Denver Colo
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7 45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. E. Patrie MD

(Physician or midwife)

Given names added from a supplemental report

19

Address Blackfoot Idaho

Filed Dec 19 [illegible]

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 16 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Bingham } ss.

Certificate No. 35524

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth or Death)
for (Name on Original Certificate) who (Was Born or Died) on (Date of Event)
in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Wendel Grover Nigard	Wendell Grover Nygard
name of father	Grover Nigard	Grover Nygard

Subscribed and sworn to before me this 14th
day of March, 19 42

Lorenzo R Thomas

Notary Public, residing at Blackfoot, Idaho

My commission expires June 10, 1943
(Seal)

Signed Carrie A. Nygard Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Blackfoot, R 1, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Bingham } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14th
day of March, 19 42

Lorenzo R Thomas

Notary Public, residing at Blackfoot, Idaho

My commission expires June 10, 1943
(Seal)

Signed + Grover Nygard
(Signature of Any Credible Person Other Than Previous Year)

Blackfoot, Rl, Idaho
(Street Address, City, State)

465-101-006-239

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35525

County of Bingham

City of Blackfoot

No. West of City Limits

Registration District No. 121 File No.

Primary Registration District No. 2194 Registered No. 244

Hospital

FULL NAME OF CHILD Richard Doerrer

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Sept 1 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Michael Doerrer	FULL MAIDEN NAME	Emily Klinckosh
RESIDENCE	Blackfoot Idaho	RESIDENCE	Do
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Germany
OCCUPATION	Shoemaker	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7 00 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. E. Patrie MD

(Physician or midwife)

Given names added from a supplemental report

19

Address Blackfoot Idaho

Filed Dec 1 1915 W. E. Patrie

Registrar

Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-2-15-12

35529

PLACE OF BIRTH 996-996

County of [illegible]

City of Thomas Bros

Registration District No. 121 File No.

No. St.

Primary Registration District No. 2194 Registered No. 247

Hospital

FULL NAME OF CHILD Charles Irwin ~~Newman~~ NEUMANN

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Nov 4 1915

FATHER		MOTHER	
FULL NAME	Oscar B ~~Newman~~ NEUMANN	FULL MAIDEN NAME	Ada Ulala Irwin
RESIDENCE	Blackfoot Ida Route 2	RESIDENCE	Do
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Cambridge Ill	BIRTHPLACE	Harrisonville Ohio
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12:30 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. E. Patrick MD

(Physician or midwife)

Given names added from a supplemental report

19

Address Blackfoot Idaho

Filed Dec 1 1915 M. E. Patrick

Registrar

Registrar

8-Y CO. 20174

Certifi[redacted]

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Bingham } ss.

Certificate No. 35529

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Charles Irwin Newman (Name on Original Certificate) who Born (Was Born or Died) on November 15, 1915 (Date of Event)
in Bingham Co. Idaho (Blackfoot) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Baptism Record M.E.Church (Bible Record, Insurance Policy, Etc.) prepared on April 16, 1916 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
SurName	Newman	Neumann

Subscribed and sworn to before me this 3rd day of August 19 42

Notary Public, residing at Blackfoot, Idaho

My commission expires Feb 1, 1946
(Seal)

Signed Oscar P. Neumann
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Blackfoot, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Bingham } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd day of August 1942

Notary Public, residing at Blackfoot, Idaho

My commission expires February 1, 1946
(Seal)

Signed Clara Neuma Neumann
(Signature of Any Credible Person Other Than Previous Year)

Blackfoot, Idaho
(Street Address, City, State)

AUG 5 1942

AUG 6 1942

154-211-006-553

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35530

County of Bingham

City of ~~Blackfoot~~ Thomas Mill

Registration District No. 121 File No.

No. St.

Primary Registration District No. 2194 Registered No. 248

Hospital

FULL NAME OF CHILD Mary Ingrid Anderson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Nov 11 1915

FATHER		MOTHER	
FULL NAME	Niels Anderson	FULL MAIDEN NAME	Mary Wilson
RESIDENCE	Blackfoot Route 2	RESIDENCE	Do
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 2 30/4 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc, should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. E. Patrie MD
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Blackfoot Idaho

Filed Dec 1 1915 W. E. Patrie
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

386-17-006-649

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. RD#2 St.

Hospital

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35531

Registration District No. 121

File No.

Primary Registration District No. 2165

Registered No. 279

FULL NAME OF CHILD Chester Emanuel Thompson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male			Yes	Nov. 17 (Month) (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Floyd Christian Thompson	FULL MAIDEN NAME	Edith Latrisha Furniss
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	AGE AT LAST BIRTHDAY (Years)	22
COLOR	White	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8:20 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Beall

Physician

(Physician or midwife)

Address Blackfoot Idaho

Filed Dec 1 19 15 M. E. Petrie

Registrar

Given names added from a supplemental report.

.....19.....

.....

Registrar

S-Y-CO 38071

652-120-006-356

PLACE OF BIRTH

City of Blackfoot

City of Bingham

No. R D #2 St.

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 121 File No. 35532

Primary Registration District No. 2197 Registered No. 250

Hospital

FULL NAME OF CHILD TERRANCE LeVERN WESTLEY Westley

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Nov 20 1935

FATHER	MOTHER
FULL NAME Clarence Westley	FULL MAIDEN NAME Viola Lewis
RESIDENCE Blackfoot	RESIDENCE Blackfoot
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 40 (Years)	AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Utah	BIRTHPLACE Idaho
OCCUPATION Farming	OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5:00 P.M. on the date above stated.

(Signature) W. W. Beck

Physician (Physician or midwife)

Address Blackfoot, Idaho

Filed Dec 1 19 35 [illegible] Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 35532

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (BIRTH OR DEATH)
for ..... (NAME ON ORIGINAL CERTIFICATE) who ..... (WAS BORN OR DIED) on ..... (DATE OF EVENT)
in ..... (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Surname	Wesley	Westley
Name	Unnamed	Terrance LeVern Westley

Subscribed and sworn to before me this 17th day of July, 19 43

Audith N. Pearson

Notary Public, residing at Honeyville, Utah

My commission expires 6/15/47
(SEAL)

Signed Viola Lewis Westley
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

.....
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19 .....

Signed .....
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at .....

My commission expires .....
(SEAL)

.....
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

AUG 6 1943

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child of birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

169-222-006-432

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. RD#4 St.

Hospital

FULL NAME OF CHILD NAOMI VIRGINIA Jordan

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35533

Registration District No. 121 File No.

Primary Registration District No. 2194 Registered No. 254

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Nov 22 1915

FATHER		MOTHER	
FULL NAME	Morrell Jordan	FULL MAIDEN NAME	Ottilla McKnight
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Utah
OCCUPATION	Printer	OCCUPATION	Housewife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was born alive at 8:25 P. M. on the date above stated.
(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Peck

Physician
(Physician or midwife)

Address Blackfoot Idaho

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed Dec 1 19 15 M. Ratie
Registrar

S-Y-CO 36071

OCT 29 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Los Angeles }

Certificate No. 35533

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for unnamed (Name on Original Certificate) who was born (Was Born or Died) on November 22, 1915 (Date of Event)
in Moreland, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by mother (Bible Record, Insurance Policy, Etc.) prepared on October 26, 1942 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Naomi Virginia Jordan

Subscribed and sworn to before me this 26th day of October, 19 42

Sylvia L. Leist
Notary Public, residing at Whittier, Calif.

My commission expires
(Seal)

Signed Attilia Jane Jordan mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

324 E. Walnut St., Whittier, Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Los Angeles }

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26th day of October, 19 42

Sylvia L. Leist
Notary Public, residing at Whittier, Calif.

My commission expires
(Seal)

Signed J. M. Jordan (father)
(Signature of Any Credible Person Other Than Previous Year)

324 E. Walnut St. Whittier, Calif.
(Street Address, City, State)

APR 27 1973

OCT 30 1942

515-228-006-235

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. RFD #2 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

35534

Registration District No. 121 File No. - -

Primary Registration District No. 194 Registered No. 252

FULL NAME OF CHILD Lida Van Orden

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Nov 28 1915

FATHER	MOTHER
FULL NAME Jacob Lewis Van Orden	FULL MAIDEN NAME Wilhelmina Steubesand
RESIDENCE Blackfoot	RESIDENCE Blackfoot
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 27 (Years)	AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Utah	BIRTHPLACE Germany
OCCUPATION Farming	OCCUPATION Housewife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12:45 A M. on the date above stated.

(Signature) W W Beck

Physician (Physician or midwife)

Address Blackfoot Idaho

Filed Dec 1 19 15 [illegible] Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
APR 20 12 40 PM '78

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Bingham }

Certificate No. 35534

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Van Orden (female) (Name on Original Certificate) who was born (Was Born or Died) on Nov 28, 1915 (Date of Event)
in Blackfoot, Idaho (Bingham) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Lida Van Orden

Subscribed and sworn to before me this 14th day of April, 1978

Notary Public, residing at Rexburg, Idaho
My commission expires March 21, 1980
(Seal)

Signed Wilhelmina Stubbart Van Orden
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

[illegible] (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bingham }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19 day of April, 1978

Notary Public, residing at Blackfoot, Idaho
My commission expires Life
(Seal)

Signed [illegible] (Signature of Any Credible Person)

626 South Cleveland Blackfoot Ida (Street Address, City, State)

FORM DH 60-155

CL 4/7/78 nm

Certif of Baptism from the LDS Church gives name as Lida Van Orden duahgter of Jacob L. Van Orden and Wilhelmina Steubesand. born Nov. 28, ~~19~~15 1915 and Baptized Jun e 1, 1924. viewed by VS

Marriage certifi from Utah gives name as Calvin Leroy Hale and Lida Van Orden and the bride/ dated Nov 28, 1934. viewed by V. S.

813-101-006-251

PLACE OF BIRTH name added 1-23-84 dl

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No RD# 1 St.

Registration District No. 121

File No. 35535

Primary Registration District No. 2194

Registered No. 253

Hospital

FULL NAME OF CHILD Zendell McKay Hale

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male				Yes	Dec 1 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Edgar Daniel Hale	FULL MAIDEN NAME	Emma Louisa Seamons
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	47	AGE AT LAST BIRTHDAY (Years)	44
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 10

Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4:25 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Blackfoot Idaho

Filed Dec 1 1915 W E Patrick

Registrar

Registrar

S-Y-CO 38071.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

10-28-83

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____

Certificate No. 35535
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Hale (Name on Original Certificate) who was born (Was Born, Died, etc.) on Dec 1, 1915 (Date of Event)

in Blackfoot (Bingham) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Zendell M Hale
		Zendell McKay Hale

OFFICIAL SEAL
CHRIS TORRES
NOTARY PUBLIC - CALIFORNIA
NOTARY BOND FILED IN
LOS ANGELES COUNTY
My Commission Expires January 11, 1985

Subscribed and sworn to before me this 1st day of November, 1983.

Notary Public, Chris Torres

Residing at Rancho Cucamonga California

My commission expires January 11, 1985

(Seal)

X Zendell M Hale
Signature of Applicant

X 8307 Orchard Ave., Alta Loma, CA 91701
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO } ss.
County of BANNOCK

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4 day of November, 1983.

Notary Public, [illegible]

Residing at Pocatello, Idaho

My commission expires 2/16/87

(Seal)

[illegible] J. Hale
Supporting Signature

3960 Hawthorne - Pocatello Ida
Street Address, City, State

lcc pd

School record from Pocatello Sr. High School lists Zendell Hale born Dec 1, 1915 in Idaho was student for school year 1931-32. Viewed by V.S.

JAN 23 1984

Certificate of Ordination in LDS Church gives Zendell McKay Hale was ordained a teacher on Jan 18, 1931. Viewed by V.S.

459-104-006-753

PLACE OF BIRTH Amended 12/21/78

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

35536

County of Bingham

City of Blackfoot

No. RD # 3 St.

Hospital

Registration District No. 121 File No.

Primary Registration District No. 2194. Registered No. 214

FULL NAME OF CHILD Vearl LaRelle ~~Merkley~~ Merkley

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male				Yes	Nov 4 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Ray E. Merkley	FULL MAIDEN NAME	Francis Peterson
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8:35 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Beck

Physician (Physician or midwife)

Given names added from a supplemental report

Address Blackfoot Idaho

19

Filed Dec 1 1915 W. E. Patrick

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Amended 1/21/78

OF HEALTH

STATE OF IOWA
BUREAU OF VITAL S

CERTIFICATE OF B

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of .....

Certificate No. 35536

Date Filed .....

NOV 7 3 48 PM '78

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Merkley (Male) (Name on Original Certificate) who was born (Was Born or Died) on Nov. 8, 1915 (Date of Event) in Blackfoot, Idaho (Bingham) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Document, enclosed (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Vearl LaRelle Merkley
date of birth	~~Nov 8, 1918~~ Nov 4, 1915	~~Nov. 8, 1918~~ Nov 4, 1915

Subscribed and sworn to before me this 4 day of October, 1978

~~Blackfoot, Idaho~~

My commission expires Life
(Seal)

Signed Sarah Peterson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bingham

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23rd day of October, 1978

Dawnette Talbot
Notary Public, residing at Blackfoot, Idaho
My commission expires March 31, 1982
(Seal)

Signed [signature]
(Signature of Any Credible Person)

Box 758-168 Archer
(Street Address, City, State)
Blackfoot, Idaho 83221

FORM DH 60-155

CL 4/18/78 nm

Certif of Ordination to the Holy Priesthood gives name as Vearl LaRelle Merkley ordained a Teacher on Jan 4, 1931. Father's name as Ray E. Merkley and mother name as Frances E. Peterson. born Nov 4, 1915. Baptized May 3, 1924. viewed b V. S.

DEC 21 1978

National Public Service Insurnce co Application gives nameas Vearl L. Merkley born Nov 4, 1915. dated Feb 29, 1972. viwed by V. S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

City of Blackfoot

No. RD#1 St.

Hospital

Registration District No. 121 File No. 35537

Primary Registration District No. 2194 Registered No. 250

FULL NAME OF CHILD Unnamed Hammond

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Nov 11 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Albert Leroy Hammond	FULL MAIDEN NAME	Ethel Marjorie Halliday
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Iowa
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. W. Beck

Physician (Physician or midwife)

Address Blackfoot, Ida

Filed Dec 1915 W. E. Patrice Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

RETURN TO LIBRARY

3-3213 000-363

Amended 5-10-74

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 35538
Local Reg. No. 256
Reg. Dist. No. 2194

1. PLACE OF BIRTH
a. COUNTY: Bingham
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Wapello
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Wapello
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Zola
b. (Middle):
c. (Last): Call

4. SEX: female

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): November 13, 1915

FATHER OF CHILD

7. FULL NAME
a. (First): Elbert
b. (Middle): Vinson
c. (Last): Call

8. AGE (At time of this birth): 34 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Bountiful, Utah

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY: Farming

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Hannah
b. (Middle): Lucretia Tolman
c. (Last)

13. AGE (At time of this birth): 27 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Chesterfield, Idaho

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 6
b. How many OTHER children were born alive but are now dead? 1
c. How many children were stillborn (born dead after 20 wks. pregnancy?)

16. INFORMANT'S SIGNATURE OR NAME (Relationship)

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: W. W. Beck

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Blackfoot

20. DATE SIGNED: December 1, 1915

21. DATE REC'D BY LOCAL REG.: Dec.1,1915

22. REGISTRAR'S SIGNATURE: W. E. Patrie

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES NO DATE

Was a standard serological test for syphilis performed? YES NO APPROXIMATE DATE

DECEASED 11-11-04

LENGTH OF PREGNANCY ____ WEEKS

WEIGHT AT BIRTH ____ LBS. ____ OZS.

RACE OR COLOR OF FATHER: White

RACE OR COLOR OF MOTHER: White

ID 04-8513

Was 1% Silver Nitrate Used to prevent blindness?

...e to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

4-16-74

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
APR 29 11 46 AM '74

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 35538

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Zola Call (Name on Original Certificate) who was born (Was Born or Died) on November 13, 1915 (Date of Event)
in Blackfoot, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Birthplace of Zola	Blackfoot, Idaho	Wapello
Residence of parents	Blackfoot, Idaho	Wapello
Father's middle name	Vincent	Vinson
Birthplace of parents	Utah and Idaho	Bountiful, Utah - F Chesterfield, Idaho - M

Subscribed and sworn to before me this ..... day of
4-29, 1974
Florence Cartwright
Notary Public, residing at Boise
My commission expires 4-20-78
(Seal)

Signed Catherine Vinson Call
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of
....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

Family History record gives Zola Call born November 13, 1915 at Wapello, Idaho to Elbert Vinson Call and Hannah Lucretis Tolman. Parents born at Bountiful, Utah and Mother - Chesterfield, Idaho
Viewed by V.S.

Notes taken 2 months before Hannah Tolman Call died in October lyp 1960 states that in 1903 we moved to Riverside, Idaho a small town about five miles out of Blackfoot, Idaho. There we lived six years. While living here our house burned down. After this, we moved to Wapello where we lived for ten years. (This includes the date that Zola was born Nov. 13, 1915.)
Viewed by V.S.

Amended 10/5/72

113-001-006-055

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 35539
Local Reg. No.
Reg. Dist. No. 121

1. PLACE OF BIRTH
a. COUNTY: Bingham
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Thomas Prec.
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho b. COUNTY: Bingham
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Thomas Prec.
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Edna b. (Middle): Mildred c. (Last): Jackson

4. SEX: female
5a. THIS BIRTH: SINGLE ____ TWIN ____ TRIPLET ____
5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____
6. DATE OF BIRTH: (Month) Oct. (Day) 1, (Year) 1915

FATHER OF CHILD

7. FULL NAME
a. (First): Mark b. (Middle): c. (Last): Jackson

8. AGE (At time of this birth): 34 YEARS
9. BIRTHPLACE (State or foreign country) (City or Town): Wyoming
10. USUAL OCCUPATION: Farmer
11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Marcie b. (Middle): c. (Last): Hennefer

13. AGE (At time of this birth): 26 YEARS
14. BIRTHPLACE (State or foreign country) (City or Town): Utah
15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 3
b. How many OTHER children were born alive but are now dead?
c. How many children were stillborn (born dead after 20 wks. pregnancy?)
16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Marion Crawford
18. ATTENDANT AT BIRTH: M.D. ____ MIDWIFE X OTHER (Specify) ____
19. ADDRESS: Blackfoot R.F.D. No. 2, Idaho
20. DATE SIGNED:
21. DATE REC'D BY LOCAL REG.: Oct. 16, 1915
22. REGISTRAR'S SIGNATURE: W. E. Patrie
23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS
WEIGHT AT BIRTH ____ LBS. ____ OZS.
RACE OR COLOR OF FATHER: White
RACE OR COLOR OF MOTHER: White TIME: 2 PM
Was 1% Silver Nitrate Used to prevent blindness? YES ____ NO ____
METHOD OF DELIVERY:

DECEASED 5-27-03 ID 03-4242

BIRTH INJURY TO INFANT: ____ YES ____ NO IF YES, DESCRIBE:
CONGENITAL MALFORMATIONS OF INFANT: ____ YES IF YES, DESCRIBE ____ NO

Use only BLACK INK OR BLACK Record Typewriter Ribbon in Completing this Certificate. Print Information. Sign Name. LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 35539

Date Filed .....

RECEIVED SEP 21 11 38 AM '72

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Edna May Jackson (Name on Original Certificate) who was born (Was Born or Died) on Oct. 1, 1915 (Date of Event)

in Thomas Prec., Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Edna May Jackson	Edna Mildred Jackson

Subscribed and sworn to before me this 5th day of September, 19 72

[signature]

Notary Public, residing at .....

My commission expires .....
(Seal)

Notary Public Residing in Blackfoot, Bingham County, Idaho
My Commission Expires May 14, 1975

Signed [signature]
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Pingree, Ida 83262
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bingham }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5th day of September, 19 72

[signature]

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed Wilma M. Jackson
(Signature of Any Credible Person)

Pingree, Idaho 83262
(Street Address, City, State)

FORM DH 60-155

CL 9/7/72 nm

Certificate of Blessing from LDS Church gives name as Edna Mildred Jackson daughter of Mark Jackson, Jr and Marcia Hennefer. Born Oct. 1, 1915 at Thomas,Idaho. Was Blessed Dec. 5, 1915 by Andrew Anderson. Viewed by V. S.

Certificate of Baptism and Confirmation from LDS Church gives name as Edna Mildred Jackson daughter of Mark Jackson and Marcia Hennefer. Born Oct. 1, 1915 at Thomas, Idaho. Was Baptized May 3, 1924. Confirmed May 4, 1924. Viewed by V. S.

951-124-006-765

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. 183 N. Oak St.

Hospital

Registration District No. 121

File No. 35540

Primary Registration District No. [illegible]

Registered No. 198

FULL NAME OF CHILD Edward Dale Readicker

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Oct 24 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Carl Readicker	FULL MAIDEN NAME	May Jones
RESIDENCE	Blackfoot, Idaho	RESIDENCE	Blackfoot Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at H. W. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Mitchell

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed Nov 3 1915

[illegible]

Registrar

S-Y CO. 24692

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 28 [illegible]

MAR 30 1942

813-217-006-294

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No Porterville

Registration District No. 121 File No. 35541

Primary Registration District No. 2194 Registered No. 199

Hospital

FULL NAME OF CHILD Lois Halloway

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Oct 17 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ora Halloway	FULL MAIDEN NAME	Pearl Brunson
RESIDENCE	Blackfoot, Idaho #1	RESIDENCE	Blackfoot, Idaho #1
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Mo	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 9.00 M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Mitchell

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address

Filed Nov 2 1915 W. E. Davis

Registrar

S-Y CO. 24695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 20 1971

959-111-006-914

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. Porterville St.

Hospital

Registration District No. 121 File No. 35542

Primary Registration District No. 2194 Registered No. 200

FULL NAME OF CHILD Albert Zeigler

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Mall		Yes	Oct 11 1915

FATHER		MOTHER	
FULL NAME	A. A. Zeigler	FULL MAIDEN NAME	Lulu Ramey
RESIDENCE	Blackfoot Idaho #1	RESIDENCE	Blackfoot Idaho #1
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Mo	BIRTHPLACE	Virg.
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. C. Mitchell

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed Nov 3 1915 [signature]

Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 6 1975

299-702-006-313

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. Word #3 St.

Hospital

Registration District No. 121 File No. 35543

Primary Registration District No. 2194 Registered No. 201

FULL NAME OF CHILD Charles Alvin Kirkpatrick

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Oct 2 1915

FATHER		MOTHER	
FULL NAME	Jas. F. Kirkpatrick	FULL MAIDEN NAME	Mary Callon
RESIDENCE	Blackfoot, Idaho	RESIDENCE	Blackfoot Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Idaho	BIRTHPLACE	Colorado
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 1:10 P.M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Wattrell

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed Nov 3 1915 W. E. Patrick

Registrar

S-Y CO. 24695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 25 1942

618-212-006-365

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. Maryland St.

Hospital

Registration District No. 121 File No. 35544

Primary Registration District No. 2194 Registered No. 202

FULL NAME OF CHILD Victoria Fannie Fahkney

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Sept (Month) 12 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	V. G. Fahkney	FULL MAIDEN NAME	Ella Conklin
RESIDENCE	Blackfoot, Idaho #4	RESIDENCE	Blackfoot Idaho #4
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Neb.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Mitchell
(Physician or midwife)

Given names added from a supplemental report.

19

Address

Registrar

Filed Nov 3 1915 W. E. Patrick
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 2 9 1971

813-112-006-753

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot, Idaho

Registration District No. 121

35545

No. 68 Lilac St.

Primary Registration District No. 1007

Registered No. 203

Hospital

FULL NAME OF CHILD John Henry Hall

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate	Date of Birth
Male		Yes	Sept (Month) 12 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Thomas A. Hall	FULL MAIDEN NAME	Emma Peterson
RESIDENCE	Blackfoot, Idaho	RESIDENCE	Blackfoot, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Utah
OCCUPATION	Plasterer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Mitchell

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address

Filed Nov 3 1915 M. E. Patrick

Registrar

Registrar

8-Y CO. 24685

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 2 6 1976

614-221-006-255

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot, Idaho.

Registration District No. 121

File No. 35546

No. Groveland St.

Primary Registration District No. 2194

Registered No. 207

Hospital

FULL NAME OF CHILD Maxine Waddoups

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Sep 4 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	V. C. Waddoups	FULL MAIDEN NAME	Bertha I Benson
RESIDENCE	Blackfoot Idaho #4	RESIDENCE	Blackfoot, Idaho. #4
COLOR	White	COLOR	White.
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	(Years)
BIRTHPLACE	Utah	BIRTHPLACE	
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 11 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank W Mitchell

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed Nov 3 1915 M E Patrick

Registrar

Registrar

S-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

(CONTINUED)

368-24-006-113

[redacted]

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

35517

County of Bingham

City of Moreland Rural

Registration District No. 121 File No.

No. , St.

Primary Registration District No. 2144 Registered No. 205

Hospital

FULL NAME OF CHILD Thelma Loy

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes.	Oct 24 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Joseph Levi Loy	Julia Jackson
RESIDENCE	Moreland	Moreland
COLOR		
AGE AT LAST BIRTHDAY (Years)	27	25
BIRTHPLACE	Missouri	Wisconsin
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. S. S. Hammond

(Physician or Midwife)

Address Blackfoot R.F.D.—4

Given names added from a supplemental report

....., 19.....

Filed Nov 3 1915

.....
Registrar

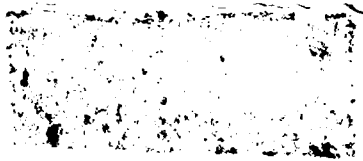
.....
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



168-221-006-219

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Thomas Pree

Registration District No. 121 File No. 35548

No. ..... St.

Primary Registration District No. 2194 Registered No. 206

Hospital .....

FULL NAME OF CHILD Dorethey Johnstone

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female				Yes	10 (Month) 21 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Joshua Vance Johnstone	FULL MAIDEN NAME	Catherine Bare
RESIDENCE	Thomas Pree	RESIDENCE	Thomas Pree
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	50 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	North Carolina	BIRTHPLACE	North Carilina
OCCUPATION	Farmer	OCCUPATION	Wife & Mother

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 11 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Marion Crawford

Midwife
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Blackfoot R F D 2

Filed Nov 3 1915 W E Patrick
Registrar

Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 6 1975

665-205-006-819

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 35549

County of Bingham

City of Moreland Inc.

Registration District No. [illegible] File No.

No. St.

Primary Registration District No. [illegible] Registered No. 207

Hospital

FULL NAME OF CHILD Mary Wonenberg

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Nov 1-1915 (Month) (Day) (Year)

	FATHER		MOTHER
FULL NAME	John Wonenberg	FULL MAIDEN NAME	Carrie Harman
RESIDENCE	Labor Idaho	RESIDENCE	Do
COLOR	White	COLOR	W.
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Russia	BIRTHPLACE	Russia
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1 30 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc, should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Wonenberg
Father
(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed Nov 3 1915

Registrar Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

814-125-006-693

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35550

County of Bingham

City of Blackfoot

Registration District No. 121 File No.

No. St.

Primary Registration District No. 2194 Registered No. 208

Hospital

FULL NAME OF CHILD ~~[illegible]~~ DuWayne Bilworth Hammond

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Oct 25 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Samuel Smith Hammond	FULL MAIDEN NAME	Vera Wilde
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Colorado	BIRTHPLACE	Idaho
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1:00 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Beck

Physician (Physician or midwife)

Given names added from a supplemental report

19

Address Blackfoot Idaho

Filed Nov 7 1915 [illegible] Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 21 1952

MAY 31 1973

497-225-006-819

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35551

County of Bingham

City of Blackfoot

No. RD # 3 St.

Registration District No. 121

File No.

Primary Registration District No. 2194

Registered No. 209

Hospital

FULL NAME OF CHILD MABLE GRACE Mix

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	\		\	Yes	Oct 25 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	George Mix	FULL MAIDEN NAME	Emma Leona Harper
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	South Dakota
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Beck

Physician (Physician or midwife)

Given names added from a supplemental report

19

Address Blackfoot Ida

Filed Nov 7 1915 W. E. [illegible]

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Wyoming } ss.
County of Park }

Certificate No. 35551
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth
(Birth or death)
for Mable Grace Mix who was born on October 25-1915
(Name on original certificate) (Was born or died) (Date of event)
in Blackfoot Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of event)
true facts as shown by prepared on , are:
(Bible record, insurance policy, etc.) (Give date)

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Mix	Mable Grace Mix

Subscribed and sworn to before me this 11th
day of October, 1941.

Notary Public, residing at Cody Wyo

My commission expires Sept 10-1945
[SEAL]

Signed Mrs. Geo. E. Mix
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
[SEAL]

Signed
(Signature of any credible person other than the previous affiant.)

(Street Address, City, State)

Received for filing on By
(Registrar's signature)

695·224·006-753

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 35552

County of Bingham

City of Blackfoot

Registration District No. 121 File No.

No. RD#3 St.

Primary Registration District No. [illegible] Registered No. 210

Hospital

FULL NAME OF CHILD Edna Luraine Freckleton

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female				Yes	Oct 24 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Samuel Leland Freckleton	FULL MAIDEN NAME	Furn Annette Peterson
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck

Physician (Physician or midwife)

Given names added from a supplemental report

Address Blackfoot, Idaho

19

Filed Nov 19 [illegible]

Registrar

Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

4159-112-306-849

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

Registration District No. 121 File No. 35553

No. RD # 3 St.

Primary Registration District No. 2194 Registered No. 211

Hospital

FULL NAME OF CHILD Alton Lavern Merkley

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Oct. (Month) 12th (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Lavern M. Merkley	FULL MAIDEN NAME	Daisy Hurley
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Australia
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11:50 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck

Physician (Physician or midwife)

Given names added from a supplemental report

Address Blackfoot, Idaho

19

Filed Nov 7 1915

Registrar Registrar

R&Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Arizona } ss.
County of Navajo }

Certificate No. 35553

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH) for Alton Lavern Merkley (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on October 12, 1915 (DATE OF EVENT) in Wapello, Idaho (PLACE OF EVENT) ~~XXXXXXXXX~~ or were omitted; and that, to the best of his knowledge, the true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Date	not given	Oct. 12, 1915

Subscribed and sworn to before me this 3rd day of March, 19 43

Notary Public, residing at Holbrook, Arizona

My commission expires Jan. 17, 1947
(SEAL)

Signed Lavern Malcom Merkley Father
Daisy Annie Hurley Merkley Mother
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Arizona } ss.
County of Navajo }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd day of March, 19 43

Notary Public, residing at Holbrook, Arizona

My commission expires Jan. 17, 1947
(SEAL)

Signed Lavern Malcom Merkley Father
Daisy Annie Hurley Merkley Mother
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Pinedale, Arizona
(STREET ADDRESS, CITY, STATE)

Received for filing on MAR 8 1943 By .....
(REGISTRAR'S SIGNATURE)

MAR 9 1943

993 103.006-165

PLACE OF BIRTH

[redacted]

m V. S. No. 11-C—[illegible]-2-15-12

S

County of Bingham

City of Blackfoot

No. RD #3 St.

Registration District No. 121

File No. 35554

Primary Registration District No. [illegible]

Registered No. 212

Hospital

FULL NAME OF CHILD Walker ~~[illegible]~~ J. Rich

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male				Yes	Oct 3 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Walker S. Rich	FULL MAIDEN NAME	Eleanor Ada Jones
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12:10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Beck

Physician (Physician or midwife)

Address Blackfoot Idaho

Filed Nov 7 1915 W. E. Fahrie Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 8 1967

cc 2/18/41 rmf

497.129.006-753

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Black foot

~~No.~~ west of moreland.

Registration District No. 121

File No. 35555

Primary Registration District No. 2194

Registered No. 213

Hospital

FULL NAME OF CHILD — Dixon

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Oct (Month) 29 (Day) 1916 (Year)

FATHER		MOTHER	
FULL NAME	Edmond Phineas Dixon	FULL MAIDEN NAME	Elsie Petrie
RESIDENCE	Black foot R.F.D.	RESIDENCE	Black foot R.F.D.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	North Carolina	BIRTHPLACE	Washington
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, ~~who was~~ Born alive at 3 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. J. Simmons

M D
(Physician or midwife)

Given names added from a supplemental report.

19

Address Black foot, Idaho

Filed Nov. 7 1915

M E Patrie
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

269-206-006-437

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. Parterville St.

Registration District No. 121 File No. 35556

Primary Registration District No. 21[illegible] Registered No. 214

Hospital

FULL NAME OF CHILD Marjorie Sarenson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Sept 6 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Neal Sarenson	FULL MAIDEN NAME	Nellie McLain
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Utah	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H J Simmons
M D.
(Physician or midwife)

Given names added from a supplemental report.

19

Address Blackfoot Idaho

Filed Nov 7 1915 [illegible]

Registrar Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Z SORENSON

DUP001915-353C70

113-202 [redacted]

PLACE O[redacted]

007-391 B[redacted]

Form V. S. No. 11-C—20m-2-15-12

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of

City of Hailey

No. St.

Hospital

Registration District No. 21

File No. 35557

Primary Registration District No. 2022

Registered No. 90

FULL NAME OF CHILD Burmah Elaine Jackson

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Dec 2 1915

FATHER		MOTHER	
FULL NAME	Abner J. Jackson	FULL MAIDEN NAME	Alice Ruth Travers
RESIDENCE	Hailey Idaho	RESIDENCE	Hailey Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Hailey Ida	BIRTHPLACE	Hailey Ida
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2:25 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Robert H. Wright M.D.

(Physician or midwife)

Given names added from a supplemental report

19

Registrar

Address Hailey Ida

Filed Dec 2 1915 Robert H. Wright

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

DEC 18 19

JAN 16 1957

665 110 [illegible] 358

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Blaine

City of Hailey

No. ..... St.

Hospital .....

Registration District No. 21 File No. 35558

Primary Regis'ration District No. 2022 Registered No. 91

FULL NAME OF CHILD No Name

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Dec (Month) 10 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Frank Wondershek	FULL MAIDEN NAME	Louise Marie Lehn
RESIDENCE	Hailey Idaho	RESIDENCE	Hailey Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	State of Washington
OCCUPATION	Miner	OCCUPATION	housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 9 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John J. Raaf

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Hailey Idaho

Filed Dec 12 1915 Robert H. Wright

Registrar Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

433-15-007-413

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Blaine

City of Ketchum

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATIONS

CERTIFICATE OF BIRTH

Registration District No. 21 File No. 35559

Primary Registration District No. 2028 Registered No. 92

FULL NAME OF CHILD ~~He Name~~ Melvin Thomas Mc Coy

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Dec 15 1915

FATHER

FULL NAME: Melvin Ray McCoy

RESIDENCE: Ketchum Idaho

COLOR: White AGE AT LAST BIRTHDAY: 34 (Years)

BIRTHPLACE: Idaho

OCCUPATION: Miner

MOTHER

FULL MAIDEN NAME: Margaret Daley

RESIDENCE: Ketchum Idaho

COLOR: White AGE AT LAST BIRTHDAY: 26 (Years)

BIRTHPLACE: Pa.

OCCUPATION: housewife

Number of child of this mother, including present birth: 2

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 8 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John J. Rapp (Physician or midwife)

Address Hailey Idaho.

Given names added from a supplemental report. ____ 19____

Filed Dec 20 19 15 Robert H. Wright Registrar

____ Registrar

B-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

C C
10/29/40

295·119·007-355

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Blaine

City of Hailey

No. ..... St.

Hospital .....

Registration District No. 21

File No. 35560

Primary Registration District No. 2022

Registered No. 93

FULL NAME OF CHILD Kenneth King

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	12 (Month) 19 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Benjamin R. King	FULL MAIDEN NAME	Mina Levy
RESIDENCE	Hailey	RESIDENCE	Hailey
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Ill	BIRTHPLACE	Iowa
OCCUPATION	School Principal	OCCUPATION	HW

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 8 45 p M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. W. Kleinman, M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Hailey Ida

Filed Dec 22 1915 Robert H. Wright

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 8 1941

STATE OF
BUREAU OF VITA
CERTIFICATE

[illegible] 31 1947

SEP 22 1941

789-115·007 - 195

PLACE OF BIRTH

County of Blaine

City of Hailey

No. ____ St.

Hospital ____

Form V. S. No. 11-C—25m-1-1-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35561

Registration District No. 21 File No. ____

Primary Registration District No. 2025 Registered No. 94

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Nov. 15 1915

FATHER		MOTHER	
FULL NAME	Walter Pyprals	FULL MAIDEN NAME	Rose Arletta Cunsworth
RESIDENCE	Hailey Ida.	RESIDENCE	Hailey Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Yorkshire Eng.	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 8

Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was 8 Born Alive (Born alive or stillborn) at 3:45 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. L. B. Howard

Midwife (Physician or midwife)

Address Hailey Ida.

Given names added from a supplemental report. ____ 19____

Filed Dec 24 19 15 Robert H. Wright Registrar

____ Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

361-119-607-619

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11—10m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

35562

County of Blaine

City of Hailey

Registration District No. 21

File No.

No. ____, ____ St.

Primary Registration District No. 2085

Registered No. 95

Hospital

FULL NAME OF CHILD Percy Alvin Coates

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Nov. 19, 1915

FATHER	MOTHER
FULL NAME: Justin Arthur Coates	FULL MAIDEN NAME: Annie Elvina Harnsworth
RESIDENCE: Hailey Idaho	RESIDENCE: Hailey Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 30 (Years)	AGE AT LAST BIRTHDAY: 27 (Years)
BIRTHPLACE: Mt. Pleasant Sanpete Co. Utah	BIRTHPLACE: Mt. Pleasant Sanpete Co. Utah
OCCUPATION: Farmer	OCCUPATION: House Wife

Number of child of this mother, including present birth: 5

Number of children, of this mother, now living, including present birth: 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was 5 Born Alive (Born alive or stillborn) at 10:30 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs L. B. Howard

Midwife (Physician or Midwife)

Address Hailey Idaho

Given name added from a supplemental report

....., 19.....

Registrar

Filed Dec 7th 1915 Robert H. Wright

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUL 9 1942

299-12-1-607-132

PLACE OF BIRTH

Form V. S. No. 11-C—20m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 35563

County of Blaine

City of Hailey

No. ____ St.

Registration District No. 21 File No. ____

Primary Registration District No. 2025 Registered No. 96

Hospital ____

FULL NAME OF CHILD Joseph Clyton Bristow

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				yes	Nov. 21 1915

FATHER

FULL NAME James T. Bristow

RESIDENCE Hailey Idaho

COLOR White AGE AT LAST BIRTHDAY 46 (Years)

BIRTHPLACE Fort Worth Tex.

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Zella Albertson

RESIDENCE Hailey Idaho

COLOR White AGE AT LAST BIRTHDAY 33 (Years)

BIRTHPLACE Albion Idaho

OCCUPATION Home Wife

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 1:30 a. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. L. B. Howard

Midwife (Physician or midwife)

Address Hailey Idaho

Given names added from a supplemental report.

____ 19____

____ Registrar

Filed Dec 24 19 15 Robert H. Wright Registrar

S-Y CO. 24699

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP001915-41962

166-123-007-796

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Blaine

City of Carey

No. _____ St.

Hospital _____

Registration District No. 21

Primary Registration District No. 2025

File No. 35564

Registered No. 97

FULL NAME OF CHILD Willard Harrison Moore

Sex of Child Male	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	Date of Birth Nov. (Month) 23 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Arthur O. Moore	FULL MAIDEN NAME	Helena Gifford
RESIDENCE	Austin Ida	RESIDENCE	Austin Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	North Carolina	BIRTHPLACE	Davis Co Utah
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 4:35 a.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs L. B. Howard
Midwife
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address Carey Ida

Filed Dec 4 1915 Robert H. Wright
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified copy issued 2-18-1941. dp

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

251.109.007-294

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35565

County of Blaine

City of Hailey

No. _____ St.

Hospital _____

Registration District No. 21

Primary Registration District No. 2025

File No. _____

Registered No. 99

FULL NAME OF CHILD _____

Sex of Child: Male

Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth

Legitimate? yes

Date of Birth: Dec. (Month) 8 (Day) 1914 (Year)

FATHER

FULL NAME: William M. Beard

RESIDENCE: Hailey Ida.

COLOR: White

AGE AT LAST BIRTHDAY: 31 (Years)

BIRTHPLACE: Beaver City Utah

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Alice W. Simpson

RESIDENCE: Hailey Ida.

COLOR: White

AGE AT LAST BIRTHDAY: 28 (Years)

BIRTHPLACE: Beaver City Utah

OCCUPATION: House Wife

Number of child of this mother, including present birth: 4

Number of children of this mother now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 9:12 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. I. B. Howard

Midwife (Physician or midwife)

Address Hailey Ida.

Given names added from a supplemental report. _____ 19____

_____ Registrar

Filed Dec 24 19 15 Robert H. Wright Registrar

S-Y CO. 24655

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

FULL NAME OF CHILD

DO NOT WRITE IN THIS SPACE

253-117-007-795

PLACE OF BIRTH

County of Blaine

City of Carey

No. _____ St.

Hospital _____

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35566

Registration District No. 21 File No. _____

Primary Registration District No. 2025 Registered No. 100

FULL NAME OF CHILD Orvid La Mar Beck

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Dec. 17 1915

FATHER		MOTHER	
FULL NAME	Wesley Justus Beck	FULL MAIDEN NAME	Nora Edith Pressnell
RESIDENCE	Wood River	RESIDENCE	Carey Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Alpine Utah	BIRTHPLACE	Atchison Co. Kans. Missouri
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 8:10 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. L. B. Howard

Mid-wife (Physician or midwife)

Address Carey Ida.

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed Dec 24 19 15 Robert Lee Wright Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

Form V. S. No. 11-C—[illegible]-1-5-13

[illegible]

BIRTH

City of St. Anthony Registration District No. 9 File No. 35567

No. _____ St.

Primary Registration District No. 2177 Registered No. _____

Hospital _____

FULL NAME OF CHILD Monta Delilla Hendrickson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
girl		yes	Nov 23 1915 (Month) (Day) (Year)

FULL NAME	FATHER	FULL MAIDEN NAME	MOTHER
	Peter Olaff Hendrickson		Delilla Kington
RESIDENCE	Parker Ida.	RESIDENCE	Parker
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Parker	BIRTHPLACE	Thornton Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2:10 a. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. E. Boucher M.D.

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address _____

Filed Dec 10 1915 W. S. West

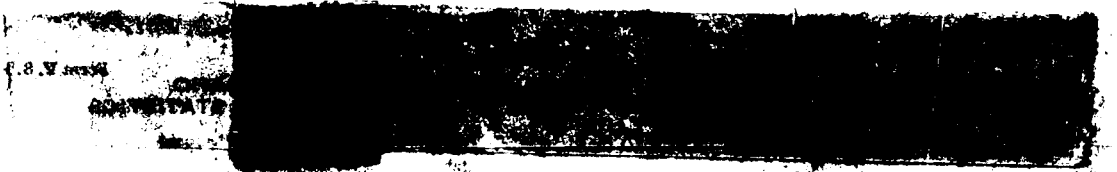
Registrar Registrar

S-Y CO. 24655

...RGIN RESERVED FOR BINDING

...RITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



MAR 1 1974

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

23 [illegible] 957

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of [illegible]

City of [illegible]

Registration District No. 99 File No. 35568

No. ..... St.

Primary Registration District No. 2177 Registered No. .....

Hospital .....

FULL NAME OF CHILD Vida Lucile Stoddard

Sex of Child Female	Birth Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	Date of Birth Nov (Month) 3 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Lester Marion Stoddard	FULL MAIDEN NAME	Olive Lucile Ingram
RESIDENCE	Parker	RESIDENCE	Parker
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Ida	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housekeeping

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11 45 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. B. Wurst

(Physician or midwife)

Given names added from a supplemental report.

..... 19 ....

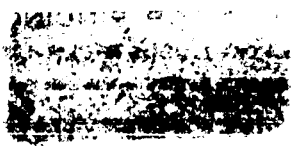
Address .....

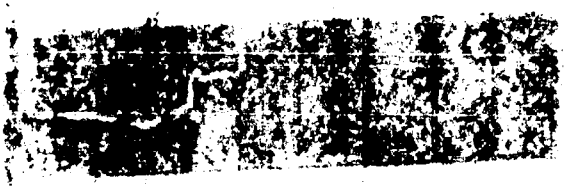
Filed Dec 10 1915 W. B. Wurst

Registrar Registrar

S-Y CO. 24658

K





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PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35569

County of Fremont

City of St Anthony

No. ..... St.

Hospital .....

Registration District No. 99 File No. .....

Primary Registration District No. 2127 Registered No. .....

FULL NAME OF CHILD Mary Estell Ellis

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		Yes	Nov 1st 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Benton Ellis	FULL MAIDEN NAME	Minnie Lee Wixer
RESIDENCE	St Anthony	RESIDENCE	St Anthony
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Tenn	BIRTHPLACE	Tenn
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W B West

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed Dec 10 1915 W B West

Registrar Registrar

S-Y CO. 24653

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 5 194

519-122-022-993

PLACE OF BIRTH

Form V. S. No. 11-C-[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Parker

Registration District No. 99

File No. 35570

No. ..... St.

Primary Registration District No. 2177

Registered No. .....

Hospital .....

FULL NAME OF CHILD Mid Earl (died)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Nov 22 1912

FATHER		MOTHER	
FULL NAME	Jed L Earl	FULL MAIDEN NAME	Estella Rice
RESIDENCE	Parker	RESIDENCE	Parker
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Farmington Utah	BIRTHPLACE	Parker Ida
OCCUPATION	Farmer	OCCUPATION	Housekeeping

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive at 4 30 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W B West

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Registrar

Filed Dec 10 1912 W B West Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

165-214-022-113

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 35571
Local Reg. No.
Reg. Dist. No. 99

Amended 7/19/76

1. PLACE OF BIRTH
a. COUNTY: Fremont
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Parker
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Fremont
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Parker
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Vivian
b. (Middle):
c. (Last): Jones

4. SEX: female
5a. THIS BIRTH: SINGLE ____ TWIN ____ TRIPLET ____
5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____
6. DATE OF BIRTH (Month) (Day) (Year): Nov 14, 1915

FATHER OF CHILD

7. FULL NAME
a. (First): Edward
b. (Middle):
c. (Last): Jones

8. AGE (At time of this birth): 45 YEARS
9. BIRTHPLACE (State or foreign country) (City or Town): Missouri
10. USUAL OCCUPATION: Commission
11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Laura
b. (Middle):
c. (Last): Jackson

13. AGE (At time of this birth): 38 YEARS
14. BIRTHPLACE (State or foreign country) (City or Town): Utah
15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 8
b. How many OTHER children were born alive but are now dead?
c. How many children were stillborn (born dead after 20 wks. pregnancy?)
16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: A. Morefield
18. ATTENDANT AT BIRTH: M.D. ____ MIDWIFE ____ OTHER (Specify) ____
19. ADDRESS:
20. DATE SIGNED:
21. DATE REC'D BY LOCAL REG.: Dec 10, 1915
22. REGISTRAR'S SIGNATURE: W. B. West
23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS
WEIGHT AT BIRTH ____ LBS. ____ OZS. TIME: 12:03 AM
RACE OR COLOR OF FATHER: White
RACE OR COLOR OF MOTHER: White
METHOD OF DELIVERY:
Was 1% Silver Nitrate Used to prevent blindness? YES ____ NO ____

BIRTH INJURY TO INFANT
____ YES IF YES, DESCRIBE
____ NO

CONGENITAL MALFORMATIONS OF INFANT
____ YES IF YES, DESCRIBE
____ NO

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
JUL 14 1976
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Utah
County of Utah } ss.

Certificate No. 35571

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth for Inez Jones (Name on Original Certificate) who was born (Was Born or Died) on Nov. 14, 1915 (Birth or Death) (Date of Event) in Parker, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Inez Jones	Vivian Jones

Subscribed and sworn to before me this 21st day of August, 1975

Notary Public, residing at American Fork, Utah

My commission expires May 25, 1977
(Seal)

Signed [signature] (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

440 Thornwood Dr. Am. Fork Utah (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California
County of Alameda } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1 day of July, 1976

Twila S. Finley

Notary Public, residing at Berkeley, Ca

My commission expires Jan. 18, 1977
(Seal)

Signed [signature] (Signature of Any Credible Person)

935 Dale Blvd San Leandro, Calif (Street Address, City, State)

CL 8/4/75

FORM DH 60-155

OFFICIAL SEAL
TWILA S. FINLEY
NOTARY PUBLIC CALIFORNIA
ALAMEDA COUNTY
My Commission Expires Jan. 18, 1977

Letter from Provo High school gives nameas Vivian Jones, born 11-14-15 and attendd Provo High school and graduatedon June 1, 1934. father's name listed as E. D. Jones. viewedby V. S.

Family group record for Edward David Jones and Laura Jackson Jones. gives child's name as Vivian Jones born April 14, 1914. at Parker, Idaho. Baptizex Nov 18, 1923. viewed by V. S.

546-123-022-239

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35572

County of Fremont

City of Parker

Registration District No. 99

File No.

No. St.

Primary Registration District No. 2177

Registered No.

Hospital

FULL NAME OF CHILD Jesse Lee Edwards

Sex of Child Male

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? yes

Date of Birth Nov 23 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Sylvester Edwards	FULL MAIDEN NAME	Ella Kline
RESIDENCE	Parker	RESIDENCE	Parker
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	Laborer	OCCUPATION	Housekeeping

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 40 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. Morefield

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed Dec 10 1915 W Blevins

Registrar

Registrar

S-Y-CO 36071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 27 1964

213-128-022-533

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 35573

County of Fremont

City of St Anthony — Registration District No. 99

No. ____ St. Primary Registration District No. 3177 Registered No. ____

Hospital ____

FULL NAME OF CHILD Donald Elliott Bateman -

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth
Male -			yes -	Nov 28 (Month) (Day) 1917 (Year)

FATHER		MOTHER	
FULL NAME	Leroy Bateman -	FULL MAIDEN NAME	Lily B. Elliott -
RESIDENCE	St Anthony.	RESIDENCE	St Anthony.
COLOR	White.	COLOR	White -
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Utah -	BIRTHPLACE	Idaho.
OCCUPATION	Laborer -	OCCUPATION	Housewife.

Number of child of this mother, including present birth 2 - Number of children of this mother now living, including present birth 2 -

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated., at 2.50 P. M.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. Morfield

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed Dec 10 1917 W Bevan

Registrar

S-Y-CO 36071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 4 1942

763-217-022-349

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Chester

No. ..... St.

Registration District No. 99

File No. 35574

Primary Registration District No. 2177

Registered No. .....

Hospital .....

FULL NAME OF CHILD Beatrice Potter

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Nov 17 1951 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Earl H Potter	FULL MAIDEN NAME	Margaret Curs
RESIDENCE	Chester	RESIDENCE	Chester
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Ida	BIRTHPLACE	Utah
OCCUPATION	Rancher	OCCUPATION	Housekeeping

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5:35 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J Morefield

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar

Filed Dec 10 1951

W B Ward

Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 10 1952

689-215-022-769

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35575

County of Fremont

City of St Anthony

Registration District No. 99

File No.

No. St.

Primary Registration District No. 2177

Registered No.

Hospital

FULL NAME OF CHILD Whitmill

Sex of Child Female	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	Date of Birth Nov (Month) 15 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Barney Whitmill	FULL MAIDEN NAME	Rosa Powitt
RESIDENCE	St Anthony	RESIDENCE	St Anthony
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Ida	BIRTHPLACE	Ida
OCCUPATION	Sec Forman	OCCUPATION	Housekeeping

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 45 9 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. Morefield

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed Dec 19 15

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

[redacted]

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of

No. , St.

Registration District No.

File No. 35576

Hospital

Primary Registration District No.

Registered No.

FULL NAME OF CHILD Peter Robert Burke

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of birth
boy	1	3	yes	11 (Month) 25 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Peter Burke	FULL MAIDEN NAME	Johanna Braland
RESIDENCE	Rattle snake	RESIDENCE	Rattle snake idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Wisconstant	BIRTHPLACE	Norway
OCCUPATION	farmer	OCCUPATION	house wife

Number of child of this mother, including present birth.....

Number of children, of this mother, now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born [illegible] 11 at 245 a.m. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) alva Sarah J Wilson

midwife

(Physician or Midwife)

Given names added from a supplemental report

..... 19.....

Address Mrs S J Wilson

Filed Dec 10 1915

[illegible] Idaho

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-2—[illegible]

CERTIFICATE OF BIRTH

35577

County of Fremont

City of St. Anthony

Registration District No. 99

File No.

No. ..... St.

Primary Registration District No. 2177

Registered No.

Hospital

FULL NAME OF CHILD Donovan Z Hoenstine

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male			2nd	yes	11 / 13 / 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Rollie Hoenstine	FULL MAIDEN NAME	Leona Lucy Rice
RESIDENCE	St. Anthony	RESIDENCE	St. Anthony Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Nebraska	BIRTHPLACE	St. Anthony
OCCUPATION	Plasterer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5:20 a. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. E. Boucher M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

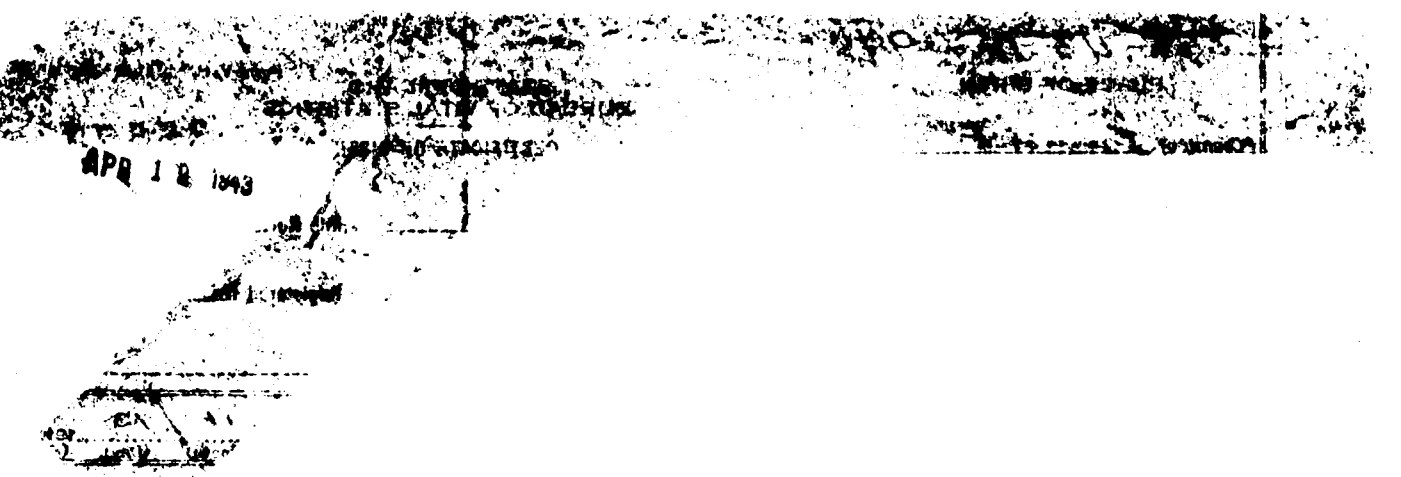
Address St. Anthony Ida

Filed Dec 10 1915 W D Wirst

Registrar

Registrar

S-Y CO. 24655


APR 1 8 1943

318-121-022-959

PLACE OF BIRTH

STATE OF IDA[redacted]
BUREAU OF VITAL STATIS[redacted]

CERTIFICATE OF BIRTH

35578

County of Fremont

City of St Anthony

Registration District No. 99 **File No.**

No. ..... *St.*

Primary Registration District No. 2177 **Registered No.**

Hospital

FULL NAME OF CHILD Thain John Taylor

Sex of Child Male	**Twin Triplet or other?** and **Number in order of birth** (To be answered only in event of plural births)	**Legitimate?**	**Date of Birth** Nov (Month) 21 (Day) 1915 (Year)

FATHER		**MOTHER**	
FULL NAME	Le Roy Taylor	**FULL MAIDEN NAME**	Annie E Reimers
RESIDENCE	St Anthony R F D	**RESIDENCE**	St Anthony R F D
COLOR	White	**COLOR**	White
AGE AT LAST BIRTHDAY	24 (Years)	**AGE AT LAST BIRTHDAY**	20 (Years)
BIRTHPLACE	Utah	**BIRTHPLACE**	Nebraska
OCCUPATION	Rancher	**OCCUPATION**	Housekeeping

Number of child of this mother, including present birth 1 **Number of children of this mother now living, including present birth** 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Bornalive at 1:30 M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Morefield
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed Dec 10 1915 W B West
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]
FEB 7 1942

Amended 11-4-58

PLACE OF BIRTH

763-225-022-243

County of Fremont

City of Teton

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 99 File No. 35579

Primary Registration District No. 2177 Registered No. .....

FULL NAME OF CHILD Helen Potter
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes	Nov. 25, 1915

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME: Jas. Shirley Potter	FULL MAIDEN NAME: Helen Mar Butt
RESIDENCE: Teton	RESIDENCE: Teton
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 21 (Years)	AGE AT LAST BIRTHDAY: 21 (Years)
BIRTHPLACE: Idaho	BIRTHPLACE: Idaho
OCCUPATION: Farmer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 2:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. Morefield

(Physician or midwife)

Address .....

Give names added from a supplemental report.

..... 192.....

Registrar.

Filed Dec. 10, 1915 W. B. West

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certificate of Blessing, Jan. 2, 1916 gives name as Helen Potter; and Beneficial - Life Insurance Policy gives name as Helen Potter - viewed by V.S.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Madison } ss.

Certificate No. 35579

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Ruth Potter (Name on Original Certificate) who born (Was Born or Died) on Nov. 25, 1915 (Date of Event)
in Teton, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Ruth Potter	x Helen Potter

Subscribed and sworn to before me this 27th day of October 19 53

Gordon S. Thatcher
Notary Public, residing at Rexburg, Idaho
My commission expires August 23, 1962
(Seal)

Signed Helen Mar Butt Potter
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Rexburg, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Madison } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th day of October 19 53

Gordon S. Thatcher
Notary Public, residing at Rexburg, Idaho
My commission expires August 23, 1962
(Seal)

Signed Kay W Rigby
(Signature of Any Credible Person)
Rexburg, Idaho
(Street Address, City, State)

FORM DPH 55.155

L 10-4-57 1 copy paid

269-012-022-859

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35580

County of Fremont

City of Parker

Registration District No. 99 File No.

No. St.

Primary Registration District No. 2177 Registered No.

Hospital

FULL NAME OF CHILD Edna May Sorenson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Nov 12 1915

FATHER		MOTHER	
FULL NAME	Peter Sorenson	FULL MAIDEN NAME	Nerdig E Heed
RESIDENCE	Parker	RESIDENCE	Parker & Parker
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Laborer	OCCUPATION	Housekeeping

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8:30 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J Morfield

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed Dec 10 1915 W Bert

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

619-211-022-516

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony

Registration District No. 99

File No. 35581

No. _____ St.

Primary Registration District No. 2177

Registered No. _____

Hospital _____

FULL NAME OF CHILD Annie Wardle

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Nov (Month) 11 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Junius F Wardle	FULL MAIDEN NAME	Edna F Dawdrey
RESIDENCE	St Anthony R F D	RESIDENCE	St Anthony R F D
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Rancher	OCCUPATION	Housekeeping

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J Morefield

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address _____

_____ Registrar

Filed Dec 10 1915 W B Wright Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 5 1967

SEP 1 1 1974

458-105-022-238

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35582

County of Fremont

City of St Anthony

Registration District No. 99

File No.

No. St.

Primary Registration District No. 2177

Registered No.

Hospital

FULL NAME OF CHILD Adolph Meyer

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Nov 5 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Fred Meyer	FULL MAIDEN NAME	Mary Schaul
RESIDENCE	St Anthony	RESIDENCE	St Anthony
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Russia	BIRTHPLACE	Russia
OCCUPATION	Taxidermist	OCCUPATION	Housekeeping

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 6 30 A.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J Morsfield

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed Dec 10 1915 W B West

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

CUP001915-DES1-2027

699-120-022-386

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35583

County of Fremont

City of St Anthony

Registration District No. 99 File No.

No. St.

Primary Registration District No. 2177 Registered No.

Hospital

FULL NAME OF CHILD Gerald Elmo Wright

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male		yes	Nov 20 1915

FATHER		MOTHER	
FULL NAME	Arza Wright	FULL MAIDEN NAME	Belle Thompson
RESIDENCE	St Anthony	RESIDENCE	St Anthony
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Ida	BIRTHPLACE	Utah
OCCUPATION	Laborer	OCCUPATION	Housekeeping

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 6 30 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. Morefield

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed Dec 10 1915 W. A. Wright

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Amended 3/30/73

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 35584
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH

a. COUNTY: , Free mount

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Kilgore

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho

b. COUNTY: Fremont

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Kilgore

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Fayle

b. (Middle):

c. (Last): Barney

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF BIRTH	(Month)	(Day)	(Year)
girl	SINGLE ____ TWIN ____ TRIPLET ____	1st ____ 2nd ____ 3rd ____		10	4	15

FATHER OF CHILD

7. FULL NAME

a. (First): David

b. (Middle):

c. (Last): Barney

8. AGE (At time of this birth)	9. BIRTHPLACE (State or foreign country) (City or Town)	10. USUAL OCCUPATION	11. KIND OF BUSINESS OR INDUSTRY
47 YEARS	Spanish Fork, Utah	Farmer	

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Adelide

b. (Middle):

c. (Last): Dennis

13. AGE (At time of this birth)	14. BIRTHPLACE (State or foreign country) (City or Town)	15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?	c. How many children were stillborn (born dead after 20 wks. pregnancy?)
38 YEARS	Marysville, Utah	8		

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Mrs. S. J. Wilson

19. ADDRESS: Spencer, Idaho

18. ATTENDANT AT BIRTH: M.D. ____ MIDWIFE ____ OTHER (Specify) X

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: Dec. 10, 1915

22. REGISTRAR'S SIGNATURE: W. B. West

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS

WEIGHT AT BIRTH ____ LBS. ____ OZS.

TIME: 3:35 AM

RACE OR COLOR OF FATHER: White

RACE OR COLOR OF MOTHER: White

METHOD OF DELIVERY:

Was 1% Silver Nitrate Used to prevent blindness? YES ____ NO ____

BIRTH INJURY TO INFANT
____ YES IF YES, DESCRIBE
____ NO

CONGENITAL MALFORMATIONS OF INFANT
____ YES IF YES, DESCRIBE
____ NO

LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 35584

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Fyall Barney (Name on Original Certificate) who was born (Was Born or Died) on Dec. 4, 1915 (Date of Event)

in Kilgore, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Fyall Barney	Fayle Barney

Subscribed and sworn to before me this 10 day of Jan., 1973

Notary Public, residing at Whitehall, Mont.

My commission expires 4-11-76

(Seal)

Signed Edward Smith Jr. (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

..... (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed ..... (Signature of Any Credible Person)

..... (Street Address, City, State)

FORM DH 60-155 CL 10/24/72 11 pd. rec. #4312

Certificate of Marriage from Montana gives groom's name as Edward Dupuis anf the bride's ~~nm~~ name as Fayle Barney. Dated Dec. 12, 1930. Viewed by V. S

Common School Diploma from Montana gives name as Fayle Barney. Dated May 17, 1929. Viewed by V. S,

995-239-022-4 | 9

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

35585

County of Fremont

City of Kilgore

No. ....., ... St.

Registration District No. ..... File No. .....

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Frances Lucille Zink

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Girl		yes	9 30 1915

FATHER		MOTHER	
FULL NAME	Joseph H Zink	FULL MAIDEN NAME	Katie E Dailey
RESIDENCE	Kilgore Ida	RESIDENCE	Kilgore Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	41
BIRTHPLACE	Wapakoneta Ohio	BIRTHPLACE	Edina Missouri
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Midwife 55 at 6.30 p.m. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs S J Wilson

(Physician or Midwife)

Given names added from a supplemental report

..... 1915

Address Mrs Sarah Jane Wilson

Filed Dec 10 1915 Spencer Wesley Clark

Registrar

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

K

STATE OF IDAH

PLACE [redacted]

OCT 3 19[redacted]

613 PLACE [redacted]

Form V. S. No. 11—10m-6-20-

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony

Registration District No. 99

File No. 35586

No. ..... St.

Primary Registration District No. 2177

Registered No. .....

Hospital .....

FULL NAME OF CHILD Lynn Victor Watson

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
male		yes	8th (Month) 8th (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	James Watson	FULL MAIDEN NAME	Julia Meservy
RESIDENCE	Fremont County	RESIDENCE	Fremont County
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Scotland	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8th.

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7.30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. D. Louis

(Physician or ~~Midwife~~)

Given name added from a supplemental report

..... 19.....

Address Saint Anthony Idaho

Filed Dec 10 1915 W D Wood

Registrar

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

K

[redacted]

JUN 10 1942

DECEASED

243/25 [illegible] 296

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35587

County of Fremont

City of St Anthony

Registration District No. 29 File No.

No. St.

Primary Registration District No. 217 Registered No.

Hospital

FULL NAME OF CHILD Ralph Dean Kuttler

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
boy			yes	Oct 24 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Roy Earl Kuttler	Lavon Brower
RESIDENCE	St Anthony	St Anthony
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	27	23
BIRTHPLACE	Keoti Kan	Wilford Ida
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born Alive at 11:00 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. E. Boucher
(Physician or midwife)

Address

Given names added from a supplemental report.

19

Registrar

Filed Dec 11 19 15

W. Dewey
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

219-10 [redacted]

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Kilgore

No. ....., ... St.

Registration District No. ..... File No. 35588

Hospital .....

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Clifford F. Barnes.

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth
Boy	1			yes	10/3 (Month) (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Franklin Barnes.	FULL MAIDEN NAME	Mett Barney.
RESIDENCE	Kilgore	RESIDENCE	Kilgore
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Lehi Utah	BIRTHPLACE	Elsnore Utah.
OCCUPATION	Ranching	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive 2 35 at a.m. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S J Wilson

midwife

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Sarah Jane Wilson

Filed Dec 10 1915 Trenton Idaho

W B Wolf

Registrar

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17826

[redacted]

155226-022-414

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35589

County of Fremont

City of St Anthony

Registration District No. 99

File No.

No. St.

Primary Registration District No. 5177

Registered No.

Hospital JULIET

FULL NAME OF CHILD Julia Jensen

Sex of Child Female

Twin triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth Oct 26 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wilford J. Jensen	FULL MAIDEN NAME	Georgia Manghan
RESIDENCE	St Anthony	RESIDENCE	St Anthony
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Ida	BIRTHPLACE	Ida
OCCUPATION	Rancher	OCCUPATION	Housekeeping

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 4:55 P M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A Morefield

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed Nov 10 1915

W A West

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Madison

Certificate No. 35589

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Julia Jensen (Name on Original Certificate) who Born (Was Born or Died) on Oct. 26, 1915 (Date of Event)
in St. Anthony, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on March 4, 1916 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Julia	Juliet Jensen

Subscribed and sworn to before me this 25
day of June, 1942

Notary Public, residing at Rexburg Idaho

My commission expires Nov. 27. 1943
(Seal)

Signed Georgia Maughan Jensen Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Madison

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25
day of June, 1942

Notary Public, residing at Rexburg Idaho

My commission expires Nov. 27. 1943
(Seal)

Signed J. Harold Watson
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

JUN 26

JUN 30 1942

MAR 20 1953

r BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the
n the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address
SION OF VITAL STATISTICS, BOISE, IDAHO.

155-228-022-693

Amended 11-18-65

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 35590
Local Reg. No.
Reg. Dist. No. 99

1. PLACE OF BIRTH
a. COUNTY: Fremont
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Parker
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Fremont
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Parker
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME *(Type or print)*
a. (First): Gwendolyn
b. (Middle):
c. (Last): Jenkins

4. SEX: Female
5a. THIS BIRTH: SINGLE X TWIN ___ TRIPLET ___
5b. IF TWIN OR TRIPLET (This child born): 1st ___ 2nd ___ 3rd ___
6. DATE OF BIRTH (Month) (Day) (Year): Oct. 28, 1915

FATHER OF CHILD

7. FULL NAME
a. (First): Henry
b. (Middle): E.
c. (Last): Jenkins

8. AGE (At time of this birth): 60 YEARS
9. BIRTHPLACE (State of foreign country) (City or Town): Iowa
10. USUAL OCCUPATION: Rancher
11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Emma
b. (Middle): B.
c. (Last): Williams

13. AGE (At time of this birth): 27 YEARS
14. BIRTHPLACE (State or foreign country) (City or Town): Idaho
15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 3
b. How many OTHER children were born alive but are now dead? 1
c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0
16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: A. Morefield
18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ___ OTHER (Specify) ___
19. ADDRESS:
20. DATE SIGNED:
21. DATE REC'D BY LOCAL REG.: Nov. 10, 1915
22. REGISTRAR'S SIGNATURE: W.B. West
23. DATE ON WHICH GIVEN NAME ADDED BY ___ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ___ NO ___ DATE ___

Was a standard serological test for syphillis performed? YES ___ NO ___ APPROXIMATE DATE ___

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED SEP 9 1965 Bureau of Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss. Certificate No. 35590

County of Bannock } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Gwendolene Jenkins (Name on Original Certificate) who was born (Was Born or Died) on Oct. 28, 1915 (Date of Event)

in Parker, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts are shown by Church record & Insurance policy (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Gwendolene Jenkins	Gwendolyn Jenkins

Subscribed and sworn to before me this [illegible] day of September, 19[illegible]

[illegible]

Notary Public, residing at Pocatello, Idaho

My commission expires [illegible]

(Seal)

Signed [illegible]

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

[illegible] Pocatello, Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.

County of .....

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

.....

(Street Address, City, State)

FORM DH 60-155 CL 9-8-61. nm

L.D.S. Church Cert. of Baptism and Confirmation, June 1, 1924 gives full name as Gwendolyn Jenkins, daughter of Henry E. Jenkins and Emma Williams, born Oct. 28, 1915 at Parker, Idaho - viewed by V.S.

L.D.S. Church Cert. of Blessing, Dec. 4, 1938 gives full name as Marla Parke, daughter of Charles Harris Parke and Gwendolyn Jenkins, born Aug. 29, 1938 at St. Anthony, Idaho - viewed by V.S.

162-126-022-156

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony

Registration District No. 99 File No. 35591

No. _____ St.

Primary Registration District No. 2177 Registered No. _____

Hospital _____

FULL NAME OF CHILD Leonard B Josephson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Oct 26 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Clarence Josephson	FULL MAIDEN NAME	Annie Luella Jeffs
RESIDENCE	St Anthony	RESIDENCE	St Anthony
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Rancher	OCCUPATION	Housekeeping

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 3:45 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J Morefield

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address _____

Filed Nov 10 1915 W B Wood

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

363-220-022-319

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony

Registration District No. 99 File No. 35592

No. _____ St.

Primary Registration District No. 2171 Registered No. _____

Hospital _____

FULL NAME OF CHILD Wanda Collett

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Oct 20 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Samuel Collett	FULL MAIDEN NAME	Mildred Larson
RESIDENCE	St Anthony	RESIDENCE	St Anthony
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Rancher	OCCUPATION	Housekeeping

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2:30 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J Morefield

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address _____

Filed Nov 10 1915 W D Wood

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 3 0 1951

141-114-022-764

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony

Registration District No. 99

File No. 35593

No. _____ St.

Primary Registration District No. 2177

Registered No. _____

Hospital _____

FULL NAME OF CHILD _____

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		Yes	Oct 14 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wm Alvin Adams	FULL MAIDEN NAME	Mary Alice Paulton
RESIDENCE	St Anthony	RESIDENCE	St Anthony
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Ida
OCCUPATION	Mechanic	OCCUPATION	

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9 45 9 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J Morefield

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address _____

Filed Nov 10 1915

W B West
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 1 7 1967

653-213-022-249

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony R F D

Registration District No. 99 File No. 35594

No. ..... St.

Primary Registration District No. 2177 Registered No. .....

Hospital .....

FULL NAME OF CHILD Dora Loretta ~~[illegible]~~ Welker

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of Birth Oct 13 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Amos L Welker	FULL MAIDEN NAME	Loretta Smith
RESIDENCE	St Anthony	RESIDENCE	St Anthony
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Wyo	BIRTHPLACE	Ida
OCCUPATION	Rancher	OCCUPATION	Housekeeping

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 9:30 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A Morefield

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed Nov 10 1915 W Dwyer

Registrar

Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 22 1943

243-107 22-419

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony

Registration District No. 99

File No. 35595

No. _____ St.

Primary Registration District No. 2177

Registered No. _____

Hospital _____

FULL NAME OF CHILD Wayne B Butler

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Oct 7 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Bryant Butler	FULL MAIDEN NAME	Juniata Martin
RESIDENCE	St Anthony	RESIDENCE	St Anthony
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Mo
OCCUPATION	Rancher	OCCUPATION	Housekeeping

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 5' A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A Morefield

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address _____

Filed Nov 11 1915 W B West

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

c.c. 5/28/41. w.h.

958-107-022-386

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony

Registration District No. 19 File No. 35596

No. ..... St.

Primary Registration District No. 2177 Registered No. .....

Hospital .....

FULL NAME OF CHILD James Reynolds

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Oct 7 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	James J Reynolds	FULL MAIDEN NAME	Chloe Thompson
RESIDENCE	St Anthony	RESIDENCE	St Anthony
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Ida
OCCUPATION	Rancher	OCCUPATION	Housekeeping

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 9:25 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J Morfield

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed Nov 10 1915 W D Wist

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 24 1974

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Spencer

No. ....., ... St.

Hospital .....

Registration District No. 99 File No. 35597

Primary Registration District No. 2177 Registered No. .....

FULL NAME OF CHILD Frankly Thomas Henderson

Sex of Child	Twin, Triplet or other? and Number in order of birth	Legitimate?	Date of birth
Male	fourth (To be answered only in event of plural births)	yes	Oct 23 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ancil Clyde Henderson	FULL MAIDEN NAME	Acelia Underwood
RESIDENCE	Spencer	RESIDENCE	Spencer
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Swan Lake, Idaho	BIRTHPLACE	Beaver Canyon, Ida
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth four

Number of children, of this mother, now living, including present birth three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) 730 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs S J Wilson

Midwife (Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Mrs Sarah Jane Wilson

Filed Dec 10 1915 [illegible] Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

[redacted]

STATE OF IDAHO

Bureau of Vital Statistics

PLACE OF BIRTH

No. 3 [illegible]

Registered

Date of birth

(Year)

MOTIF

CE

R

ATHPLACE

OCCUPATION

Number

JOINS PHYS

367-214-22-466

PLACE OF BIRTH

Form V. S. No. 11-C Rev. 1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35599

County of Fremont

City of Parker

Registration District No. 2197 File No.

No. St.

Primary Registration District No. 2177 Registered No.

Hospital

FULL NAME OF CHILD Kuella Coy

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural birth)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Oct 14 1917

FATHER		MOTHER	
FULL NAME	Henry Coy	FULL MAIDEN NAME	Adelia Moore
RESIDENCE	Parker	RESIDENCE	Parker
COLOR	White	AGE AT LAST BIRTHDAY (Years)	33
COLOR	White	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Utah	BIRTHPLACE	Ida
OCCUPATION	Farmer	OCCUPATION	Housekeeping

Number of child of this mother, including present birth 5th Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W Burk

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address

Filed Nov 10 1917 W Burk

Registrar

S-Y CO. 24888

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

916-115-022-466

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35600

County of Fremont

City of Egin

No. ..... St.

Hospital .....

Registration District No. 99 File No. .....

Primary Registration District No. 2177 Registered No. .....

FULL NAME OF CHILD Ellis LaGrande Rawson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Oct 15 1915

FATHER		MOTHER	
FULL NAME	Abraham Rawson	FULL MAIDEN NAME	Sylvia Moon
RESIDENCE	Egin	RESIDENCE	Egin
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Ida	BIRTHPLACE	Idaho
OCCUPATION	Farming	OCCUPATION	Housekeeping

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. D. Wright

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed Dec 10 1915 W. D. Wright

Registrar Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

986427·022-249

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35601

County of Fremont

City of Parker

Registration District No. 99 File No.

No. St.

Primary Registration District No. 2171 Registered No.

Hospital

FULL NAME OF CHILD Caleb Smith Rhodehouse

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Oct 27 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Jno Wm Rhodehouse	FULL MAIDEN NAME	Lettie Smith
RESIDENCE	Parker	RESIDENCE	Parker
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Va
OCCUPATION	Farmer	OCCUPATION	Housekeeping

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1:15 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. Dewest

Stanthorn

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed Dec 10 1915 W. Dewest

Registrar Registrar

9-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

BUREAU OF VITAL STATISTICS

64-224-022-759

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony

No. ..... St.

Hospital .....

Registration District No. 99

File No. 35602

Primary Registration District No. 2171

Registered No. .....

FULL NAME OF CHILD Verla Southworth (died)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		yes	Oct 24 1915

FATHER		MOTHER	
FULL NAME	Wesley Norton Southworth	FULL MAIDEN NAME	Margaret Perry
RESIDENCE	Chester	RESIDENCE	Chester
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Ida	BIRTHPLACE	Ida
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W B West

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed Dec 10 1915 W B West

Registrar

Registrar

S-Y CO. 24695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

D

415-18-022-434

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 35603
Local Reg. No.
Reg. Dist. No. 99

Amended 5/31/77

1. PLACE OF BIRTH
a. COUNTY: Fremont
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: St. Anthony,
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho b. COUNTY: Fremont
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: St. Anthony
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Versal b. (Middle): Lavell c. (Last): Davis

4. SEX: Male
5a. THIS BIRTH: SINGLE ____ TWIN ____ TRIPLET ____
5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____
6. DATE OF BIRTH (Month) (Day) (Year): Oct 18, 1915

FATHER OF CHILD

7. FULL NAME
a. (First): Jno b. (Middle): Gould c. (Last): Davis

8. AGE (At time of this birth): 49 YEARS
9. BIRTHPLACE (State or foreign country) (City or Town): Utah
10. USUAL OCCUPATION: Farming
11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Charlotte b. (Middle): Alice c. (Last): McDaniels

13. AGE (At time of this birth): 42 YEARS
14. BIRTHPLACE (State or foreign country) (City or Town): Utah
15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 6
b. How many OTHER children were born alive but are now dead?
c. How many children were stillborn (born dead after 20 wks. pregnancy?)
16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: W. B. West
18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____
19. ADDRESS: St. Anthony,
20. DATE SIGNED:
21. DATE REC'D BY LOCAL REG.: Dec 10, 1915
22. REGISTRAR'S SIGNATURE: W. B. West
23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS
WEIGHT AT BIRTH ____ LBS. ____ OZS.
Time: 7:30 AM
RACE OR COLOR OF FATHER: White
RACE OR COLOR OF MOTHER: White
METHOD OF DELIVERY:
Was 1% Silver Nitrate Used to prevent blindness? YES ____ NO ____

BIRTH INJURY TO INFANT
____ YES IF YES, DESCRIBE
____ NO

CONGENITAL MALFORMATIONS OF INFANT
____ YES IF YES, DESCRIBE
____ NO

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
MAY 11 3 26 PM '77

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss. Certificate No. 35603

County of ..... } Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for West Davis (Male) (Name on Original Certificate) who was born (Was Born or Died) on Oct 18, 1915 (Date of Event)

in St. Anthony, Idaho)Fremont) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Church & marriage (Bible Record, Insurance Policy, Etc.) prepared on May 24, 1924 & Feb 12, 1937 (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
~~child's name~~	~~Unnamed~~	~~Versal West Davis~~
Child's name	West Davis	Versal Lavel Davis

Subscribed and sworn to before me this 5th day of May, 1977

J. Carl Jeppson

Notary Public, residing at Logan Utah

My commission expires 4-26-79

(Seal)

Signed Frederick Wiberg

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.

County of Fremont }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28 day of April, 1977

[signature]

Notary Public, residing at St. Anthony, Idaho

My commission expires Life Time

(Seal)

Signed April X Vera Loveland

(Signature of Any Credible Person)

230 East 3rd No

(Street Address, City, State)

St. Anthony, Idaho

FORM DH 60-155

CL 2/18/77

Marriage Certificate from Idaho gives name as Versal L. Davis and Thelma Hall. dated Feb 12, 1937. viewed by V. S.

Certif of Baptism and Confirmation from the LDS Church gives name as Versel Lavell Davis son of Jno. Gould Davis and Charlotte McDaniels born Oct 18, 1915 at St. Anthony, Idaho. Baptized May 31, 1922. viewed by V. S.

314.216.022-128

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of New Dale

No. ..... St.

Hospital .....

Registration District No. 99 File No. 35604

Primary Registration District No. 2177 Registered No. .....

FULL NAME OF CHILD Fern La Dale Campeau

Sex of Child Female	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	Date of Birth Oct 16 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Henry Joseph Campeau	FULL MAIDEN NAME	Mary Elizabeth Ashcroft
RESIDENCE	New Dale	RESIDENCE	New Dale
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Ill.
OCCUPATION	Black Smith	OCCUPATION	Housekeeping

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5:30 p. M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W B Wrest

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed Dec 10 1915 W A Wrest

..... Registrar Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 2 1942

113-230-022-639

Form V. S. No. 11-C—Rev. 1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Parker

Registration District No. 99 File No. 35605

No. ..... St.

Primary Registration District No. 2177 Registered No. ....

Hospital .....

FULL NAME OF CHILD Lonnie Jackson Dent

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate	Date of Birth (Month) (Day) (Year)
Male				yes	Oct 30 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Henry Jackson	Jennie Dent
RESIDENCE	Parker	Parker
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	44	37
BIRTHPLACE	Ida	Ida
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W R Wood

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed Nov 10 1915 W R Wood

Registrar

S-Y CO. 24695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

D

383-210-022-819

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Parker

Registration District No. 99 File No. 35606

No. ..... St.

Primary Registration District No. 2177 Registered No. .....

Hospital .....

FULL NAME OF CHILD Freda Tyler

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Oct 10 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Leslie Tyler	FULL MAIDEN NAME	Althea ~~Tyler~~ Harrison
RESIDENCE	Parker	RESIDENCE	Parker
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 8 40 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W B West

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed Dec 10 1915 W B West

Registrar Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MAY 28 1942

113-227-022-296

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony

No. ..... St.

Hospital .....

Registration District No. 99 File No. 35607

Primary Registration District No. 2177 Registered No. .....

FULL NAME OF CHILD Erma Jack

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Oct 27 (Month) (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Clyde Jack	FULL MAIDEN NAME	Betha Helena Broadhurst
RESIDENCE	Marys Ville	RESIDENCE	St Anthony Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housekeeping

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 12 30 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W Bevert M.D.

St Anthony
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed Dec 11 1915

..... Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 9 1943

NOV 21 1972

493-105-022-396

Form V. S. No. 11-C—[illegible] 1-1-13

PLACE OF BIRTH

County of Fremont

City of Parker

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35608

Registration District No. 99 File No. .....

Primary Registration District No. 2177 Registered No. .....

FULL NAME OF CHILD Donald Crabo Miller

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Oct (Month) 31 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	David Edgar Miller	FULL MAIDEN NAME	Janette Crabo
RESIDENCE	Parker	RESIDENCE	Parker
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4:30 on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. B. West

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed Nov. 10 1915 W. B. West

Registrar Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

466-203.023-213

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Gem

City of Emmett

Registration District No. _____ File No. 35609

No. _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Betty Moore

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	12-3-1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Frank Steven Moore	FULL MAIDEN NAME	May Ball
RESIDENCE	Emmett	RESIDENCE	Emmett
COLOR	White	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Colorado
OCCUPATION	Forister	OCCUPATION	H.W.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Reynolds

Emmett
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address _____

Filed 12-3 1915 J. L. Reynolds
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Ada } ss.

Certificate No. 35609

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Moore (Name on Original Certificate) who was born (Was Born or Died) on December 3, 1915 (Date of Event)
in Emmett, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Parents (Bible Record, Insurance Policy, Etc.) prepared on May 25, 1942 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed	Betty Moore

Subscribed and sworn to before me this 25th
day of May, 1942

Notary Public, residing at Boise, Idaho
My commission expires My Commission Expires May 10, 1944
(Seal)

Signed [illegible] (Father)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

R. # 4 Boise, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Ada } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that she has knowledge of the corrected facts as set forth above and that they are true to the best of her knowledge.

Subscribed and sworn to before me this 25th
day of May, 1942

Notary Public, residing at Boise, Idaho.
My commission expires My Commission Expires May 10, 1944
(Seal)

Signed Mary E. Moore (mother)
(Signature of Any Credible Person Other Than Previous Year)

R. # 4 Boise, Idaho.
(Street Address, City, State)

MAY 29 1942

389-200-023-391

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gem

City of Emmett

Registration District No. _____ File No. 35610

No. _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Ethel Maurine Cholholm

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth 12 (Month) (Day) 1915 (Year)

FATHER

FULL NAME Frederick Cholholm

RESIDENCE Emmett Ida

COLOR W AGE AT LAST BIRTHDAY 21 (Years)

BIRTHPLACE Washington State

OCCUPATION Electrician

MOTHER

FULL MAIDEN NAME Nora Ada Crabtree

RESIDENCE Lame

COLOR W AGE AT LAST BIRTHDAY 19 (Years)

BIRTHPLACE Kansas

OCCUPATION Housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 4 15 M
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Reynolds

Emmett Ida
(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Address _____

Filed 12-5-1915 J. L. Reynolds
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STAT

STAT

391.128.023-219

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35611

County of Gem

City of Emmett

Registration District No. 6 File No.

No. St.

Primary Registration District No. Registered No.

Hospital

FULL NAME OF CHILD Delbert William Cronk

Sex of Child Male | Twin Triplet or other? (To be answered only in event of plural births) and Number in order of birth | Legitimate? yes | Date of Birth 12 (Month) 24 (Day) 1915 (Year)

FATHER

FULL NAME Delbert Herman Cronk

RESIDENCE Emmett

COLOR W AGE AT LAST BIRTHDAY 24 (Years)

BIRTHPLACE Iowa

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Bertha Lucinda Barnard

RESIDENCE Same

COLOR W AGE AT LAST BIRTHDAY 21 (Years)

BIRTHPLACE Neb.

OCCUPATION HW

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Reynolds
(Physician or midwife)

Address Emmett

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 12/26 19 15 J. L. Reynolds Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

962-209-008-294

OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boise

City of H. L. Bend

No. ..... St.

Hospital .....

Registration District No. ..... File No. 35612

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	12 (Month) - 9 (Day) - 1915 (Year)

FATHER		MOTHER	
FULL NAME	Lesley Delos Robinson	FULL MAIDEN NAME	Louise Pauline Kimmick
RESIDENCE	Gardena	RESIDENCE	Gardena Ida
COLOR	White	COLOR	W
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Michigan	BIRTHPLACE	Michigan
OCCUPATION	Civil Engineer	OCCUPATION	House wife

Number of child of this mother, including present birth 1 ..... Number of children of this mother now living, including present birth 1 .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 2 10 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Reynolds

Emmett
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 12-9 1915 J. L. Reynolds
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP 001915-3077041

3-445

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35613

City of Emmett Registration District No. 6 File No.

No. St.

Primary Registration District No. James Registered No.

Hospital

FULL NAME OF CHILD Rolf H. Richards

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	Date of Birth 11 (Month) 21 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Arthur Allen Richards	FULL MAIDEN NAME	Sedenia Dunford
RESIDENCE	Emmett Ida	RESIDENCE	Emmett Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	6 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Salt Lake City Utah
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 2 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Reynolds
(Physician or midwife)

Given names added from a supplemental report.

19

Address Emmett Ida

Filed 12-2- 1915 J. L. Reynolds
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted] APR 26 1949

MAY 17 1965

3/17/41 L. B.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35614

County of

City of Alexander

No. St.

Registration District No. File No.

Primary Registration District No. Registered No.

Hospital

FULL NAME OF CHILD Archie Anderson Bowen

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
M	—	5	yes	Nov 4 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	George Anderson Bowen	FULL MAIDEN NAME	Madie Warner
RESIDENCE	Alexander	RESIDENCE	Alexander
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Livery man	OCCUPATION	Hotel Keep Domestic

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 1.29 M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Potter M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

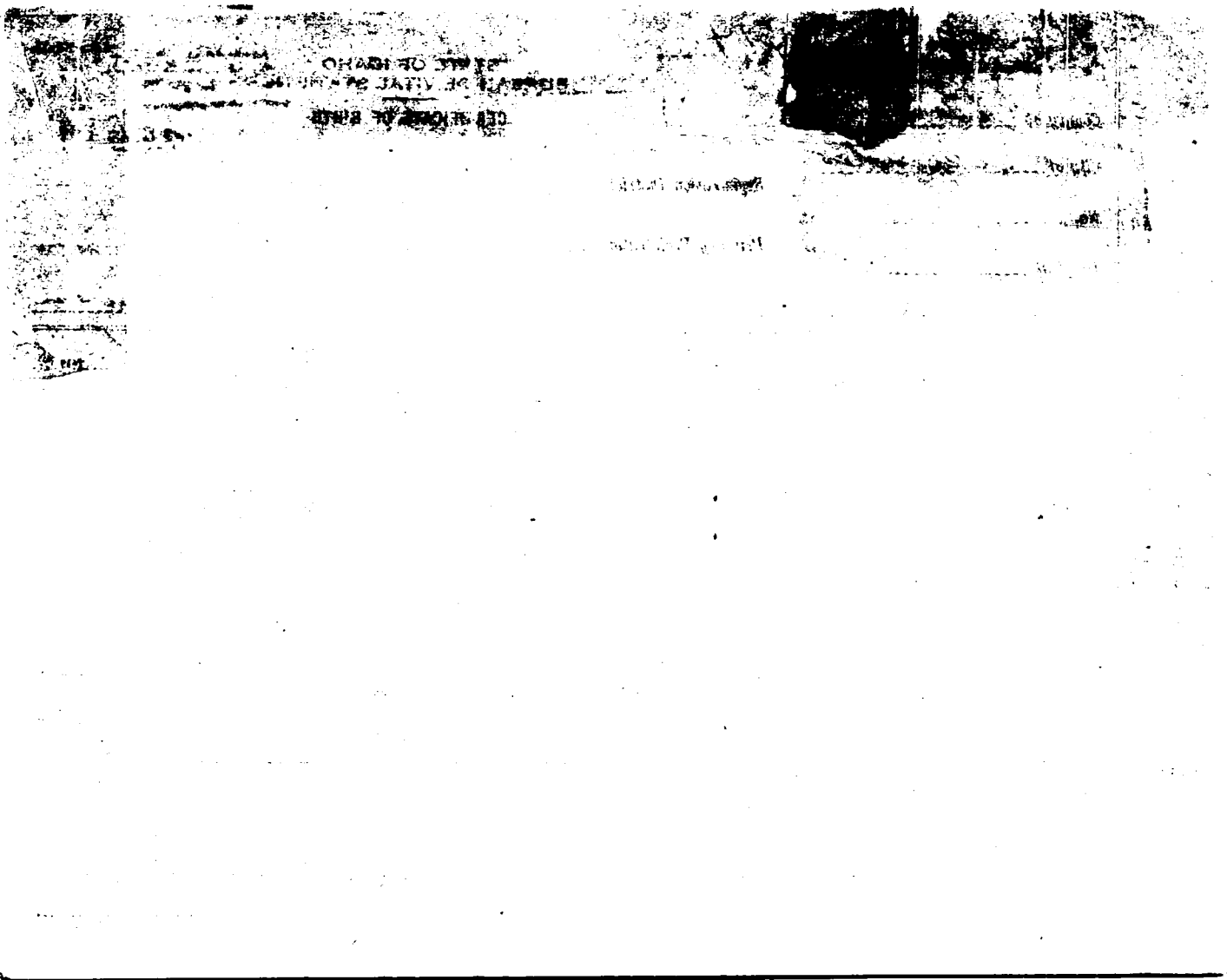
Address Grace, Idaho

Filed Nov 19 15

Registrar

Registrar

B-Y CO. 24655



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35615

County of Bear Lake

City of Grace — Registration District No. ____ File No. ____

No. ____ St. — Primary Registration District No. ____ Registered No. ____

Hospital ____

FULL NAME OF CHILD Roland Rodebeck

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male.	—	5	Yes.	Nov. 2nd 1915

FATHER		MOTHER	
FULL NAME	Lester Rodebeck	FULL MAIDEN NAME	Maggie Lewis
RESIDENCE	Lago. Idaho.	RESIDENCE	Lago Idaho
COLOR	White.	COLOR	Wht
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Utah.	BIRTHPLACE	Salt Lake City.
OCCUPATION	Carpenter	OCCUPATION	Domestic

Number of child of this mother, including present birth 5 — Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4:30 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. Parker M.D. (Physician or midwife)

Address Grace, Idaho

Given names added from a supplemental report.

....19.... ....Registrar

Filed Nov. 19, 15 ....Registrar

S-Y CO. 24655

[redacted]

745-119-003-719

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Grace

No. — St.

Hospital —

Registration District No. _____ File No. 35616

Primary Registration District No. _____ Registered No. _____

FULL NAME OF CHILD Reed P. Gunnell

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	—	5	Yes	Sept 19 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Archibald B. Gunnell.	FULL MAIDEN NAME	Maud Park.
RESIDENCE	Grace	RESIDENCE	Grace Idaho
COLOR	W. AGE AT LAST BIRTHDAY 38 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 37 (Years)
BIRTHPLACE	Utah.	BIRTHPLACE	Utah.
OCCUPATION	Farmer.	OCCUPATION	Domestic

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]
(Physician or midwife)

Given names added from a supplemental report.

Address Grace, Idaho

19

Filed Sept. 19 15

Registrar Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 21 1954

269-206-003-155

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Bannock

City of Grace

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ____ File No. 35617

Primary Registration District No. ____ Registered No. ____

FULL NAME OF CHILD Alice Pearl Sorensen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	7	Yes	Nov. 6 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John Sorensen	Mary Jensen
RESIDENCE	Grace	Grace
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	44	42
BIRTHPLACE	Utah	Idaho
OCCUPATION	Farmer	Domestic

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 1.09 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Owen MD

(Physician or midwife)

Address Grace, Idaho.

Given names added from a supplemental report.

..... 19....

..... Registrar

Filed 12-3- 1915

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 4 19

466-216-001

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise Bay

Registration District No. 8 File No. 35618

No. ..... St.

Primary Registration District No. 2004 Registered No. 92

Hospital .....

FULL NAME OF CHILD Edna MAE Moore

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Nov. 16 1915

FATHER		MOTHER	
FULL NAME	Wyttle Wood Fred Moore	FULL MAIDEN NAME	Christena Bertha Christensen
RESIDENCE	Barberton	RESIDENCE	Barberton
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43	AGE AT LAST BIRTHDAY	43 (Years)
BIRTHPLACE	Kentucky	BIRTHPLACE	Mt Pleasant Ut.
OCCUPATION	Rancher	OCCUPATION	House Wife

Number of child of this mother, including present birth 11

Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 7 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. H. Handy D.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar

Filed Dec 3rd 1915 M.S. Parker

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

8

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Canyon }

Certificate No. 35618
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Edna Mae Moore Kenton (Birth or ~~death~~)
for Edna Moore (Name on original certificate) who Nov. 16, 1915 (Was born ~~or died~~) on born (Date of event)
in Boise, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Edna Moore	Edna Mae Moore
Date of birth	Nov. 17, 1915	Nov. 16, 1915
Father's name	Fred Moore	Wythle Wood Moore
Mother's name	Christensen	Bertha Christena Christenson

Subscribed and sworn to before me this 23
day of October, 1941
Clay C Todd
Notary Public, residing at Melba, Ida
My commission expires Oct 10th 1945
[SEAL]

Signed Mrs. Hilda Moore Pettijohn
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)
Melba Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Canyon }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23th
day of October, 1941
Clay C Todd
Notary Public, residing at Melba, Ida
My commission expires Oct 10th 1945
[SEAL]

Signed Mrs. Hilda Moore Pettijohn
(Signature of any credible person other than the previous affiant.)
Melba Idaho.
(Street Address, City, State)

Received for filing on By
(Registrar's signature)

142-207001-635

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Ada

City of Boise

No. (Blacks Creek) St.

Hospital

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35619

Registration District No. 8 File No.

Primary Registration District No. 2004 Registered No. 94

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	— (To be answered only in event of plural births)	—	Yes	12 3 1915

FATHER

FULL NAME: Jno W. Adkins

RESIDENCE: Blacks Creek

COLOR: W AGE AT LAST BIRTHDAY: 35 (Years)

BIRTHPLACE: Idaho

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Allie Flemming

RESIDENCE: Blacks Creek

COLOR: W AGE AT LAST BIRTHDAY: 29 (Years)

BIRTHPLACE: Oregon

OCCUPATION: Wife

Number of child of this mother, including present birth: 6 Number of children of this mother now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12:25 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. Allen Calloway

Physician (Physician or midwife)

Address Boise Idaho

Given names added from a supplemental report.

....., 19.....

.....
Registrar

Filed 12/6 1915 M.S. Parker
Registrar

S-Y CO. 24658

DUP001915-144542 &
1915-150797

652-104-401-667

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35620

County of Ada

City of

No. St.

Hospital

Registration District No. 8

Primary Registration District No. 2004

File No.

Registered No. 96

Elwood

FULL NAME OF CHILD Raymond Webster

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			yes	Dec 4th 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Arthur E. Webster	Myrtle D. Frogelsong
RESIDENCE	Ash Park — Beech	Ash Park
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	30	30
BIRTHPLACE	Lancaster Mo.	Fremont Neb.
OCCUPATION	Farmer	Housekeeper

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 6 10 a, M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. P. Haley
(Physician or midwife)

Address City

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 12/8 1915 M.S. Parker Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

4/22/41 L. B.

219-225 201-719

Amended 2-21-64 (Be sure the information is complete and accurate)

State File No. 35621
Local Reg. No. 96
Reg. Dist. No. 8

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location): Bench - Morris Hill

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): Bench - Morris Hill

3. CHILD'S NAME (Type or print)
a. (First): Eunice
b. (Middle): Lora
c. (Last): Barrett

4. SEX: F.

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH: (Month) Oct. (Day) 25, (Year) 1915

FATHER OF CHILD

7. FULL NAME
a. (First): Elmer
b. (Middle): C.
c. (Last): Barrett

8. COLOR OR RACE: W.

9. AGE (At time of this birth): 23 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): Washington

11a. USUAL OCCUPATION: Rural Mail Carrier

11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Grace
b. (Middle):
c. (Last): Grisham

13. COLOR OR RACE: W.

14. AGE (At time of this birth): 21 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Missouri

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 0
b. How many OTHER children were born alive but are now dead? 0
c. How many children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: H. M. Holverson, M.D.

18b. ATTENDANT AT BIRTH: M. D. [X] MIDWIFE [ ] OTHER (Specify)

18c. ADDRESS: Boise, Ida.

18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.: 12/8/1915

20. REGISTRAR'S SIGNATURE: M.S. Parker

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

FOR MEDICAL AND HEALTH USE ONLY
(This section MUST be filled out)

22a. LENGTH OF PREG- | 22b. WEIGHT AT BIRTH | 23

...ondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occu hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physi or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this art with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there b attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owne the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth oc red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of bi Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by m cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person cha with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper ce cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of .....
County of ..... } ss.

Certificate No. 35621

Date Filed Dec. 18, 1915

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Eunice Laura (Name on Original Certificate) who was born (Was Born or Died) on Oct. 25, 1915 (Date of Event)

in Ada County, Boise (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM As on Original)	TO (The Correct Facts)
Childs name	Eunice Laura Barrett	Eunice Lora Barrett

Subscribed and sworn to before me this 21 day of Feb., 1964.

[illegible]
Notary Public, residing at [illegible]
My commission expires 2/15/65
(Seal)

Signed [illegible]
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

[illegible] Boise
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Ada } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21 day of Feb., 1964.

[illegible]
Notary Public, residing at Boise
My commission expires 2/15/65
(Seal)

Signed [illegible]
(Signature of Any Credible Person)

[illegible]
(Street Address, City, State)

FORM DH 60-155

2-12-64

Own childs birth certificate gives name as Eunice Lora Barrett issued by State of Idaho Aug 17, 1945. Child born July 31, 1945. Certificate # 408678

Viewed by Vital Statistics

Marriage License Affidavit gives name as Eunice Lora Barrett, registered with Ada County, State of Idaho Issued Nove 7, 1938. Stephen Utter, Recorder.

Viewed by Vital Statistics.

613-111-001-319

Form V. S. No. 11-C—25m-1-d-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Owsley, near Franklin P.O.

Registration District No. 8

File No. 35622

No. ____ St.

Primary Registration District No. 2004

Registered No. 97

Hospital ____

FULL NAME OF CHILD Joseph Edward Walsh

Sex of Child	Twin, triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Dec 11 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John Walsh	Ellen Carey
RESIDENCE	Near Franklin School House	Owsley near Franklin
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	51	37
BIRTHPLACE	Ireland	Ireland
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) Dec 11 at 3 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jos R Numbers

(Physician or midwife)

Address Boise Idaho

Given names added from a supplemental report. ____ 19____

Filed Dec 13 19 15 M.S. Parker Registrar

____ Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 25 1942

593-104-001-449

Form V. S. No. 11-C—25m-1-1-13

[redacted]LACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

[redacted] Ada

City of Boise

No. Cruzen Addition St.

Hospital

Registration District No. 8

File No. 35623

Primary Registration District No. 2004

Registered No. 98

FULL NAME OF CHILD Wilbert B. Eichenberger

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M.		Yes.	Dec. (Month) 4 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Wm C. Eichenberger	FULL MAIDEN NAME	Bertha M. Murphy
RESIDENCE	Cruzen Addition	RESIDENCE	Cruzen Addition
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Ill.	BIRTHPLACE	Ind.
OCCUPATION	merchant.	OCCUPATION	House wife.

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN ~~OR MIDWIFE~~*

I hereby certify that I attended the birth of this child, who was born alive at 1.30 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Bach

(Physician ~~or midwife~~)

Given names added from a supplemental report.

19

Address Boise Ida

Filed Dec 10th 1915 M.S. Parker

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

RECEIVED DEC 16 1968 Vital Statistics

Certificate No. 35623

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Eichenberger (Male Child) (Name on Original Certificate) who was born (Was Born or Died) on December 4, 1915 (Date of Event)
in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Wilbert Bresee Eichenberger

Subscribed and sworn to before me this 13th day of December, 1968

Mary H. Lanthan

Notary Public residing at Newberg, Oregon 97132

My commission expires 9-23-72

(Seal)

Signed × Mrs. Bertha M. Eichenberger

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1301 East Fulton Street, Newberg, Oregon 97132

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon }
County of Yamhill } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly ~~swear~~ affirm that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13th day of December, 1968

Mary H. Lanthan

Notary Public residing at Newberg, Oregon 97132

My commission expires 9-23-72

(Seal)

Signed × Charles A Beals

(Signature of Any Credible Person)

815 East Fourth, Newberg, Oregon 97132

(Street Address, City, State)

FORM DN 60-155

CL 12-11-68. one copy pd.

New York Life Insurance Company, January 18, 1938, gives name of insured as Wilbert B. Eichenberger, born Dec. 4, 1915 at Boise, Idaho to William C. and Bertha M. Eichenberger - viewed by VS.

JAN 10 1969

Statement from A. A. Bailey, County Clerk and Ex-Officio Clerk of the Circuit Court, Multnomah County, Oregon, states "I, A. A. Bailey, County Clerk and Ex-Officio Clerk of the Circuit Court of the State of Oregon for the County of Multnomah, a Court of Record, do Hereby certify that Wilbert B. Eichenberger is a duly registered voter in the County of Multnomah, State of Oregon, USA, and according to our records was born in Boise, Idaho" date February 1, 1941 - viewed by VS.

(Add full name of Wilbert B. Eichenberger instead of Wilbert Bresee Eichenberger, has no documents which show his middle name - January 10, 1969)

691-21-001-386

PLACE OF BIRTH

County of Ada

City of Boise

No. _____ St.

Hospital _____

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35624

Registration District No. 8 File No. _____

Primary Registration District No. 2004 Registered No. 99

FULL NAME OF CHILD Mary Margaret Frasier

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
f	S	5	yes	Dec 11 - 15

FATHER		MOTHER	
FULL NAME	L F Frasier	FULL MAIDEN NAME	Sarah L Chan
RESIDENCE	Boise Idaho	RESIDENCE	Iowa
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Iowa
OCCUPATION	farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1.4 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A H Parker

(Physician) physician

Address Boise Ida.

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed Dec 13 19 15 M.S. Parker Registrar

8-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
FEB 23 11 48 AM '78

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of .....

Certificate No. 35624

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Frasier (female) (Name on Original Certificate) who was born (Was Born or Died) on Dec 11, 1915 (Date of Event) in Ada County (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Mary Margaret Frasier
		Mary Margaret Frasier

Subscribed and sworn to before me this 30th day of January, 1978

Carl E Ray

Notary Public, residing at Rt 1 Box 258 Toledo, Ore

My commission expires 7/18/78

(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Lincoln

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30th day of January, 1978

Carl E Ray

Notary Public, residing at Rt 1 Box 258 Toledo, Ore

My commission expires 7/18/78

(Seal)

Signed Eugene R Frasier
(Signature of Any Credible Person)

636 NE 2nd Newport
(Street Address, City, State)
Oregon

FORM DH 60-155

CL 1/18/78 ret'd $3 check

Family Bible record, notorized copy states that Mary Margaret Frasier was born December 11, 1915, to L. F. Frasier and Sarah Chorn. Original record old. Viewed by V.S.

Another family record issued 1925 gives name as Mary Margaret Frasier born December 11, 1915, in Boise, Idaho. Family Record dated 1925. Viewed by V.S.

669-114-001-866

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of —

No. Near Fair Grounds

Hospital

Registration District No. 8 File No. 35625

Primary Registration District No. 2004 Registered No. 100

FULL NAME OF CHILD Joe Forthuber Jr

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	Yes	Dec 14th 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Joe Forthuber	FULL MAIDEN NAME	Emma M. Howe
RESIDENCE	Davis Ranch	RESIDENCE	Davis Ranch
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Germany
OCCUPATION	Butcher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12:30 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Taylor M.D.

(Physician or midwife)

Address Boise, Idaho

Given names added from a supplemental report.

....., 19.....

Registrar

Filed Dec 20 1915 M. E. Parker

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

JUN 22 1942

942-121-001-533

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Hospital St. Lukes

Registration District No. 2

File No. 35626

Primary Registration District No. 1004

Registered No. 163

FULL NAME OF CHILD Morgan Ellis Rust.

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	yes	Nov. 21st 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	A. E. Rust	FULL MAIDEN NAME	Ruby Rose Ellis
RESIDENCE	Nyssa, Ore. (R7D1)	RESIDENCE	Nyssa Oregon R7D1
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Oregon
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 35 A. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Taylor

MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Boise, Idaho

Filed 12/2 19 15

M. S. Parker

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

319-224-001 572

Form V. S. No. 11-C—25m-1-1-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Hospital St. Alphonsus

Registration District No. 2

File No. 35627

Primary Registration District No. 1004

Registered No. 164

FULL NAME OF CHILD Margaret Inez Carroll

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female				Yes	Nov. 24 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John A. Carroll	FULL MAIDEN NAME	Inez Eastman
RESIDENCE	Boise	RESIDENCE	Boise
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Canada	BIRTHPLACE	Idaho
OCCUPATION	Construction Contractor	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 4:25 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Maurice H Tallman
M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Boise, Idaho

Filed 12/6 1915

M. S. Parker
Registrar

Registrar

S-Y CO. 24605

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

766-127-001-154

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11—25m-1-1-18

PLACE OF BIRTH

County of Ada

City of Boise

No. Bet. 5th & 6th St on Washington

Hospital No. 519.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2 — File No. 35628

Primary Registration District No. I004 — Registered No. I65

FULL NAME OF CHILD James Ernest Frost

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Nov. 27 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	James Emmett Frost	Bessie Anderson
RESIDENCE	Washington St. No. 519	Same
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	42	24
BIRTHPLACE	Missouri	Idaho
OCCUPATION	Sheriff	House Wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 55 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) C. L. Dutton M.D.

(Physician or midwife)

Address Meridian Idaho.

Filed 12/6 I5 19..... M. S. Parker Registrar

S-Y CO. 24656

DEC 31 1941

234-102 1001-219

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 2 File No. 35629

No. ..... St.

Primary Registration District No. 1004 Registered No. 166

Hospital St Alphonsus

FULL NAME OF CHILD Robert Arthur Stubblefield

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	12 X2 1915

FATHER		MOTHER	
FULL NAME	David A Stubblefield	FULL MAIDEN NAME	Lila Bartlett
RESIDENCE	Kuna Id	RESIDENCE	Kuna Id
COLOR	Wt. AGE AT LAST BIRTHDAY 32 (Years)	COLOR	Wt. AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Kansas
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred A Pilinger

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Falk Bldg

Filed 12/6 19 15 M. S Parker

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

455-104-001-643

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 2

File No. 35630

No. ..... St.

Primary Registration District No. I004

Registered No. I67

Hospital St Alphonsus

FULL NAME OF CHILD DeVoe

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	12 4 1915

FATHER		MOTHER	
FULL NAME	Carl N. DeVoe	FULL MAIDEN NAME	Mabel Fuller
RESIDENCE	Jerome Id	RESIDENCE	Jerome Id
COLOR	W. AGE AT LAST BIRTHDAY 39 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 39 (Years)
BIRTHPLACE	N. Y.	BIRTHPLACE	Mass
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred A Pettingell

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Tulk Bldg

Filed 12/6 19 15 M. S. Parker

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

465-205-001-866

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 2

File No. 35631

No. ..... St.

Primary Registration District No. 1004

Registered No. 168

Hospital St. Alphonsus ?

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			No.	Dec. 6 191 1

FATHER		MOTHER	
FULL NAME	Mickey Donovan	FULL MAIDEN NAME	Irene Howard
RESIDENCE	Ontario, Oregon	RESIDENCE	Vale, Oregon
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	?	AGE AT LAST BIRTHDAY (Years)	?
BIRTHPLACE	?	BIRTHPLACE	Oregon
OCCUPATION	Bridge Builder	OCCUPATION	Clerk

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6:1 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Maurice H. Tallman M.D.

(Physician or midwife)

Address Boise, Idaho.

Given names added from a supplemental report.

..... 19.....

Filed 12/7 15 M. S. Parker

Registrar

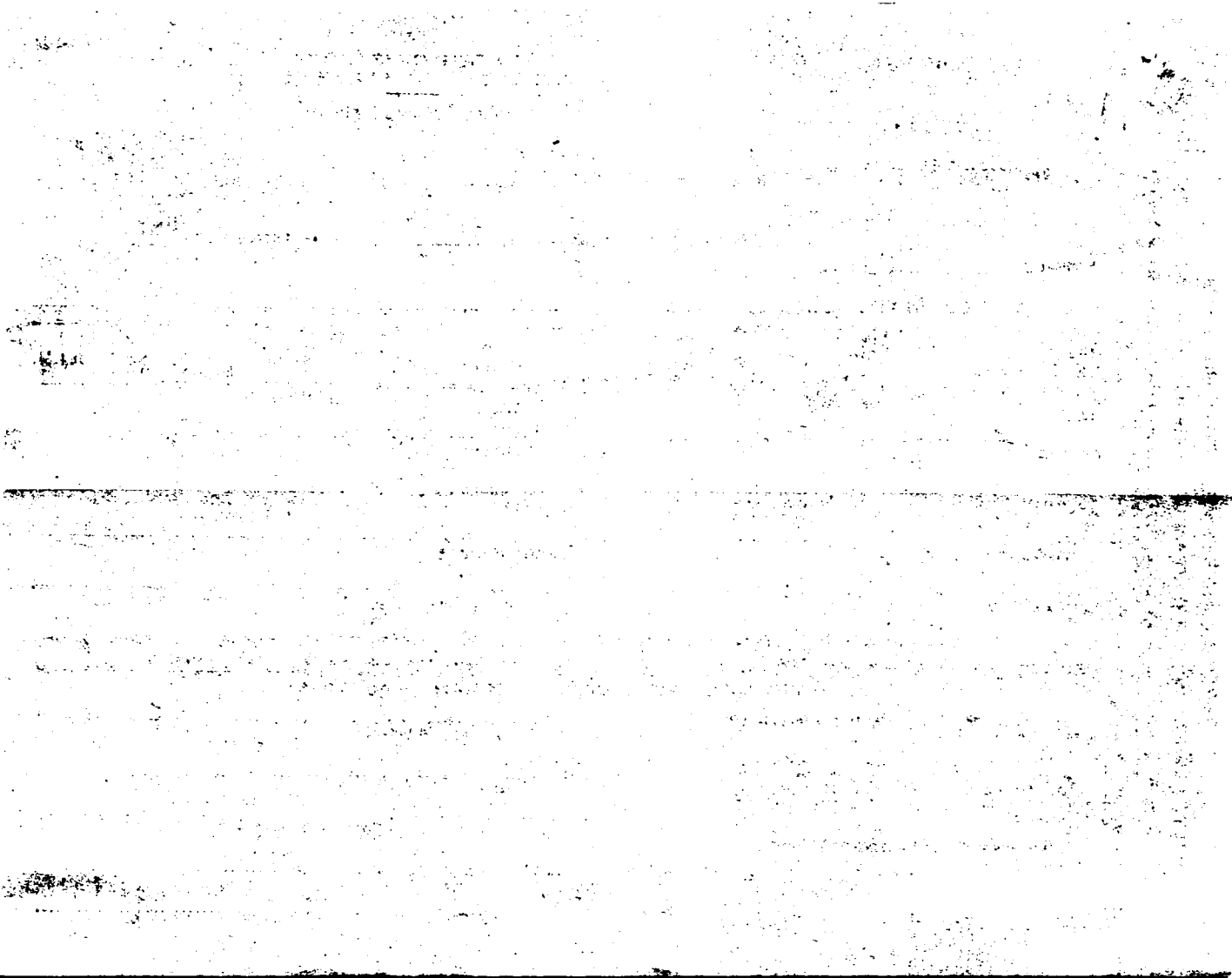
..... Registrar

S-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



281-127-001-843

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35632

County of Ada

City of Boise

No. ..... St.

Hospital St Lukes.

Registration District No. 2

File No. .....

Primary Registration District No. I004

Registered No. I69

FULL NAME OF CHILD Edgar Roger Shaw.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	Nov (Month) 27 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Jessie E. Shaw	FULL MAIDEN NAME	Grace Hutchinson
RESIDENCE		RESIDENCE	
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Idaho.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN ~~OR MIDWIFE~~

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1.30 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19.....

Address Boise Ida

Filed I2/8th 19 I5

M. S. Parker

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

296-229-001-546

PLACE OF BIRTH

Form V. S. No. 1-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1729 Front St.

Hospital

Registration District No. 2

File No. 35633

Primary Registration District No. 1004

Registered No. 170

FULL NAME OF CHILD CLARA MAY Infant Shoemaker

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
f.	S.	3	Yes	Nov 29 1918 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	C G. Shoemaker	FULL MAIDEN NAME	Lillian Edwards
RESIDENCE	1729 Front	RESIDENCE	1729 Front
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Nebraska	BIRTHPLACE	Kansas
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth.....

Number of children of this mother now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4 4 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O H Parker M D.

(Physician or midwife)

Given names added from a supplemental report.

.....19.....

Address Boise Ida

Filed 12/8 1915 M. S. Parker

Registrar

Registrar

S-Y CO. 24655

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of San Joaquin

Certificate No. 35633

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Clara May Shoemaker (Birth or Death) for Infant Shoemaker (Name on Original Certificate) who was Born (Was Born or Died) on Nov 29 1915 (Date of Event) in Boise Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible record. Destroyed by fire (Bible Record, Insurance Policy, Etc.) prepared on about Dec. 10th. 1915 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	infant Shoemaker	Clara May Shoemaker

Subscribed and sworn to before me this 28 day of May, 1942

[signature]

Notary Public, residing at Lodi, Calif.

My commission expires May 12th, 1946
(Seal)

Signed Wm Tillis Shoemaker
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

R 2 Bx 54 B. Lodi Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of San Joaquin

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29 day of May, 1942

[signature]

Notary Public, residing at Lodi, Calif.

My commission expires May 12th 1946
(Seal)

Signed Clarence G. Shoemaker
(Signature of Any Credible Person Other Than Previous Year)

R 2 Bx 54 B. Lodi Calif.
(Street Address, City, State)

JUN 1 1942

JUN 3 1942

719-204.001-142

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1110 Idaho St.

Hospital

Registration District No. 2

File No. 35634

Primary Registration District No. 1004

Registered No. 171

FULL NAME OF CHILD Edna Francisca Garavilla

Sex of Child female | Twin Triplet or other? S | and Number in order of birth 1 (To be answered only in event of plural births) | Legitimate? yes | Date of Birth Dec 4 (Month) (Day) 1915 (Year)

FATHER	MOTHER
FULL NAME Alphonse Garavilla	FULL MAIDEN NAME Pilar Arisola
RESIDENCE 1110 Idaho st	RESIDENCE 1110 Idaho
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 24 (Years)	AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Spain	BIRTHPLACE Spain
OCCUPATION Laborer	OCCUPATION Housewife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O H Parker M D.

(Physician or ~~midwife~~)

Address Boise Ida

Given names added from a supplemental report.

..... 19.....

Filed 12/8 19 15 M. S. Parker

Registrar

S-Y CO. 24655

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

C e 2-10-31

663-101-001-337

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Ada

City of Boise

No. 4th & Gardner St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2 File No. 35636

Primary Registration District No. 1004 Registered No. 173

FULL NAME OF CHILD Albert Littleton Wochner

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			Yes	Dec. 1 1915

FATHER		MOTHER	
FULL NAME	Albert Wochner	FULL MAIDEN NAME	Anna Clark
RESIDENCE	Boise Idaho	RESIDENCE	Boise
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Ill	BIRTHPLACE	North Carolina
OCCUPATION	Butcher	OCCUPATION	H. W.

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 8:20 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. S. Peters

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

.....
Registrar

Address .....

Filed 12/9 19 15 M. S. Parker
Registrar

S-Y CO. 24695

JUN 3 0 1976

JAN 18 1951

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

259-229-001-391

PLACE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Hospital St Alphonsis

Form V. S. No. 11-C—20m-3-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35637

Registration District No. 2 File No. .....

Primary Registration District No. I004 Registered No. I74

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other	and	Number in order of birth	Legitimate?	Date of Birth
Girl	One		1st	no	Nov 29 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John Berger	FULL MAIDEN NAME	Trevia J Cramer
RESIDENCE	Roswell Ida	RESIDENCE	Boise
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Indiana	BIRTHPLACE	Wallowa Oregon
OCCUPATION	Farm Laborer	OCCUPATION	Domestic

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R E Shurtz

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed 12 10 19 15 M. S. Parker

Registrar Registrar

S-Y CO. 20174

399-28-001-319

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1615 N. 16 St.

Hospital

Registration District No. 2 File No. 35638

Primary Registration District No. 1004 Registered No. 175

FULL NAME OF CHILD Clarence Thomas Critchlow

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			Yes.	Nov 28 1915

FATHER		MOTHER	
FULL NAME	Thomas Critchlow	FULL MAIDEN NAME	Anne Larson
RESIDENCE	Boise	RESIDENCE	Boise Ada
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Oregon	BIRTHPLACE	Utah
OCCUPATION	City Fire Dept	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. M. Solomon M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address 12/10 15 M. S. Parker

Filed ..... 19.....

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

5/13/41 L. B.

469-1 09.001-466

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—Rev. 1-1-38

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1815 N 17 St.

Hospital

Registration District No. 2

File No. 35639

Primary Registration District No. I004

Registered No. I76

FULL NAME OF CHILD Aurada

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M				Yes	8 9 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Albert J. Aurada	Lizzie Moore
RESIDENCE	R#3 Dry Creek	R#3 Boise
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	33	36
BIRTHPLACE	Austria Hungary	Illinois
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Fred A Dungan

(Physician or midwife)

Address Falk Bldg

12/14 5 M. S. Parker

Filed ..... 19.....

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 2 7 1973

292-227-001-691

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 2

File No. 35640

No. St. Alphonsus Hosp.

Primary Registration District No. 1004

Registered No. 177

Hospital

FULL NAME OF CHILD ~~Margaret~~ Margaret Sibbald

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Girl	One	3rd	Yes	Nov 27 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Margaret Sibbald	FULL MAIDEN NAME	Cathrine Franks
RESIDENCE	Caldwell Ida	RESIDENCE	Caldwell Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Cal	BIRTHPLACE	Cal
OCCUPATION	Stock raiser	OCCUPATION	Housewife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3:40 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. E. Schultz

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Registrar

Filed 12/14 19 15 M. S. Parker Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

251-129-001-992

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35641

County of Ada

City of Boise

No. 1930-N18 St.

Hospital

Registration District No. 2

File No.

Primary Registration District No. 1004

Registered No. 178

FULL NAME OF CHILD Clay Hugh Kearns

Sex of Child Male

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? yes

Date of Birth Nov. 29 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Henry Clay Kearns	FULL MAIDEN NAME	Lillian A Ziska
RESIDENCE	Boise	RESIDENCE	Boise
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	~~Boise~~ Nebr.
OCCUPATION	Rancher	OCCUPATION	H. W.

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J Carl Hill

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Registrar

Filed 12/14 19 15 M. S. Parker Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

by 3041

4-19-202-00-995

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35642

County of Ada

City of Boise

Registration District No. 2 File No.

No. 12 N Bannock St. Primary Registration District No. 1004 Registered No. 179

Hospital

FULL NAME OF CHILD 9

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				yes	12 — 2 — 191

FATHER		MOTHER	
FULL NAME	Allen J. Martin	FULL MAIDEN NAME	Jennie Civette
RESIDENCE	Boise	RESIDENCE	Boise
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Missouri	BIRTHPLACE	Montana
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9:40 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Maurice V. Talliman M.D. (Physician or midwife)

Address Boise, Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 12/14 19 15 M. S. Parker Registrar

8-Y CO. 24685

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

418-203-001-855

PLACE OF BIRTH

Amended 8-31-56

County of Ada

City of Boise

No. ____ St.

Hospital ____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2 File No. 35643

Primary Registration District No. 1004 Registered No. 180

FULL NAME OF CHILD Marie Lavina Mays
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	one	1st	yes	Dec. 3, 1915

What bactericidal solution was used in eyes? ____

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

FATHER		MOTHER	
FULL NAME	John Mays	FULL MAIDEN NAME	Hulda Hendrickson
RESIDENCE	Boise, Idaho	RESIDENCE	Boise, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Sweden
OCCUPATION	Ranchman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5:30 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. E. Shurtz
(Physician or midwife)

Address ____

Filed 12-14-15 M. S. Parker
Registrar.

Give names added from a supplemental report.

____, 192....

____
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Ada

Certificate No. 35643

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Maria Mays (Name on Original Certificate) who was born (Was Born or Died) on Dec. 3, 1915 (Date of Event)
in Boise (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Social Security Card prepared on Viewed by Vital Statistics (Give Date) are:
Affidavit 8-30-56 (Bible Record, Insurance Policy, Etc.)

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Maria Mays	Marie Lavina Mays

Subscribed and sworn to before me this 30th day of August, 1956

Hazel K. Carroll

Notary Public, residing at Boise, Idaho

My commission expires 4-5-59

(Seal)

Signed [signature] (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Boise Idaho (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30th day of August, 1956

Hazel K. Carroll

Notary Public, residing at Boise, Idaho

My commission expires 4-5-59

(Seal)

Signed John Mays (Signature of Any Credible Person)

Boise Idaho (Street Address, City, State)

FORM DPH 55. 155

485 205 001-485

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Hospital St Alphonsus

Registration District No. 2 File No. 35644

Primary Registration District No. 1004 Registered No. 181

FULL NAME OF CHILD Jane Myers

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
f.		Yes	Dec (Month) 5 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Newton Myers	FULL MAIDEN NAME	Mary Myers
RESIDENCE	Boise	RESIDENCE	Boise
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE		BIRTHPLACE	
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C B Callard M D

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Empire Bldg. Boise

Filed 12/14 19 15 M. S. Parker

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

864-207-001-619

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1310 W. 7 St.

Hospital

Registration District No. 2

File No. 35645

Primary Registration District No. 1004

Registered No. 182

FULL NAME OF CHILD Grace L. Young

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
f		Yes.	Dec 7 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	D. L. Young	FULL MAIDEN NAME	Emma Fair
RESIDENCE	1310 W 7	RESIDENCE	1310 W 7
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Atty	OCCUPATION	House wife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN ~~OR MIDWIFE~~*

I hereby certify that I attended the birth of this child, who was Born alive at 10.45 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Bauk

(Physician or ~~midwife~~)

Given names added from a supplemental report.

19

Address Boise Ida

Filed 12/16 1915 M. S. Parker
Registrar

Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 9 1942

691-109-001-257

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 521 S 14 St.

Hospital

Registration District No. 2

File No. 35646

Primary Registration District No. 1004

Registered No. 183

FULL NAME OF CHILD Ellis Armand Frazer

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes.	Dec 9 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ernest H Frazier	Ethel M. Sigman
RESIDENCE	521 S 14.	521 S 14.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	35	33
BIRTHPLACE	Kansas.	Neb.
OCCUPATION	Traveling salesman.	House Wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN ~~OR MIDWIFE~~*

I hereby certify that I attended the birth of this child, who was Born alive at 10.2 M on the date above stated.
(Born alive or stillborn)

(Signature) Louis Brecht

(Physician or ~~midwife~~)

Address Boise Ida

Filed 12/16 19 15 M. S. Parker
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

dc 10/31/40

DEC 2 1942

451-216-001-255

Form V. S. No. 11-C—20m-2-15-12

184

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 205 N 14th St.

Hospital

Registration District No. 2 File No. 35647

Primary Registration District No. 1004 Registered No. 184

FULL NAME OF CHILD Irma Gertrude Deary

Sex of Child	Twin Triplet or other	and Number in order of birth	Legitimate?	Date of Birth
Girl	Gen	1st	yes	Dec 16 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Philipp Basel Deary	FULL MAIDEN NAME	Cecil Calvert Smoot
RESIDENCE	Caldwell Idaho	RESIDENCE	Caldwell Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Ayhee Co Ida	BIRTHPLACE	Caldwell Idaho
OCCUPATION	Stockman	OCCUPATION	House wife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 9 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R E Shurtz

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed 12/20 19 15 M. S. Parker

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

354-126-001-354

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

35648

County of Ada

City of Boise

Registration District No. 2

File No.

No. , St.

Primary Registration District No. 1004

Registered No. 185

Hospital St. Luke's.

FULL NAME OF CHILD GEORGE TUCKER LEMP

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
Male		Yes	Nov (Month) 26 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Mr Benard Lemp.	FULL MAIDEN NAME	Leona Lemp.
RESIDENCE	1103 N. 11.	RESIDENCE	1103 - N-11.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Boise Idaho.	BIRTHPLACE	Placerville
OCCUPATION	Stock Man	OCCUPATION	Housewife.

Number of child of this mother, including present birth.....

Number of children, of this mother, now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 925 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Wm F. Smith M.H.

(Physician or Midwife)

Given name added from a supplemental report

..... 19.....

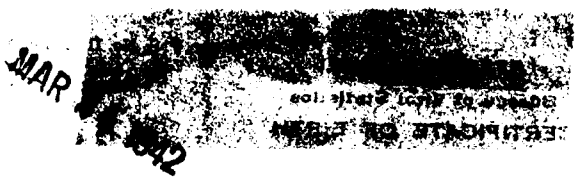
Address 12/20

Filed 12/20 19 15 M. . Parker

Registrar

Registrar

S-Y CO., 16669



659-230-001-234

PLACE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Hospital St Alphonsus

FULL NAME OF CHILD Ida Bertha Margaretha Weisshaupt

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2 File No. 35649

Primary Registration District No. I004 Registered No. I86

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Nov 30 1915

FATHER		MOTHER	
FULL NAME	Adolph Weisshaupt	FULL MAIDEN NAME	Bertha Schneider
RESIDENCE	Boise	RESIDENCE	Boise
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Switzerland	BIRTHPLACE	Switzerland
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5:30 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) L. L. Williamson M.D.
(Physician or midwife)

Address .....

Filed 12/20 19 15 M. S. Parker
Registrar

S-Y CO. 24699

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada

Certificate No. 35649

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth for Ida Bertha Emma Margaretha was born on Nov. 30, 1912 in St. Lukes Hospital are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by X prepared on the first day of August 1939 are:

(Birth or Death) (Name on Original Certificate) (Was Born or Died) (Date of Event) (Place of Event) (Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Ida Emma Weisshaupt	Ida Bertha Emma Margaretha Weisshaupt

Subscribed and sworn to before me this 19th day of May, 1943

L. M. Greene

Notary Public, residing at Boise Idaho

My commission expires 12-15-43
(Seal)

Signed Mrs. Adolf Weisshaupt
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

321 Gary St. Boise Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

MAY 19 1943

466-230-001-791

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. _____ St.

Hospital St. Alphonsus

Registration District No. 2

File No. 35650

Primary Registration District No. 1004

Registered No. 187

FULL NAME OF CHILD Ruth Isabel Downing

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	/		/	yes	Nov. (Month) 30 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Robert Downing	FULL MAIDEN NAME	Delia Granger
RESIDENCE	Idaho City Idaho	RESIDENCE	Idaho City, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Oregon California	BIRTHPLACE	Centerville Idaho
OCCUPATION	Clerk	OCCUPATION	House wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive Nov 30th 1915 at 3 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. P. McCalla

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Boise Idaho

Filed 12/20 19 15 M S Parker

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

US

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DEC 3 0 1941

713-127-001-255

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1014 N 6 St.

Hospital St Alphonsus

Registration District No. 2

Primary Registration District No. I004

File No. 35651

Registered No. I88

FULL NAME OF CHILD Robert J. Galligan

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes.	Nov (Month) 27 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Jay Galligan	FULL MAIDEN NAME	Irma Bentley
RESIDENCE	1014 N 6	RESIDENCE	1014 N 6
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	48 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	New York	BIRTHPLACE	Ohio
OCCUPATION	Merchant	OCCUPATION	House wife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive ~~or stillborn~~) at 3 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Beck

(Physician ~~or midwife~~)

Given names added from a supplemental report.

Address Boise Ida

19

Filed I2/2I 19 I5 M. S. Parker

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 9 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

259-117-001-255

~~PLACE OF BIRTH~~

Form V. S. No. 11—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1409 N 22 St.

Hospital —

Registration District No. 2

File No. 35652

Primary Registration District No. 1004

Registered No. 189

FULL NAME OF CHILD John Springer Bernard

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of Birth
male	7	Yes	Dec 17 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Clarence R. Bernard	FULL MAIDEN NAME	Madge Bennett
RESIDENCE	1409 N 22nd Boise	RESIDENCE	
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Kansas
OCCUPATION	Stock man	OCCUPATION	H. Wife

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 5 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J S Springer
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 12/21 1915 M. S. Parker
Registrar

S-Y CO. 24956

FEB 6 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 35652

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (BIRTH OR DEATH)
for Unnamed Bernard (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Dec. 17, 1915 (DATE OF EVENT)
in Boise, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed Bernard	John Springer Bernard

Subscribed and sworn to before me this 10th day of February, 19 47
Beatrice Foster
Notary Public, residing at Boise Idaho
My commission expires July 8 1947
(SEAL)

Signed X H. D. Springer M.D.
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

.....
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19 .....

Signed .....
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at .....
My commission expires .....
(SEAL)

.....
(STREET ADDRESS, CITY, STATE)

Received for filing on Feb 10 By .....
(REGISTRAR'S SIGNATURE)

MAY 21 1953

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 1516 Hyde Park
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 11 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 1516 Hyde Park
(e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. RESIDENCE OF FATHER (city, state) Boise, Idaho

4. FULL NAME OF CHILD John Springer Bernard

5. Date of Birth of Child (Month, day, year) Dec. 17, 1915

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 mo.

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Clarence Ray Bernard
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Reynolds (City or town) Idaho (State or foreign country)
14. Exact Occupation Mine operator
15. Industry or Business Mining

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Madge May Bennett
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace Salida (City or town) Colorado (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Nevada
County of Washoe } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 26 years, and that John Scott Springer (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

C R Bernard Signature
259 N. Virginia St Reno Nev P. O. Address

Subscribed and sworn to before me this 4th day of February, 1942

(SEAL) [signature] Notary Public, residing at Reno, Nevada

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on ..... by ....., Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

236-108-001-293

PLACE OF BIRTH

Form V. S. No. 11—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35653

County of Ada

City of Boise

No. 1423 Franklin St.

Hospital St Lukes

Registration District No. 2 File No.

Primary Registration District No. 1004 Registered No. 190

FULL NAME OF CHILD

Sex of Child: male | Twin, triplet, or other? | and Number in order of birth: 2 (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth: Dec 8th (Month) (Day) 1918 (Year)

FATHER	MOTHER
FULL NAME: James H. Black	FULL MAIDEN NAME: Myrtle Bicknell
RESIDENCE: Boise Ida	RESIDENCE: Boise Ida
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 35 (Years)	AGE AT LAST BIRTHDAY: 25 (Years)
BIRTHPLACE: Memphis Tennessee	BIRTHPLACE: Ontario Canada
OCCUPATION: Banker	OCCUPATION: House wife

Number of child of this mother, including present birth: 2

Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. S. Springer

(Physician or midwife)

Address Boise Ida

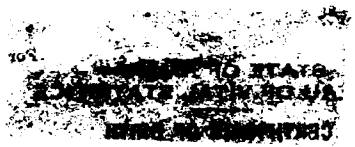
Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed 12/21 19 15 M. S. Parker
Registrar

S-Y CO. 24650



684-109-001-964

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada (Riverside near Collister)

City of Boise

Registration District No. 2

File No. 35654

No. ..... St.

Primary Registration District No. 1004

Registered No. 191

Hospital Halphonsus

FULL NAME OF CHILD William Wayne Wymer (9)

Sex of Child	~~Twin~~ ~~Triplet~~ or other?	and Number in order of birth	Legitimate?	Date of Birth
M		2	Yes	Dec. 9th 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	William H Wymer	FULL MAIDEN NAME	Mabel Romig
RESIDENCE	Riverside Ada Co.	RESIDENCE	Riverside Ada Co.
COLOR	W.	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Missouri	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	House-wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 12 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J S Springer
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Boise

Filed 12/21 1915 M. S. Parker
Registrar

Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 17 1941

JUL 11 1957

269-219.001-691

PLACE OF BIRTH
Ada

Form V. S. No. 11—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35655

County of

City of Boise

No. 1416 E Franklin St.

Hospital

Registration District No. 2

Primary Registration District No. 1004

File No.

Registered No. 192

FULL NAME OF CHILD Carilisse Borap

1915

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
f			yes	12/19 5

FATHER		MOTHER	
FULL NAME	Chas B Borap	FULL MAIDEN NAME	Isabel Wray
RESIDENCE	Boise	RESIDENCE	Boise
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Utah	BIRTHPLACE	Minn
OCCUPATION		OCCUPATION	Hsf

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Nellie R Taylor

Midwife
(Physician or midwife)

Address Boise

Filed 12/22 19 15 M. S. Parker
Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

291-220-001-469

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Ada

City of Boise

No. 1010 Miller St.

Hospital

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

35656

Registration District No. 2 File No.

Primary Registration District No. 1004 Registered No. 193

FULL NAME OF CHILD Mary Emma Branam

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female		4	yes	12 26 1915

FATHER		MOTHER	
FULL NAME	Thos W. Branam	FULL MAIDEN NAME	Cora Monroe
RESIDENCE	1010 Miller St. Boise	RESIDENCE	
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Eaton Gas.	BIRTHPLACE	Parma Ada.
OCCUPATION	Barber	OCCUPATION	

Number of child of this mother, including present birth 4 Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4.23 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Thos V. Greenway

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Meade Bldg

Filed 12/27 19 15 M. S. Parker

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17826

Registrar

DEC 4 1952

249-218-001-552

PLACE OF BIRTH

County of Ada

City of S. Boise

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

CERTIFICATE OF BIRTH

Registration District No. 2 File No. 35657

Primary Registration District No. I004 Registered No. I94

FULL NAME OF CHILD Alfreda Burdick

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Living	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.			—	yes	12 18 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	J. Alfred Burdick	Verna Yeakel
RESIDENCE	South Boise	South Boise
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	22	16
BIRTHPLACE	Neb.	Utah
OCCUPATION	Laborer	Hus

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2:20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. Allen Calloway

Physician (Physician or midwife)

Address Boise Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 12/27 19 15 M. S. Parker

Registrar

8-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 23 '55

DUP CO 1915-150798

194-104-001-419

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Hospital St Lukes

Caesarean Section

Registration District No. 2 File No. 35658

Primary Registration District No. I004 Registered No. I95

FULL NAME OF CHILD John Frederick Armitstead

Sex of Child	Twin Triplet or other	and	Number in order of birth	Legitimate?	Date of Birth
Male	Twin		2	Yes	Dec 4 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Sherwood A Armitstead	FULL MAIDEN NAME	Gertrude C Marks
RESIDENCE	Boise Ida	RESIDENCE	Boise Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Mo
OCCUPATION	Traveling Salesman	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 47 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edward W Biwer

Physician (Physician or midwife)

Address 206 Yates Bldg.

Filed I2/28 19 I5 M. S. Parker

Registrar

Given names added from a supplemental report

..... 19.....

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

194-104-001-419

Form V. S. No. 11-C—20m-3-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Caesarean Section

Registration District No. 2 File No. 35659

No. ..... St.

Primary Registration District No. I004 Registered No. I96

Hospital St Lukes

FULL NAME OF CHILD Sherwood A Armitstead (Died)

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	Twin	1	Yes	Dec. 4 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Sherwood A Armitstead	FULL MAIDEN NAME	Gertrude C Marks
RESIDENCE	Boise Ida	RESIDENCE	Boise Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Mo
OCCUPATION	Traveling Salesman	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 45 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edward T Bird M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Tob Yates Bldg Boise

Filed 12/28 19 15 M. S Parker

Registrar Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

633126-001-219

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ida

City of Boise

No. 907 E. Wash St.

Hospital

Registration District No. 2

File No. 35660

Primary Registration District No. 1004

Registered No. 197

FULL NAME OF CHILD Daniel Barrett Ott,

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	\		\	yes	Dec. 26 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Raymond T. Ott	FULL MAIDEN NAME	Irma Barrett
RESIDENCE	907 E. Washington	RESIDENCE	907 E. Washington
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Montana
OCCUPATION	clerk	OCCUPATION	housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3 a. M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. H. Tukey,

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address 315 Overland Bldg.

Filed 12/28 19 15 M. S. Parker
Registrar

Registrar

S-Y CO. 24655

948-121-001-759

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Hospital St. Alphonsus

Registration District No. 2

File No. 35661

Primary Registration District No. 1004

Registered No. 198

FULL NAME OF CHILD John Imhoff

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate	Date of Birth
male	—		—	yes	Dec. 21 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Joseph M. Imhoff	FULL MAIDEN NAME	Edith F. German
RESIDENCE	1208 E. State, Boise	RESIDENCE	1208 E State, Boise
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Idaho
OCCUPATION	decorator	OCCUPATION	housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10 A.M. on the date above stated.

(Birth alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. N. Lukey

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address 315 Overland Bldg.

Filed 12/28 19 15 M. S. Parker

Registrar

Registrar

S-Y CO. 24698

MAR 8 1945

269-227-001-813

PLACE OF BIRTH

County of Ada

City of Boise

No. 922 E. State St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-19

CERTIFICATE OF BIRTH

Registration District No. 2 File No. 35662

Primary Registration District No. I004 Registered No. I99

FULL NAME OF CHILD Virginia Switzer

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Dec. 27, 1915

FATHER	MOTHER
FULL NAME: Edward M. Switzer	FULL MAIDEN NAME: Emma M. ~~Hallam~~ Hallam
RESIDENCE: 922 E. State	RESIDENCE: 922 E. State
COLOR: white	COLOR: White
AGE AT LAST BIRTHDAY: 43 (Years)	AGE AT LAST BIRTHDAY: 41 (Years)
BIRTHPLACE: Kansas	BIRTHPLACE: Illinois
OCCUPATION: Engineer	OCCUPATION: housework

Number of child of this mother, including present birth: 3

Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (born alive or stillborn) at 11:55 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. N. Lukey, Physician (Physician or midwife)

Address 315 Overland Bldg.

Given names added from a supplemental report. ..... 19....

Filed 12/28 19 I5 M. S. Parker Registrar

..... Registrar

S-Y CO. 24695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

MAR 1 7 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Los Angeles }

Certificate No. 35662

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of _____ (Birth or Death)
for _____ (Name on Original Certificate) who _____ (Was Born or Died) on _____ (Date of Event)
in _____ (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by _____ (Bible Record, Insurance Policy, Etc.) prepared on _____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name		Virginia Switzer
Mother's name	Emma M. Halliam	Emma M. Hallam

Subscribed and sworn to before me this 29th
day of June 1942
Notary Public, residing at Los Angeles
My commission expires July 6, 1942
(Seal)

Signed Emma M Hallam
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Los Angeles }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29th
day of June 1942
Notary Public, residing at Los Angeles
My commission expires July 6, 1942
(Seal)

Signed Constance Switzer
(Signature of Any Credible Person Other Than Previous Year)

2711 Marathon St. Los Angeles Calif.
(Street Address, City, State)

954-118-001-551

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. — St.

Hospital St. Lukes

Registration District No. 2

File No. 35663

Primary Registration District No. 1004

Registered No. 200

FULL NAME OF CHILD Robert John Renwick

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	—	—	Yes	Dec. 18th 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	William Renwick	FULL MAIDEN NAME	Ada R. Neal
RESIDENCE	Alverson Ore.	RESIDENCE	Alverson, Ore.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Scotland	BIRTHPLACE	Oregon
OCCUPATION	Stockraiser	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3 40 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Taylor M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Boise, Idaho

Filed 12/31 19 15

M. S. Parker
Registrar

Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

962-128-001-395

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Hospital St. Lukes

Registration District No. 2 File No. 35664

Primary Registration District No. 1004 Registered No. 201

FULL NAME OF CHILD Frank Livezey Roberts

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
male	—	—	yes	Dec 28th 1912 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Walter S. Roberts	FULL MAIDEN NAME	Mary E. Livezey
RESIDENCE	1020½ Jefferson St.	RESIDENCE	1020½ Jefferson St.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Penn.	BIRTHPLACE	Mass.
OCCUPATION	Travelling Salesman	OCCUPATION	Housewife

Number of child of this mother, including present birth 4th

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10 00 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Taylor M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Boise Ida.

Filed 12/31 19 15 M. S. Parker
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 25 1942

MAY 2? 1942

213-107-001-652

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF [illegible]
BUREAU OF VITAL STATISTICS

35665

County of Ada

City of Boise

Registration District No. 7 File No.

No. 1416 Ellis St.

Primary Registration District No. 1004 Registered No. 203

Hospital

FULL NAME OF CHILD Clifford Morris Ball

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	—	—	yes	Oct 7 1915

	FATHER	MOTHER
FULL NAME	James O Ball	FULL MAIDEN NAME Lavina M Webber
RESIDENCE	1416 Ellis Boise Ida	RESIDENCE Boise
COLOR	white	COLOR white
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE	Nebr	BIRTHPLACE Wisc.
OCCUPATION	Bank Clerk	OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. P. Blake

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 12/31 19 15 M. S. Parker

Registrar

S-Y CO. 24695

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

859-230-004 295

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE [redacted] BUREAU OF [redacted] STICS

CERTIFIC[redacted]

35666

County of Ada

City of Boise

Registration District No. [redacted] File No.

No. 823 E St.

Primary Registration District No. 1[redacted]9 Registered No. 202

Hospital St Luke's

FULL NAME OF CHILD Catharine Brewster Herrick

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female	— and —	—	yes	Sept 30 1913

	FATHER	MOTHER
FULL NAME	Roy E Herrick	Margaret Brewster
RESIDENCE	823 E Washington	Boise
COLOR	white	White
AGE AT LAST BIRTHDAY	29 (Years)	32 (Years)
BIRTHPLACE	Iowa	Ills
OCCUPATION	Clerk U.S.R.S.	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (born alive or stillborn) at 6 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. L. Glasse

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed 12.31 19 15 M. S. Parker

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 2 0 1971

OCT 1 1975

JUL 2 6 1976

419-204-001419

PLACE OF BIRTH

County of Ada

City of Boise

No. ____ St.

Hospital St. Luke's

STATE OF [redacted]

BUREAU OF VIT[redacted]CS

CERTIFICATE

Form V. S. No. 11-C—25m-1-1-13

Registration District No. 2

File No. 35667

Primary Registration District No. 1004

Registered No. 204

FULL NAME OF CHILD Eleanor Marks

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female	—	—	no	Dec 4 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	David Nicholson	Dora Marks
RESIDENCE	not known	Boise, Idaho
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	31	29
BIRTHPLACE	Wisc	Nebr
OCCUPATION	Rancher	Housekeeper

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. P. Glaze

(Physician or midwife)

Address Boise Ida

Given names added from a supplemental report. ____ 19____

12.31 15 M. S Parker

Filed ____ 19____

Registrar

Registrar

S-Y CO. 24698

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

669-127-014-666

[redacted]

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. ..... St.

Hospital .....

Registration District No. 7 File No. 35668

Primary Registration District No. 1006. Registered No. .....

FULL NAME OF CHILD Judson W Wark

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	12 (Month) 27 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Roof W Wark	FULL MAIDEN NAME	Chloris Woodring
RESIDENCE	Nampa Ida	RESIDENCE	Nampa Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Iowa
OCCUPATION	Clerical Work	OCCUPATION	Housewife

Number of child of this mother, including present birth One Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10:30 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Clyde E Watson
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Nampa Ida

Filed Jan 3 1915 Dr S D Calonge
Registrar
Anna Hatfield Deputy

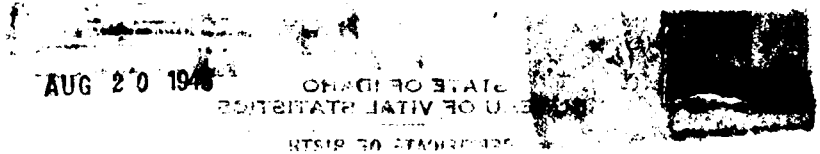
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.


AUG 20 194

633-220-014-593

[redacted] 18

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa, R.R. No. 1.

No. ..... St.

Hospital --

Registration District No. 7

Primary Registration District No. 2006

File No. 35669

Registered No. .....

FULL NAME OF CHILD * MABEL LEONA OTTEN

Sex of Child	Twin Triplet or other? **	and Number in order of birth	Legitimate?	Date of Birth
Girl			Yes.	Dec. (Month) 20Th. (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Herman Otten	FULL MAIDEN NAME	Leona Nice.
RESIDENCE	Nampa, R.R. No. 1	RESIDENCE	Nampa, R.R. No. 1
COLOR	White	COLOR	White.
AGE AT LAST BIRTHDAY	35. (Years)	AGE AT LAST BIRTHDAY	21. (Years)
BIRTHPLACE	Nebraska.	BIRTHPLACE	Montana
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8.15 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Murray

Md. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Nampa Idaho

Filed Dec 23 1915 Dr S D Calonge Registrar

Anna Hatfield Deputy

..... Registrar

S-Y CO. 24656

[redacted]

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada }

Certificate No. 35669

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Otten (Name on Original Certificate) who born (Was Born or Died) on Dec. 20, 1915 (Date of Event) in Nampa, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Mother (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Mabel Leona Otten

Subscribed and sworn to before me this 17th day of March, 1942

Signed Mrs Leona Otten
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Boise Idaho

My commission expires 6-24-45
(Seal)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Signed
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at

(Street Address, City, State)

My commission expires
(Seal)

APR . 2 1970

753-230-001-249
PLACE OF BIRTH

[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-1-1-18

CERTIFICATE OF BIRTH

County

35670

County of Ada.

City of R.F.D.No.2.

No. _____ St.

Hospital --

Registration District No. 7

Primary Registration District No. 2006.

File No. _____

Registered No. _____

FULL NAME OF CHILD Gladys Laura Pethtel.

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl			Yes.	Dec. 30 Th. 1915

FATHER	MOTHER
FULL NAME: D.C.Pethtel.	FULL MAIDEN NAME: Emma Gertrude Smith.
RESIDENCE: Nampa, R.F.D.	RESIDENCE: Nampa, R.F.D.No.2.
COLOR: White.	COLOR: White
AGE AT LAST BIRTHDAY: 25 (Years)	AGE AT LAST BIRTHDAY: 25. (Years)
BIRTHPLACE: Idaho.	BIRTHPLACE: Kansas.
OCCUPATION: Farmer.	OCCUPATION: Housewife.

Number of child of this mother, including present birth: 3

Number of children of this mother now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1. A. M. on the date above stated.

(Signature) J H Murray

M.D. (Physician or midwife)

Address Nampa Idaho

Filed Jan 3 1916 Dr S D Calvert Registrar

Anna Hatfield Deputy

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

.....19.....

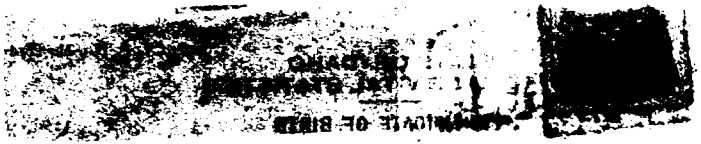
.....
Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



253-206-014-295

PLACE OF BIRTH

Form V. S. No. 11—25m-1-1-18

[redacted] OF IDAHO
ITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Melba 7 miles south. Registration District No. 7 File No. 35671

No. ____ St. Primary Registration District No. 2006 Registered No. ____

Hospital ____

FULL NAME OF CHILD Grace Elizabeth Selby

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		one	Legitimate	Dec. 6 1915

FATHER	MOTHER
FULL NAME: Arthur L. Selby	FULL MAIDEN NAME: Jessie F. Breach
RESIDENCE: Melba	RESIDENCE: Melba
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 33 (Years)	AGE AT LAST BIRTHDAY: 30 (Years)
BIRTHPLACE: Indiana	BIRTHPLACE: Iowa
OCCUPATION: Farmer	OCCUPATION:

Number of child of this mother, including present birth: 6 Number of children of this mother now living, including present birth: 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) Dec 6 1915 at 5 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sophia Hertha

Midwife (Physician or midwife)

Address ____

Given names added from a supplemental report, ____ 19____

____ Registrar

Filed Dec 14 1915 Ord O Calough Registrar

Anna Nuffield Deputy

8-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

PLACE OF BIRTH

Dr Ralph Falk
Boise Ida

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

554-230-014-799

PLACE OF BIRTH

Form V. S. No. 11—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of ~~Ada~~ Canyon

City of Melba

Registration District No. 7

File No. 35672

No. ..... St.

Primary Registration District No. 2006

Registered No. .....

Hospital .....

FULL NAME OF CHILD Eleonore Newcomb

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
female			one	Legitim.	Nov. (Month) 30th (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Lewis E. Newcomb	FULL MAIDEN NAME	Helene A. Prisk
RESIDENCE	Melba	RESIDENCE	Melba
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Wis.
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at Nov. 30th 1915 at 11 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sophia Herth

Midwife
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

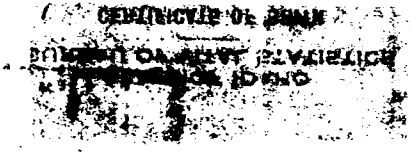
Address .....

Filed Dec 14 1915 Dr S D Colough
Registrar

Registrar

Anna Hartfield Deputy.

S-Y CO. 24656



259-105-014-214

PLACE OF BIRTH

Form V. S. No. 11—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

(County 35673)

CERTIFICATE OF BIRTH

County of Canyon.

City of Caldwell, R.F.D.

No. ..... St.

Hospital .....

Registration District No. 7

File No. .....

Primary Registration District No. 2006

Registered No. .....

FULL NAME OF CHILD *

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Boy.	—	—	Yes.	Dec. 5th. 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Arthur G. Keister	FULL MAIDEN NAME	Rosella Kaufman
RESIDENCE	Deer Flats	RESIDENCE	Deer Flats
COLOR	White	COLOR	White.
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Illinois.	BIRTHPLACE	Nebraska.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) 3.30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) J H Murray

M.D. (Physician or midwife)

Address Nampa Idaho.

Filed Dec 12 1915 Dr S D Calonge Registrar

Anna Hatfield Deputy

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DECEASED

195-208-014-253

PLACE OF BIRTH

Form V. S. No. 11—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

City

County of Nampa Canyon Co.

City of

Registration District No. 7

File No. 35674

No. 1014 1st St. North.

Primary Registration District No. 1006

Registered No.

Hospital *

FULL NAME OF CHILD * RITA AZEVEDO

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Girl.	--	--	Yes.	Dec. 8th. 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John Azevedo.	FULL MAIDEN NAME	Belaustegui
RESIDENCE	Portugal. Nampa Idaho.	RESIDENCE	Spain Nampa Idaho
COLOR	White.	COLOR	White
AGE AT LAST BIRTHDAY	46. (Years)	AGE AT LAST BIRTHDAY	26. (Years)
BIRTHPLACE	Portugal	BIRTHPLACE	Spain
OCCUPATION	Sheep Mann.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3.30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Murray

M.D. (Physician or midwife)

Given names added from a supplemental report.

19

Address Nampa, Idaho.

Filed Dec 12 1915 Dr S D Calouge Registrar

Registrar

Anna Hatfield Deputy

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

215-224-014-269

PLACE OF BIRTH

Form V. S. No. 11-25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35675

County of Canyon

City of

No. Kuna R.F.D. Not St.

Registration District No. 7

File No.

Primary Registration District No. 2006

Registered No.

Hospital

FULL NAME OF CHILD ~~Martha Lucille~~ MARTHA LUCILLE Bamford

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Girl	X		^	Yes	Dec 24 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	R. R. Bamford	FULL MAIDEN NAME	Mary Brown
RESIDENCE	Country	RESIDENCE	Country
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Ill.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Murray

M.D.
(Physician or midwife)

Given names added from a supplemental report.

19

Address Nampa Idaho

Filed Jan 3 1915 Dr. F. D. Calonge
Registrar

Registrar

Anna Hatfield Deputy

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of Ada

Certificate No. 35675

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Mattie Lucille Bamford (Name on Original Certificate) who born (Was Born or Died) on December 24-1915 (Date of Event)
in Nampa, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Insurance Policy (Bible Record, Insurance Policy, Etc.) prepared on October 29-1935 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Mattie Lucile	Martha Lucille Bamford

Subscribed and sworn to before me this 7th
day of August, 1943

Notary Public, residing at Boise Idaho

My commission expires Nov 27-47
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of .....

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19.....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

.....
(Street Address, City, State)

SEP 13 1943

MAR 2 0 1976

219-231-037-918

PLACE OF BIRTH

Form V. S. No. 11—25m-1-1-[illegible]

S[illegible]HO
BUREAU[illegible]TATISTICS
CE[illegible]BIRTH

County of Owyhee.

City of Wilson P.O.

No. ..... St.

Hospital .....

Registration District No. 7

File No. 35676

Primary Registration District No. 2006

Registered No. .....

FULL NAME OF CHILD * LOIS BAILEY

Sex of Child	Twin Triplet or other? — — and Number in order of birth — — (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl.		Yes.	Dec. 31 St. 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ralph E. Bailey.	FULL MAIDEN NAME	Lydia Raymond.
RESIDENCE	Wilson Ida.	RESIDENCE	Wilson Idaho.
COLOR	White.	COLOR	White.
AGE AT LAST BIRTHDAY	26. (Years)	AGE AT LAST BIRTHDAY	21. (Years)
BIRTHPLACE	Kansas.	BIRTHPLACE	Texas.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1.

Number of children of this mother now living, including present birth 1.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn) 8.15. P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Murray

M.D. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Nampa Idaho.

Filed Jan 3 1915 Dr S D Calouge Registrar

Anna Hatfield Deputy.

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

35676

OCT 2 2 1942

285-101-031-438

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Lewis

City of Vollmer

No. ..... St.

Hospital .....

STATE OF [redacted]
BUREAU OF VIT[redacted]
CERTIFICATE [redacted]

Registration District No. 60 File No. 35677

Primary Registration District No. 2129 Registered No. 135

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Nov. (Month) 1 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Henry Byer	FULL MAIDEN NAME	Elizabeth McQueen
RESIDENCE	Vollmer, Ida.	RESIDENCE	Vollmer Ida ~~Palouse, Wash~~
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Poinston, Ind.	BIRTHPLACE	Palouse, Wash
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 4 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E L Burke M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Vollmer Ida

Filed Dec 21 1915 R E Dunlop M.D.

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

314-119-031-868

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35678

County of Lewis

City of Vollmer

Registration District No. 60 File No.

No. St.

Primary Registration District No. 2129 Registered No. 134

Hospital

FULL NAME OF CHILD Roy Wilson Campbell

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
m	—— and ——	——	Yes	Dec 19 1915

(To be answered only in event of plural births)

FATHER

FULL NAME William Edward Campbell

RESIDENCE Vollmer Idaho

COLOR w AGE AT LAST BIRTHDAY 49 (Years)

BIRTHPLACE Cumberland Co. Ill.

OCCUPATION Cattleman

MOTHER

FULL MAIDEN NAME Belle Hoyt

RESIDENCE Vollmer, Idaho

COLOR w. AGE AT LAST BIRTHDAY 39 (Years)

BIRTHPLACE Olney Ill

OCCUPATION housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3:20 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. E. Dunlap M.D.

(Physician or midwife)

Address Ilo, Idaho.

Given names added from a supplemental report.

....., 19.....

.....
Registrar

Filed Dec 21 1915 R. E. Dunlap M.D.
Registrar

S-Y CO. 24655

14-77

251-116-031-853

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of Vollmer RFD

Registration District No. 50 File No. 35679

No. ..... St.

Primary Registration District No. 2129 Registered No. 133

Hospital .....

FULL NAME OF CHILD Kenneth Keith Knapp (died)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	—		—	Yes	Dec 16 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Manley W. Knapp	FULL MAIDEN NAME	Florence Helm
RESIDENCE	Lapwai Idaho	RESIDENCE	Lapwai Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Baraboo Wis	BIRTHPLACE	Tiffin Ohio
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4.05 M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. E. Dunlap MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Ilo, Idaho

Filed Dec 16 1915 R E Dunlap MD
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

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OF IDAHO
ITAL STATE
TE OF IDAHO

261-226-085-235

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Idaho
City of Kooskia
No. ____ St.
Hospital ____

AMENDED MAR. 1, 1948

CERTIFICATE OF BIRTH

Registration District No. 106 File No. 35681
Primary Registration District No. 2184 Registered No. 64

FULL NAME OF CHILD Beulah Edith Swan
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes	Dec. 26 1915

What bactericidal solution was used in eyes? ____

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

FATHER	MOTHER
FULL NAME: Jess Swan	FULL MAIDEN NAME: Grace Martha Stewart
RESIDENCE: Harpster	RESIDENCE: Tahoe
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 32 (Years)	AGE AT LAST BIRTHDAY: 22 (Years)
BIRTHPLACE:	BIRTHPLACE: Spokane
OCCUPATION: Rancher	OCCUPATION: Housekeeper

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 192....

..... Registrar.

(Signature) Mrs. G. W. Stewart

(Physician or midwife)

Address Kooskia, Idaho

Filed 12/31 1915 J. J. Verbenkmoes Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

5

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Calif. } ss.
County of Modoc

Certificate No. 35681

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Edith Beulah Swan (Name on Original Certificate) who was born (Was Born or Died) on December 26th 1915 (Date of Event)
in Kooskia, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of her knowledge, the
true facts are shown by personal knowledge of undersigned Mother, Mae Stewart Campbell (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Edith Beulah Swan	Beulah Edith Swan

Subscribed and sworn to before me this 24th day of February, 1948.

Mary L. Yates
Notary Public, residing at Alturas, Modoc Co. Calif
My commission expires June 19th 1950
(Seal)

Signed Mae Stewart Campbell
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Alturas, Modoc Co. Calif
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Calif. } ss.
County of Modoc

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th day of February, 1948.

Mary L Yates
Notary Public, residing at Alturas, Calif
My commission expires June 19th 1950
(Seal)

Signed A. K. Wylie
(Signature of Any Credible Person)

Alturas, Modoc Co. Calif
(Street Address, City, State)

MAR 1 1948
MAR 21 1959

819-119-025-819

Form V. S. No. 11-C—Rm-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35682

County of Idaho

City of Stites

No. ..... St.

Hospital .....

Registration District No. 106 File No. .....

Primary Registration District No. 2184 Registered No. 62

FULL NAME OF CHILD Robert Edwin Hart

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	Single (To be answered only in event of plural births)	One	Yes	Dec (Month) 19 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Jesse Deaton Hart	FULL MAIDEN NAME	Emma Margaret Harcourt
RESIDENCE	Stites	RESIDENCE	Stites
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Washington	BIRTHPLACE	Ohio
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 45 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. W. Wentworth

M. D.
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Stites Idaho

Filed Dec 31 1915 J. M. Verbeck Knoles
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form U.S. No. 11-C—20m-5-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

MAY 4 1976

454-118-025-339

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35683

County of Idaho

City of Kooskia - (Johns)

Registration District No. 106 File No.

No. St.

Primary Registration District No. 2127 Registered No. 61

Hospital

FULL NAME OF CHILD Roy Mitchell Wadsin

Sex of Child	Twin, triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	Twin		1	yes	Dec 18 1910

FATHER		MOTHER	
FULL NAME	Jesse Wadsin	FULL MAIDEN NAME	Jessie Sutch
RESIDENCE	Kooskia - Idaho	RESIDENCE	Johns - Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Sweden	COLOR	White
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	29
		BIRTHPLACE	S. Dakota
		OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 45 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jno. Verbert Evans

Physician (Physician or midwife)

Address Kooskia - Idaho

Given names added from a supplemental report.

19

Registrar

Filed Dec. 31 1910

Jno. Verbert Evans Registrar

8-Y CO. 24699

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

654.118.025-359

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35684

County of Idaho

City of Kooskia (Tahoe)

No. ..... St.

Hospital .....

Registration District No. 106 File No. .....

Primary Registration District No. 2184 Registered No. 60

FULL NAME OF CHILD Jesse Ray Wedin

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Male	Twin	2	yes	Dec 18 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Jesse Ray Wedin	FULL MAIDEN NAME	Jessie Leitch
RESIDENCE	Tahoe - Idaho	RESIDENCE	Tahoe Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	S. Dakota
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7 55 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Verberkmoes
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Kooskia - Idaho

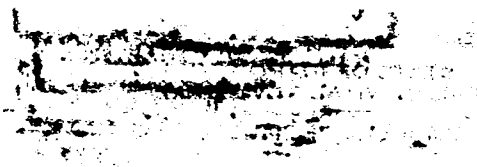
Filed Dec 31 1915 J. M. Verberkmoes
Registrar

S-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



638-213-025-713

Form V.S. No. 11-S—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35686

PLACE OF BIRTH

County of Idaho

City of Stites

No. ..... St.

Hospital .....

Registration District No. 106 File No. .....

Primary Registration District No. 2184 Registered No. 58

FULL NAME OF CHILD Orissa Laverne Flynn

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female	3	Yes	Dec 13 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Oscal Henry Flynn	FULL MAIDEN NAME	Orissa May Palmer
RESIDENCE	Three mile S E Stites	RESIDENCE	Three miles S E Stites
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Iowa
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 12:15 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W W Entworth M.D. (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Stites Idaho

Filed Dec 31 1915 J M Verbeekmoes Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 26 1953

386-113025-231

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35687

County of Idaho

City of Kooskia

No. ..... St.

Hospital .....

Registration District No. 106 File No. .....

Primary Registration District No. 2184 Registered No. 57

FULL NAME OF CHILD Harvey Morgan Thompson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Dec 13 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Harvey Thompson	FULL MAIDEN NAME	Minnie B. Scarlott
RESIDENCE	Tahoe - Idaho	RESIDENCE	Tahoe Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Ohio
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8 45 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Verberkmoes

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Kooskia Idaho

Filed Dec 31 1915 J. M. Verberkmoes
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy Issued Nov. 29, 19[illegible]

386-201-025-915

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35688

County of Idaho

City of Kooskia

Registration District No. 106 File No.

No. St.

Primary Registration District No. 2184 Registered No. 56

Hospital

FULL NAME OF CHILD Mildred Aurilla Lyons

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Dec 1 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Henry Lyons	Mabel Randall
RESIDENCE	Kooskia - Idaho	Kooskia - Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	37	29
BIRTHPLACE	Wisconsin	California
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 05 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Herbert M.D.

(Physician or midwife)

Address Kooskia - Idaho

Given names added from a supplemental report.

19

Registrar

Filed Dec 31 1913 J. M. Herbert M.D. Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

693-221-025-695

Form V. S. No. 11-C-20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of States

No. ..... St.

Registration District No. 106 File No. 35689

Primary Registration District No. 2184 Registered No. 63

Hospital

FULL NAME OF CHILD Madeline Jane Witt

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		2	Yes	Dec 21st 1915

FATHER	MOTHER
FULL NAME Abraham Witt	FULL MAIDEN NAME Naomi Winfield
RESIDENCE States	RESIDENCE States
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 36 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Oklahoma	BIRTHPLACE Arkansas
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3a M. on the date above stated.

(Signature) H W Wentworth M D

(Physician or midwife)

Address States Idaho

Filed Dec 31 1915 J M Vanbeekum Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECEASED

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 35689

County of Idaho } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Madeline Jane Witt (Name on Original Certificate) who born (Was Born or Died) on Dec 21st 1916 (Date of Event)

in [illegible] (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Parent's and Dr. H. W. Wentworth, Dec. 21, 1916 (Bible Record, Insurance Policy, Etc.) (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Date	Dec. 20th	Dec. 21, 1916

Subscribed and sworn to before me this 24th. day of July, 1942

Notary Public, residing at Stites, Idaho

My commission expires April 22, 1945.

(Seal)

Signed Oma Witt

(Signature of parent or ~~attendant~~ if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

[illegible]

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.

County of Idaho }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th. day of July, 1942

Notary Public, residing at Stites, Idaho

My commission expires April 22, 1945.

(Seal)

Signed H. W. Wentworth [illegible]

(Signature of Any Credible Person Other Than Previous Year)

[illegible]

(Street Address, City, State)

Dec [illegible] 1916 at [illegible]

AUG 3 1942

AUG 5 1974

AUG 25 1975

419-179-005-459

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. [redacted]

CERTIFICATE OF BIRTH

County of Bannock

City of Lava Hot Springs Registration District No. File No. 35690

No. St. Primary Registration District No. Registered No.

Hospital

FULL NAME OF CHILD Victor Stanley Martin

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Dec 19 1915

FATHER		MOTHER	
FULL NAME	Victor W. Martin	FULL MAIDEN NAME	Elva L. Merrick
RESIDENCE	Lava Hot Springs	RESIDENCE	Lava Hot Springs
COLOR	white	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Clifton Idaho.	BIRTHPLACE	Oxford Idaho
OCCUPATION	Laborer	OCCUPATION	Laborer

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 1: A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frances F. Merrick

Midwife
(Physician or midwife)

Address Lava Hot Springs Idaho,

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed Dec 19 15

.....
Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

35639

JUL 23 1949

855-231-003-843

PLACE OF BIRTH

Form V. S. No. 11-C Rev. 2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Lava Hot Springs Registration District No. File No. 35691

No. St.

Primary Registration District No. Registered No.

Hospital

FULL NAME OF CHILD Marion Lawarl Henson

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				yes	Dec 31 1915

FATHER		MOTHER	
FULL NAME	Alfred J. Henson	FULL MAIDEN NAME	Malinda S Hutton
RESIDENCE	Lava Hot Springs	RESIDENCE	Lava Hot Springs
COLOR	white	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Lava Hot Springs	BIRTHPLACE	Brown Co Kansas
OCCUPATION	Farming	OCCUPATION	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 11 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frances F. Merrick, Midwife
(Physician or midwife)

Address Lava Hot Springs Idaho

Given names added from a supplemental report

..... 19.....

Filed Dec 1915

..... Registrar

8-Y CO. 20174

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 4 1957

259-128-041-719

Form V. S. No. 11C—25m-1-1-13

PLACE OF BIRTH

County of Teton

City of Victor

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 20 File No. 35692

Primary Registration District No. 20 12 Registered No. .....

FULL NAME OF CHILD Harvey Donald Berger

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	12 (Month) 28 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	James H Berger	FULL MAIDEN NAME	Edith, Edessa, Pardon
RESIDENCE	Victor Ida	RESIDENCE	Victor Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Providence Utah	BIRTHPLACE	Newton Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8 15 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Benj. F. Roseman M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Driggs Idaho

Filed Jan 4 1915 Geo W Chadler
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

FEB 2 1976

553-22-4041-593

PLACE OF BIRTH

County of Teton

City of Bates

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11 2m-25m-1-1-13

CERTIFICATE OF BIRTH

Registration District No. 90

Primary Registration District No. 7012

File No. 35693

Registered No. ____

FULL NAME OF CHILD Wanda May Nelson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	12 24 1915

FATHER		MOTHER	
FULL NAME	Dan Nelson	FULL MAIDEN NAME	Rose Ella Nickell
RESIDENCE	Bates Ida	RESIDENCE	Bates Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Heber City Utah	BIRTHPLACE	Fairview Utah
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10.30 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ben F. Foreman M.D.

(Physician or midwife)

Address Driggs Idaho

Given names added from a supplemental report.

19 ____

Filed Jan 4 1916

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 8 1954

DEC 2 8 1973

662-124-041-593

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Teton

City of Chapin

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 20 File No. 35694

Primary Registration District No. 2012 Registered No. .....

FULL NAME OF CHILD Foster

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	11 (Month) 24 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Thomas Foster	FULL MAIDEN NAME	Anna Bell Nichell
RESIDENCE	Chapin Ida	RESIDENCE	Chapin Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Bates Ida.	BIRTHPLACE	Fairview Utah
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 12 noon M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Benj. F. Roseman MD

(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19...

Address Briggs Ida

Filed Jan 4 1916 Geo W Charles
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 1 1967

331-203-041-593

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Litton

City of Driggs

No. ..... St.

Hospital .....

Registration District No. 20 File No. 35695

Primary Registration District No. 2012 Registered No. .....

FULL NAME OF CHILD Erma Clark

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	12 (Month) 3 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	David Neal Clark	FULL MAIDEN NAME	Della Pearl Nickell
RESIDENCE	Driggs	RESIDENCE	Driggs
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Vineyard Utah	BIRTHPLACE	Driggs Idaho
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 9.25 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Benj. F. Roseman M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19...

Address Driggs Idaho.

Filed Jan 4 1916 Geo D Chartell
Registrar

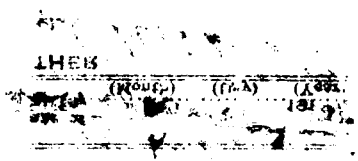
Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
OCT 20 9 26 AM '77

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Utah
County of Sanpete } ss

Certificate No. 35695

Date Filed 10-17-77

The undersigned does solemnly swear that certain facts on the certificate of birth
(Birth or Death)
for Unnamed Clark (female) who was born on Dec 3, 1915
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Driggs, Idaho (Teton) are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by Life Insurance Policy prepared on 10/21/58 are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Erma Clark

Subscribed and sworn to before me this 17 day of October 1977

Signed Henry U. W. Keller
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Fairview Utah 84629

My commission expires 2-1-78
(Seal)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Nevada
County of Lincoln } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd day of October 1977

Signed Alexander Nickell
(Signature of Any Credible Person)

Notary Public, residing at Panaca, Nevada

My commission expires July 30, 1980
(Seal)

Box 246 Panaca, Nevada
(Street Address, City, State)

MARGARET W. JONES
Notary Public — State of Nevada
Lincoln County
My Commission Expires July 30, 1980

FORM DH 60-155

CL 9/21/77

Certif of Baptism from the LDS Church gives name as Erma Clarke daughter of David Niel Clarke and Pearl Nickell. born Dec 3, 1915 at Driggs, Idaho. Baptized June 13, 1926. viewed by V. S.

NOV 30 1977

Letter from Ward Clerk of LDS Church in Fairview, Utah gives name as Erma Clark Shelley born Dec. 3, 1915 in Driggs, Idaho. viewed by V. S.

819-105-00-343

[redacted]

No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 10th

File No. 35696

No. ..... St.

Primary Registration District No. 2002

Registered No. .....

Hospital St Alphonsas

FULL NAME OF CHILD Donald Mayson Harris

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	2nd	Yes	Dec. 5 1915

FATHER		MOTHER	
FULL NAME	Lawrence B. Harris	FULL MAIDEN NAME	Ifa Cutting
RESIDENCE	Eagle	RESIDENCE	Eagle
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	~~North~~ South Dak.	BIRTHPLACE	Mass.
OCCUPATION	Pharmacist	OCCUPATION	Housewife

Number of child of this mother, including present birth 2nd

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive Dec 5 at 6:45 p.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jos R Numbers

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Boise Idaho

Filed Jan 6 1916 L B Harris

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

PLACE OF BIRTH

[redacted]

679-211-001-85-4

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

County of Ada

City of Meridian

Registration District No. 11 File No. 35697

No. ..... St.

Primary Registration District No. 2023 Registered No. .....

Hospital .....

FULL NAME OF CHILD Kathryn Irene Opie

Sex of Child Female | Twin Triplet or other? — | and Number in order of birth — | Legitimate? Yes | Date of Birth 11 — 11 — 1916 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME Harry J. Opie	FULL MAIDEN NAME Emma Clora Hedges
RESIDENCE Near Blue Valley school	RESIDENCE Near Blue Valley School
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 26 (Years)	AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Nebraska	BIRTHPLACE Nebraska
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3:50 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Dutton M.D.

(Physician or midwife)

Address Meridian Idaho

Given names added from a supplemental report.

..... 19.....

Filed 11-14-1915 C. L. Dutton Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 16 1940

350-107-001-685

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Meridian — Registration District No. 11 — File No. 35698

No. — St.

Primary Registration District No. 2003 — Registered No.

Hospital —

FULL NAME OF CHILD Le Roy Donald Lewis

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	✓	—	Yes	11 — 7 — 1915

FATHER		MOTHER	
FULL NAME	Lester Wm. Lewis	FULL MAIDEN NAME	Clora Wheeler
RESIDENCE	Meridian R.D. 2	RESIDENCE	same —
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Meridian Ida.	BIRTHPLACE	(Marcus) Colorado
OCCUPATION	Farmer —	OCCUPATION	Housewife —

Number of child of this mother, including present birth 3 — Number of children of this mother now living, including present birth 2 —

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive — at 7.40 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Sutton M.D.
(Physician or midwife)

Address Meridian Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 11-9- 19 15 C. L. Sutton Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 21 1950

JUN 11 1950

DuPCO 1915-348214

763-208-001-466

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Meridian

No. ..... St.

Hospital .....

Registration District No. 11

File No. 35699

Primary Registration District No. 2003

Registered No. .....

FULL NAME OF CHILD Essie May Potter.

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	✓		✓	Yes	11 (Month) 8th (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Ralph Henry Potter	FULL MAIDEN NAME	Bessie ~~May~~ Agness Mosford
RESIDENCE	2½ Mi. S. E.	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Iowa.	BIRTHPLACE	Kansas.
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10 25 P. M., on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Dutton

M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Meridian

Filed 11-10-1915 C. L. Dutton
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

693-108-004-613

PLACE OF BIRTH

amended 5/22/79

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Bear Lake

City of Bloomington

Registration District No. 53 File No. 35700

No. ....., ... St.

Primary Registration District No. 2132 Registered No. 149

Hospital .....

FULL NAME OF CHILD Bernard Claire Wilks

Sex of Child Male	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes 5	Date of birth Dec 8th 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Henry Wilks	FULL MAIDEN NAME	Mabel Agnes Wollantine
RESIDENCE	Bloomington Idaho	RESIDENCE	Bloomington Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Almy Wyoming	BIRTHPLACE	Paris Idaho
OCCUPATION	Farmer	OCCUPATION	Farmers Wife

Number of child of this mother, including present birth 5 Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L T S Hottendorf

M D (Physician or Midwife)

Given names added from a supplemental report

PARIS, IDAHO.

....., 19.... Address .....

Filed 1-8-1916 R J Sutton Registrar

SYMS - YORK CO., PTRS. & BDRS 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

[redacted]

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____ }

Certificate No. 35700
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Wilks (male) (Name on Original Certificate) who was born (Was Born, Died, etc.) on Dec 8, 1915 (Date of Event)

in Bloomington (Bear Lake) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	Unnamed Wilks	Bernard Claire Wilks

Subscribed and sworn to before me this 1st day of May, 1979.

Notary Public, Joan R. Ebarn
Residing at Paris, Idaho
My commission expires Non-expiring
(Seal)

Signature of Applicant

Box 87 Paris Idaho 83261
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

(Must be completed __)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28th day of April, 1979.

Notary Public, Joan R. Ebarn
Residing at Paris, Idaho
My commission expires Non expiring
(Seal)

(Mother)

Supporting Signature

Paris Idaho 83261
Street Address, City, State

CL 4/21/79

Certificate of blessing, LDS Church lists name as
Bernard Claire Wilks, born December 8, 1915.
viewed by vs May 21, 1979

MAY 23 1979

Military discharge lists name as Bernard C. Wilks.
Dated October 20, 1945. Infantry.
viewed by vs May 21, 1979

718-110-004-241

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bear Lake

City of Bloomington

No. ....., ... St.

Hospital .....

Registration District No. 53

File No. 35701

Primary Registration District No. 2132

Registered No. 148

FULL NAME OF CHILD Elwood Nephi Payne

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
male		yes	Nov. 10th 1915

FATHER		MOTHER	
FULL NAME	Nephi Walter Payne	FULL MAIDEN NAME	Ada Smart
RESIDENCE	Bloomington	RESIDENCE	Bloomington
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Bloomington	BIRTHPLACE	Glendale, Ut.
OCCUPATION	Farmer	OCCUPATION	Farmer

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at N. P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. H. Hottendorf

M. D.

(Physician or Midwife)

Given names added from a supplemental report

Jan 1916

R. J. Sutton

Registrar

Address .....

Filed 1-8-1916

R. J. Sutton

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

653-114-004-663

Form V. S. No. 11—10m-2-15-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Paris

No. ..... St.

Hospital .....

Registration District No. 53 File No. 35702

Primary Registration District No. 2132 Registered No. 15

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Nov. 14 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Quincy E. Wilkes	FULL MAIDEN NAME	Mary E. Wallentine
RESIDENCE	Paris	RESIDENCE	Paris
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Arizona	BIRTHPLACE	Paris
OCCUPATION	Laborer	OCCUPATION	H.W.

Number of child of this mother, including present birth 3rd Number of children of this mother now living, including present birth 3rd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6:15 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. D. Cooley

M. D. (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Paris

Filed 1-8-1916 R. J. Sutton Registrar

..... Registrar

S-Y CO. 20175

495-220-004-365

PLACE OF BIRTH

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Paris

No. ..... St.

Hospital .....

Registration District No. 53 File No. 35703

Primary Registration District No. 232 Registered No. 153

FULL NAME OF CHILD Ruth Minson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			Yes	Dec 20 191 3

FATHER

FULL NAME: Jesse W. Minson

RESIDENCE: Paris

COLOR: W

AGE AT LAST BIRTHDAY: 25 (Years)

BIRTHPLACE: Paris

OCCUPATION: Merchant (Grocer)

MOTHER

FULL MAIDEN NAME: Emeline L. Long

RESIDENCE: Paris

COLOR: W

AGE AT LAST BIRTHDAY: 22 (Years)

BIRTHPLACE: Paris

OCCUPATION: None

Number of child of this mother, including present birth: 1

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Living (Born alive or stillborn), at 6:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) W. S. Cooley M. D.

(Physician or midwife)

Address Paris

Filed 1-8-1916 R. J. Sullivan Registrar

B-Y CO. 20175

SEP 27 1968

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED FEB 14 '75

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of FIAR }

Certificate No. 35703

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Minson (female) (Name on Original Certificate) who was born (Was Born or Died) on Dec. 20, 1915 (Date of Event)
in Paris, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Ruth Minson

Subscribed and sworn to before me this 18th day of February, 19 75

Diana M. Dawson

Notary Public, residing at Modesto, California

My commission expires December 26, 1977

(Seal)

Signed John Ralph Minson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

420 Coronado Way Modesto Calif
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of .....

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed Evie L. Minson
(Signature of Any Credible Person)

420 Coronado Way Modesto Calif
(Street Address, City, State)

95352

FORM DH 60-155

CL 2/4/75 RUSH!!

Diploma from Salt Lake City high school gives name as Ruth Minson. dated June 2, 1933. viewed by V. S.

MAR 26 1975

Birth certif. from LDS Church gives name as Ruth Minson. date of birth given as December 20, 1915 at Paris, Idaho. Father's name given as Jesse W. Minson and the bride's name as Lurlene L. Long. entered on record Feb. 6, 1916. viewed by V. S.

613224.004-434

PLACE OF BIRTH

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake Amended 4/11//77

City of Lanark

Registration District No. 53 File No. 35704

No. ..... St.

Primary Registration District No. 2132 Registered No. 152

Hospital .....

FULL NAME OF CHILD Ruby Ann Watkins

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Dec (Month) 24 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Thomas H Watkins	FULL MAIDEN NAME	Jennie McMurray
RESIDENCE	Lanark	RESIDENCE	Lanark
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Liberty, Ida.	BIRTHPLACE	Liberty
OCCUPATION	Farmer	OCCUPATION	H W

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A D Cooley M D (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Paris

Filed 1-8-1916 R. J. Sutton Registrar

Registrar

S-Y CO. 20175

AUG 26 1942

9/23/76

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
MAR 1 24 PM '77
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Twin Falls }

Certificate No. 35704

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Ruby Ann Watkins (Name on Original Certificate) who was born (Was Born or Died) on Dec. 24, 191- (Date of Event) in Lanarck, Idaho. (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by old West Life & OR Record (Bible Record, Insurance Policy, Etc.) prepared on 5-28-1960 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
birth date	Dec. 24, 191-	Dec. 24, 1915

Subscribed and sworn to before me this 28th day of February, 1977

Notary Public, residing at Twin Falls, Idaho
My commission expires Lifetime
(Seal)

Signed Lavern Watkins
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rt #3, Twin Falls, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Twin Falls }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd day of March, 1977

Notary Public, residing at Twin Falls, Idaho
My commission expires Lifetime
(Seal)

Signed [illegible]
(Signature of Any Credible Person)

413 Rose St NO. Twin Falls, Idaho
(Street Address, City, State)

FORM DH 60-155

Case history for Ruby Rose born Dec 24, 1915 age 55. dated 9-30-70. address Box 21, Kethcu, Idaho. viewed by V. S.

APR 11 1977

Application for exchange of Idaho Mutual Benefit Assoc. Polcu and transfer credti (Old West Life Ins. CO.) gives nameas Ruby Ann Rose born Dec 24, 1915. datedMay 28, 1960. viewed by V. S.

585-125-004-414

PLACE OF BIRTH

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Paris

No. ..... St.

Hospital .....

Registration District No. 53 File No. 35705

Primary Registration District No. 2132 Registered No. 151

(died)

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Nov 25 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Joseph Nye	FULL MAIDEN NAME	Elizabeth Maughan
RESIDENCE		RESIDENCE	Paris
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Paris	BIRTHPLACE	Paris
OCCUPATION	Farmer	OCCUPATION	H.W.

Number of child of this mother, including present birth 3rd Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5:45 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. Slooley

M.D. (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Paris

Filed 1-8-16 R. J. Sutton Registrar

Registrar

8-Y CO. 20175

962-226-004-765

PLACE OF BIRTH

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Lanark

No. ..... St.

Hospital .....

Registration District No. 53 File No. 35706

Primary Registration District No. 2132 Registered No. 150

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Nov. 26 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Thomas Roberts	FULL MAIDEN NAME	Barbara Goebel
RESIDENCE	Lanark	RESIDENCE	Lanark
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Paris	BIRTHPLACE	Paris
OCCUPATION	Lumber	OCCUPATION	H W.

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A P Cooley

M D
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Paris

Filed 1-8- 1916 R. J. Sutton
Registrar

Registrar

S-Y CO. 20175

285·113·004-266

PLACE OF BIRTH

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Paris

No. ..... St.

Hospital .....

Registration District No. 23 File No. 35707

Primary Registration District No. 432 Registered No. 149

FULL NAME OF CHILD Joseph Max Shepherd

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Nov. 13 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Oliver S. Shepherd	FULL MAIDEN NAME	Elnora Bowen
RESIDENCE	Paris	RESIDENCE	Paris
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Paris	BIRTHPLACE	Montpelier
OCCUPATION	Merchant (Furniture)	OCCUPATION	HW

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 11:30 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A D Cooley

M D (Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address Paris

Filed 1-8- 1916 R. J. Sutton Registrar

S-Y CO. 20175

JUN 20 1952

SEP 12 1961

652-109008-519

[redacted] PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boise

City of Norwood

No. ——— St.

Registration District No. 12 File No. 35708

Primary Registration District No. 2019 Registered No. 78

Hospital

FULL NAME OF CHILD Mathias Walder Wesilcoma

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	Sept. 9. 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Matt Wesilcoma	Maria Sarila
RESIDENCE	Norwood	Norwood
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	56	36
BIRTHPLACE	Finland	Finland
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4 p. M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wolfgang Rantal

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Registrar

Filed Jan. 10 1916. May Fitz Deputy Registrar

S-Y CO. 24689

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

78 [redacted] 403-618

[redacted] RTH

[redacted] ...uck

[redacted] STICS

Form V. S. No. 11-C—20m-2-15-12

City of Soda Springs

Registration District No. 11

File No. 35709

No. ..... St.

Primary Registration District No. 2048

Registered No. .....

Hospital .....

FULL NAME OF CHILD Isaac Waylett Phillips

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	—	—	—	77	Dec 24 1912 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	William Isaac Phillips	FULL MAIDEN NAME	Margaret Mabel Waylett
RESIDENCE	Crystal, Idaho	RESIDENCE	Crystal, Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	41
BIRTHPLACE	Texas	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	Wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~) at 10:45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ellis Kack Ley

..... (Physician or ~~midwife~~)

Given names added from a supplemental report

..... 19.....

Address Soda Springs, Idaho

Ellis Kack Ley Registrar

Filed Jan 10, 1916 Ellis Kack Ley Registrar

S-Y CO. 20174

Certified Copy issued Jan. 27, 1941. E.W.

SEP 1 8 1975

363.213.003-234

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Bannock

City of Downey

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 35711

Primary Registration District No. 2046 Registered No. _____

FULL NAME OF CHILD Adeline Cole

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
X		yes	11 (Month) 13 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Walter C Cole	FULL MAIDEN NAME	Myra Stucki
RESIDENCE	Downey	RESIDENCE	Downey
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Logan Ut	BIRTHPLACE	Paris Idaho
OCCUPATION	Implint Salesman	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6 p M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Casper W Pond M.D.

(Physician or midwife)

Address Downey, Idaho

Given names added from a supplemental report.

_____ 19__

Eric Kasey
Registrar

Filed Jan 10, 1916 Eric Kasey
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

249-216 003-294

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Downey

No. _____ St.

Hospital _____

Registration District No. 11 File No. 35712

Primary Registration District No. 2046 Registered No. _____

FULL NAME OF CHILD PEARL Baby Burton

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
X		Yes	11 16 1915

FATHER		MOTHER	
FULL NAME	Wm J Burton	FULL MAIDEN NAME	Mary C. Simpson
RESIDENCE	Downey	RESIDENCE	Downey
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Bountiful Ut	BIRTHPLACE	Inkom Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 8 p M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Carpen W Pond MD

(Physician or midwife)

Given names added from a supplemental report.

Address Downey Idaho

_____ 19__

Elis Kacey Registrar

Filed Jan 16 1916 Elis Kacey Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 21 1950

255-113.003-493

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Bannock

City of Downey

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35713

Registration District No. 11 File No. _____

Primary Registration District No. 2046 Registered No. _____

FULL NAME OF CHILD Baby Kendall, Willis Merl

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
m		yes	11 (Month) 13 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	David Kendall	FULL MAIDEN NAME	Lillian Millard
RESIDENCE	Downey	RESIDENCE	Downey
COLOR	wh.	COLOR	w.
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Oxford Ida	BIRTHPLACE	Preston Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth III

Number of children of this mother now living, including present birth III

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 1 p M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Casper W Pond MD

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Downey, Idaho

Elis Kacy
Registrar

Filed Jan 10, 1916 Elis Kacy
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 25 1942

319-111-003-819

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Downey

No. _____ St.

Hospital _____

Registration District No. 11 File No. 35714

Primary Registration District No. 2046 Registered No. _____

FULL NAME OF CHILD Herbert Ray Larsen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
m		yes	11 (Month) 11 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	W Ray Larsen	FULL MAIDEN NAME	Olive Hardwick
RESIDENCE	Robin Idaho	RESIDENCE	Robin Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Robin Ida	BIRTHPLACE	Glenwood Sprgs Colo
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Casper W Paul M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address Downey, Ida

19

Eric Kasey Registrar

Filed Jan 10, 1916. Eric Kasey Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 3 1942

759-119.003-692

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Downey

No. _____ St.

Hospital _____

Registration District No. 11

File No. 35715

Primary Registration District No. 2046

Registered No. _____

FULL NAME OF CHILD Baby Perkins

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
m		yes	12 (Month) 19 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Raymond Perkins	FULL MAIDEN NAME	Phoebe Wise
RESIDENCE	Downey	RESIDENCE	Downey
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Hastings Neb	BIRTHPLACE	Morgan, Ut
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 19 9 M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Casper W Paul MD
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Downey, Ida

Eric Kacy
Registrar

Filed Jan 10, 1916 Eric Kacy
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

655-114-003-636

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Downey

No. _____ St.

Hospital _____

Registration District No. 11 File No. 35716

Primary Registration District No. 2046 Registered No. _____

FULL NAME OF CHILD John Edward Overton Jr

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	12 (Month) 14 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Edw C. Overton	FULL MAIDEN NAME	Nora O'Connell
RESIDENCE	Downey	RESIDENCE	Downey
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	New Carlyle, Ohio	BIRTHPLACE	Cork, Ireland
OCCUPATION	Mechanic	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 9 9 M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Caspen W Paul

(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Address Downey, Idaho

Eric Kacey
Registrar

Filed Jan 10, 1916 Eric Kacey
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 26 1941

336-125-4003-693

PLACE OF BIRTH

Form ~~V. S. No.~~ 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of ~~Downey~~ Oxford

Registration District No. 11 File No. 35717

No. _____ St.

Primary Registration District No. 2046 Registered No. _____

Hospital _____

FULL NAME OF CHILD Baby Lloyd FENTON LLOYD

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
m		yes	12 (Month) 25 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Henry Lloyd	FULL MAIDEN NAME	Emma Wilson
RESIDENCE	Oxford	RESIDENCE	Oxford
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	England	BIRTHPLACE	England
OCCUPATION	Mechanic	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 1 p M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Caspenwood M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address Downey Idaho

19

Elis Kasey
Registrar

Filed Jan 19 1916 Elis Kasey
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bonneville }

Certificate No. 35717

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for _____ (Name on Original Certificate) who _____ (Was Born or Died) on Dec 25 - 1915 (Date of Event)

in Oxford, Bannock County, Ida (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by _____ (Bible Record, Insurance Policy, Etc.) prepared on Feb 1916 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Fenton Lloyd

Subscribed and sworn to before me this 26th day of June, 1942

Delbert V. Groberg

Notary Public, residing at Idaho Falls, Ida

My commission expires Feb 1 - 1945
(Seal)

Signed Hyrum Lloyd
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.) Father

Idaho Falls, Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bonneville }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26th day of June, 1942

Delbert V. Groberg

Notary Public, residing at Idaho Falls, Ida

My commission expires Feb - 1 - 1945
(Seal)

Signed Howard [illegible]
(Signature of Any Credible Person Other Than Previous Year)

Idaho Falls, Ida
(Street Address, City, State)

JUN 30 1942

236-219-603-855

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Downey

Registration District No. 11 File No. 35718

No. _____ St.

Primary Registration District No. 2046 Registered No. _____

Hospital _____

FULL NAME OF CHILD Baby Blaxham

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
X		yes	12 (Month) 19 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Weber D Blaxham	FULL MAIDEN NAME	Grace Henderson
RESIDENCE	Downey	RESIDENCE	Downey
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Downey	BIRTHPLACE	Clifton, Ida
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 3.9 M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Casper Wood M.D.
(Physician or midwife)

Given names added from a supplemental report.

Address Downey, Ida

Filed Jan 10, 1916 Eliz Kasky
Registrar

Eliz Kasky
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

142-220-403 363

PLACE OF BIRTH

County of Bannock

City of Treasureton

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

Registration District No. 11 File No. 35719

Primary Registration District No. 2048 Registered No. .....

FULL NAME OF CHILD ~~Baby~~ VEDA Austin

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Girl			Yes	Dec 20 (Month) (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	William John Austin	FULL MAIDEN NAME	Ida Keziah Cox
RESIDENCE	Treasureton Idaho	RESIDENCE	Treasureton Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Trenton Utah	BIRTHPLACE	Willard Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 1:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Landgreen
Midwife
(Physician or midwife)

Address Treasureton Idaho

Given names added from a supplemental report.

..... 19.....

Elsie Kasey
Registrar

Filed Jan 10 1916 Elsie Kasey
Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 35719

County of Franklin } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (BIRTH OR DEATH)

for (NAME ON ORIGINAL CERTIFICATE) who (WAS BORN OR DIED) on (DATE OF EVENT)

in (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed Austin	Veda Austin

Subscribed and sworn to before me this 19th Jan day of January, 1942

[signature]

Notary Public, residing at Preston Ida

My commission expires May 1-1946

(SEAL)

Signed Ida K. Cole Austin

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Preston Ida

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.

County of Franklin

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19 day of Jan, 1942

[signature]

Notary Public, residing at Preston Ida

My commission expires May 1-1946

(SEAL)

Signed Ellen Lewis

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Preston Idaho

(STREET ADDRESS, CITY, STATE)

Received for filing on By

(REGISTRAR'S SIGNATURE)

533.128.003 - 391

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Soda Springs

No ....., ... St.

Registration District No. 11 File No. 35720

Hospital .....

Primary Registration District No. 2048 Registered No. .....

FULL NAME OF CHILD John William Ellis

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
Male		yes	Dec. 28, 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	George W. Ellis	FULL MAIDEN NAME	Susanna Maye Trappett
RESIDENCE	Soda Springs	RESIDENCE	Soda Springs
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	..... (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Utah
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Russell Tigret

Physician (Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Soda Springs

Ellis Kaelly Registrar

Filed Jan 10, 1916 Ellis Kaelly Registrar

SYMS - YORK CO., PTRS. & SDRS. 17826

STATE OF IDAHO

PLACE OF BIRTH

142-131-003-215

PLACE OF BIRTH

County of Bannock

City of Cleveland

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 35721

Primary Registration District No. 2048 Registered No. .....

FULL NAME OF CHILD Gerald Austin

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy			yes	May 31 1915

FATHER		MOTHER	
FULL NAME	Charles Robert Austin	FULL MAIDEN NAME	Rosa May Hart
RESIDENCE	Cleveland	RESIDENCE	Cleveland
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Trenton Utah	BIRTHPLACE	Treasureton
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4 P. M., on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Landgren

Midwife (Physician or midwife)

Address Treasureton Idaho

Given names added from a supplemental report.

..... 19.....

Elis Kasley Registrar

Filed Jan 10 1916 Elis Kasley Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

361-12-003-415

PLACE OF BIRTH

Form V. S. No. 11.6—10m-9-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Soda Springs

Registration District No. 11 File No. 35722

No. ____ St.

Primary Registration District No. 0048 Registered No. ____

Hospital ____

FULL NAME OF CHILD William Henry Coats

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Dec. 21, 1915

FATHER	MOTHER
FULL NAME: Kent Coats	FULL MAIDEN NAME: Leah Davis
RESIDENCE: Colo.	RESIDENCE: Craig, Colo.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 27 (Years)	AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: Colorado	BIRTHPLACE: Idaho
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 3

Number of children, of this mother, now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Russell Tingey

Physician (Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Ellis Karey

Registrar

Address Soda Springs

Filed Jan 10 1916 Ellis Karey

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child of birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C-10m-7-11

STATE OF IDAHO

PLACE OF BIRTH

DIRT

638-2 [redacted] 2-866

PLA[redacted]

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35723

County of Adams

City of Council

Registration District No. _____ File No. _____

No. _____ St.

Primary Registration District No. _____ Registered No. 247

Hospital _____

FULL NAME OF CHILD Barbara Flynn (died)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth: (Month) (Day) (Year)
female			yes	Dec 6 1915

FATHER		MOTHER	
FULL NAME	Wesley I Flynn	FULL MAIDEN NAME	Ada Viella Howard
RESIDENCE	Council	RESIDENCE	Council
COLOR	wht	COLOR	wht
AGE AT LAST BIRTHDAY	19 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Mo.
OCCUPATION	Laborer	OCCUPATION	Hsw

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 10:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Frank E Brown M D
(Physician or midwife)

Address Council

Filed Jan 6 1916 Frank E. Brown
Registrar

S-Y CO. 24695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

9

[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
DEPARTMENT OF HEALTH

958[illegible]002-466

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35724

County of Adams

City of Indiana Valley

Registration District No. _____ File No. 243

No. _____ St.

Primary Registration District No. _____ Registered No. 71

Hospital _____

(died)

FULL NAME OF CHILD _____

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Dec 25 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ray R. Reyes	FULL MAIDEN NAME	Myrtle McFatt
RESIDENCE	Indiana Valley	RESIDENCE	Indiana Valley
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Kansas
OCCUPATION	Rancher	OCCUPATION	House wife

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 30 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C E Schmitz

MKI

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Cambridge Ida

Filed Dec 29 1915 Frank E. Brown

Registrar

Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

D

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

315-109-002-666

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Adams

City of Goodrich

No. ..... St.

Hospital .....

Registration District No. .....

File No. 35725

Primary Registration District No. .....

Registered No. 244

FULL NAME OF CHILD Robert Vernon Lane

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Aug 8 1915

FATHER

FULL NAME Robt. E. Lane

RESIDENCE Goodrich

COLOR Wht AGE AT LAST BIRTHDAY 30 (Years)

BIRTHPLACE Oreg.

OCCUPATION Rancher

MOTHER

FULL MAIDEN NAME Pearl Woods

RESIDENCE Goodrich

COLOR Wht AGE AT LAST BIRTHDAY 28 (Years)

BIRTHPLACE Idaho

OCCUPATION Hsewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Robt Lane

father (Physician or midwife)

Address Goodrich

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Jan 5 1916 Frank E. Brown Registrar

S-Y CO. 24688

796-104-002-796

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35726

County of Adams

City of Council

No. ..... St.

Hospital .....

Registration District No. 25 File No. 71

Primary Registration District No. 25 Registered No. 236

FULL NAME OF CHILD Raymond Adolf Grossen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		Yes	Nov. 4th 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Adolf Grossen	FULL MAIDEN NAME	Elise Wafler Grossen
RESIDENCE	Council, Ida.	RESIDENCE	Council, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Frutigen Switzerland	BIRTHPLACE	Frutigen Switzerland
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth four Number of children of this mother now living, including present birth four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at ..... M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. M. Brown

M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Landore

Filed Jan 4 1916 Frank E Brown
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

363.109.002-693

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

235727

County of Adams

City of Council

No. _____ St.

Hospital _____

Registration District No. _____ File No. _____

Primary Registration District No. _____ Registered No. 71

FULL NAME OF CHILD Albert Donald Cole

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Nov. 9 1915

FATHER	MOTHER
FULL NAME Joseph J. Cole	FULL MAIDEN NAME Rose Arnett
RESIDENCE Council	RESIDENCE Council
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 32 (Years)	AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE Missouri	BIRTHPLACE Oklahoma
OCCUPATION Real Estate	OCCUPATION Housewife

Number of child of this mother, including present birth Two

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. M. Brown

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed Jan 4 1916 Frank E. Brown Registrar

S-Y CO. 24695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

364-229.002-128

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35729

County of Adams

City of Council

No. ..... St.

Hospital .....

Registration District No. .....

File No. 71

Primary Registration District No. .....

Registered No. 242

FULL NAME OF CHILD Mabel Elizabeth Tomlinson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Nov 29 1910 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Arthur D. Tomlinson	FULL MAIDEN NAME	Ethel Ashley
RESIDENCE	Council	RESIDENCE	Council
COLOR	Wht	COLOR	Wht
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Kan	BIRTHPLACE	Oreg
OCCUPATION	Farmer	OCCUPATION	H. Wf.

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 6-30 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank E. Brown

M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Council

Filed Jan 4 1916 Frank E Brown
Registrar

Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RE

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

c.c. 5/22/41. w.h.

666-111-002-793

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35730

County of Adams

City of Indian Valley

Registration District No. _____ File No. 7

No. _____ St.

Primary Registration District No. _____ Registered No. 241

Hospital _____

FULL NAME OF CHILD Melvin Woods

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		yes	Sept (Month) 11 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Calvin E Woods	FULL MAIDEN NAME	Effie M Pitzer
RESIDENCE	Indian Valley	RESIDENCE	Indian Valley
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	18 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Colo
OCCUPATION	Farmer	OCCUPATION	HW

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5-15 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Simeon Hopper

MW (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Cambridge Ida

Filed Jan 4 1916 Frank E. Brown Registrar

_____ Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

793-22-002-369

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

CERTIFICATE OF BIRTH

35731

County of Adams

City of Goodrich

Registration District No. _____ File No. 239

No. _____ St.

Primary Registration District No. _____ Registered No. 71.

Hospital _____

FULL NAME OF CHILD Emma Naomi Silman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			yes	Oct 22 1915

FATHER		MOTHER	
FULL NAME	M M Silman	FULL MAIDEN NAME	Ida Corron
RESIDENCE	Goodrich	RESIDENCE	Goodrich
COLOR	Wht	COLOR	Wht
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Kan	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Hwf

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ~~born alive or stillborn~~ (Born alive or stillborn) at 9 a. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. M. Silman

Farmer
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed 12-17-15 Frank V. Brown
Registrar

9-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE
BUREAU OF VI

JUL 2 9 1942

891-225-002-415

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35732

County of Adams

City of Indian Valley

Registration District No. ____ File No. 24

No. ____ St.

Primary Registration District No. ____ Registered No. 71

Hospital ____

FULL NAME OF CHILD Neva Lois Hiatt

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F M			yes	Dec 25 1915

FATHER		MOTHER	
FULL NAME	Samuel W Hiatt	FULL MAIDEN NAME	Lula M Manning
RESIDENCE	Indian Valley	RESIDENCE	Indian Valley
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Or
OCCUPATION	Farmer	OCCUPATION	H W

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 45 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Simeon Hopper MD (Physician or midwife)

Address Cambridge Ida

Given names added from a supplemental report.

..... 19....

..... Registrar

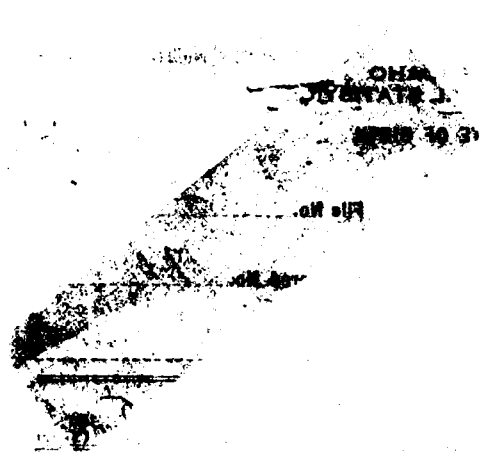
Filed Jan 4 1916 Frank E. Brown Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



11-12-69

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED

FEB 1 8 1970

Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 35732

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Hiatt (Name on Original Certificate) who was born (Was Born or Died) on Oct. 25, 1915 (Date of Event) in Indian Valley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
childs name	Unnamed	Neva Lois

Subscribed and sworn to before me this 18th day of February, 1970

David R. Murray

Notary Public, residing at Meridian, Idaho

My commission expires 4-1-71

(Seal)

Signed C. Wallace Hiatt

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

.....

(Street Address, City, State)

FEB 18 1970

Own childs birth certificate on file - Idaho, # 225662 gives name of mother as Neva Lois Hiatt. Child born Aug 29, 1934.
Viewed by V.S.

Insurance Policy issued May 8, 1960 byMetropolitan Life Ins. Co. gives name as Neva Lois Hiatt, mother Lulu M. Hiatt.
Viewed by V.S.

855-118-002-436

Form V. S. No. 11-C 25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35733

County of Adams

City of Meadows

No. X St.

Hospital X

Registration District No. _____ File No. _____

Primary Registration District No. _____ Registered No. _____

FULL NAME OF CHILD NOLE HUDSON HENDERSON

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Oct 18 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Lewis Melvin Henderson	FULL MAIDEN NAME	Mirta May McFarland
RESIDENCE	Midvale	RESIDENCE	Meadows
COLOR	white	COLOR	White
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Philomath Oregon	BIRTHPLACE	Lacona Iowa
OCCUPATION	Laborer	OCCUPATION	House wife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 10:00 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. W. Whiteman MD

(Physician or midwife)

Given names added from a supplemental report.

K 19

Address N. Meadows Ida

Filed Jan 4 1916

Registrar Registrar

S-Y CO. 24088

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF
BUREAU OF VITA

CERTIFICATE

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Adams (b) City Old Meadows
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 4 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Ida. (b) County Adams
(c) City Old Meadows, Idaho
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 13 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Nole Hudson Henderson

5. Date of Birth of Child (Month, day, year) Oct. 18, 1916

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME Lewis Melvin Henderson
11. Color or Race White
12. Age at time of THIS birth 45 yrs.
13. Birthplace (City or town) (State or foreign country)
14. Exact Occupation Logger
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mirta McFarland
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace Tacoma Washington (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born (Born alive, stillborn) at 11:00 P.M. on the date and at the place stated above, and that personal particulars were furnished by Mrs. Mirta Henderson (First name) (Last name) who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Valley } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 26 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Mirta Henderson Signature

M c Call Ida P. O. Address

Subscribed and sworn to before me this 20 day of Feb, 19 42

(SEAL) Herman A White Notary Public, residing at M c Call

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on by Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

294-210-002-245

PLACE OF BIRTH

County of Adams

City of Council

No. _____ St.

Hospital _____

Form V. S. No. 11.C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

5734

Registration District No. _____ File No. _____

Primary Registration District No. _____ Registered No. 246 -

FULL NAME OF CHILD Florence Jeanette Kidwell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Aug. 10 1915

FATHER		MOTHER	
FULL NAME	Arthur Kidwell	FULL MAIDEN NAME	Anna Charlotte Kunter
RESIDENCE	Council	RESIDENCE	Council
COLOR	Wht	COLOR	Wht
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Germany
OCCUPATION	Farmer	OCCUPATION	Hsw

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 4 1/2 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank E Brown MD
(Physician or midwife)

Address Council

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed Jan 5 19 16 Frank E Brown Registrar

S-Y CO. 24888

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

Cert. Copy of Own Child's Birth Cert., State of Nevada, copy issued March 31, 1958, child born Jan. 2, 1953 at Winnemucca, Nevada to Norman Lee Doughty and Florence Jeanette Kidwell, age 37, born in Council, Idaho - viewed by V.S.

Notarized Statement from Anna F. Schwartz, Recorder, Adams County, Idaho concerning an item in the county newspaper, Adams County Leader, in the issue dated Friday, May 29, 1936, titled "Council Folks Wed - Doughty-Kidwell" Norman Lee Doughty and Florence Jeanette Kidwell were married Sunday, May 17, at 4 O'Clock at the home of Rev. Burgess, pastor of the Christian Church at Boise - statement written Dec. 5, 1962 - viewed by V.S.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ... } Certificate No. 35734
County of ... } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Kidwell (Name on Original Certificate) who born (Was Born or Died) on 8-10-15 (Date of Event)

in Council (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ... (Bible Record, Insurance Policy, Etc.) prepared on ... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Unnamed	Florence Jeanette Kidwell

Subscribed and sworn to before me this 4th day of April, 1958.

Anna F. Schwartz
Ex-Officio County Recorder
Notary Public residing at Council Idaho
My commission expires ...
(Seal)

Signed Anna C. Kidwell
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

... (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Adams }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4th day of April, 1958.

Anna F. Schwartz
Ex-Officio County Recorder
Notary Public residing at Council Idaho
My commission expires ...
(Seal)

Signed J. E. Kidwell
(Signature of Any Credible Person)

... (Street Address, City, State)

FORM DPH 55.155 / Copy mailed - 1-504 Feeder 1957
1-Copy Fee 1957

NN 9-12-57 - 1 copy paid

DEC 6 1962

789-221-002-23E

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35735

County of Adams

City of Goodrich

Registration District No. _____ File No. _____

No. _____ St.

Primary Registration District No. _____ Registered No. 246

Hospital _____

FULL NAME OF CHILD Mildred Pearl Phillips

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Aug 21 1915

FATHER		MOTHER	
FULL NAME	C. A Phillips	FULL MAIDEN NAME	Pearl Rose Schoeman
RESIDENCE	Goodrich	RESIDENCE	Goodrich
COLOR	Wht	COLOR	Wht
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	Housework

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) on the date above stated. at M

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. A Phillips

Idaho (Physician or midwife)

Address Goodrich

Given names added from a supplemental report. _____ 19____

_____ Registrar

Filed Jan 5 1916 Frank E. Brower Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 21 1942

213-126-002-259

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35736

County of Adams

City of New Meadows.

Registration District No. _____ File No. _____

No. _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD William Balbach

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes.	Nov. 26 1913

FATHER		MOTHER	
FULL NAME	William Balbach	FULL MAIDEN NAME	Anna Swegon
RESIDENCE	New Meadows. Ida.	RESIDENCE	New Meadows. Ida.
COLOR	White.	COLOR	White.
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Wis Cousin.	BIRTHPLACE	Austria
OCCUPATION	Lumber-man	OCCUPATION	Housework

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11:30 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Coleman M.D.
(Physician or midwife)

Address New Meadows. Ida.

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed 1-6 1916

_____ Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 26 1942

APR 6 1942

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

DUP 01915-37980

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

432-229-009

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Hope — Registration District No. 78 — File No. 35738

No. ____ St. — Primary Registration District No. 2135 — Registered No. 884

Hospital ____

FULL NAME OF CHILD Mildred Rose McKee

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	Oct 29 1914

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	George Nelson McKee	Frances Edna Tibbits
RESIDENCE	Hope	Hope
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	30	19
BIRTHPLACE	Minn.	Iron River Mich.
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth One

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 A. M. on the date above stated.

(Signature) W. M. Knapp M.D.

(Physician or midwife)

Address Hope Idaho

Filed Jan 7 1915 M McKinnon Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

NOV 21 196

469-228-009-251

PLACE OF BIRTH

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35739

County of Bonner

City of Sandpoint — Registration District No. 78 — File No.

No. ____ St. — Primary Registration District No. 2135 — Registered No. 885

Hospital ____

FULL NAME OF CHILD ~~Corinne Alwin~~ Corinne Morrow

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes.	Nov. 28 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	George Morrow.	Nora Beatty
RESIDENCE	Kootenai Idaho.	Kootenai. Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	39	35
BIRTHPLACE	Canada.	Michigan
OCCUPATION	Machinist	Housewife

Number of child of this mother, including present birth Four. Number of children of this mother now living, including present birth Four.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 12:30 a.m. on the date above stated.

(Signature) O. L. Page MD, (Physician or midwife)

Address Sandpoint Idaho.

Filed Jan 7 1916 D. I. McKinnon Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Use BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the Registrar in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address: DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

765-201-209-689

Amended 4-20-66

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 35740
Local Reg. No. 886
Reg. Dist. No. 78

1. PLACE OF BIRTH
a. COUNTY: Bonner
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Sandpoint
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Sandpoint
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Norma
b. (Middle): Jane
c. (Last): Gorsline

4. SEX: Female

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): Dec. 1, 1915

FATHER OF CHILD

7. FULL NAME
a. (First): Clem
b. (Middle):
c. (Last): Gorsline

8. AGE (At time of this birth): 26 YEARS

9. BIRTHPLACE (State of foreign country) (City or Town): Indiana

10. USUAL OCCUPATION: Hotel Clerk

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Claire
b. (Middle):
c. (Last): Whitaker

13. AGE (At time of this birth): 24 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Montana

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 1
b. How many OTHER children were born alive but are now dead? 0
c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: M. McKinnon

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Sandpoint, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: Jan. 7, 1916

22. REGISTRAR'S SIGNATURE: M. McKinnon

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of WASHINGTON } ss. Certificate No. 35740

County of KING } Date Filed

RECEIVED APR 15 1966 Bureau of Vital Statistics

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Garseline (female child) (Name on Original Certificate) who was born (Was Born or Died) on Dec. 1, 1915 (Date of Event) in Sandpoint, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Insurance Policy, Genealogy and Family Tree (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Norma Jane Gorsline
Full Name of Father	Clem Garseline	Clem Gorsline
Full Maiden Name of Mother	Clar Whitiker	Claire Whitaker

Subscribed and sworn to before me this 13th day of April, 1966

Harold R. Jackson

Notary Public, residing at SEATTLE WASH

My commission expires MARCH 14 1967

(Seal)

Signed Nells B. McCurdy

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

4234-E Mercer Way, Mercer Island, Wash

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of WASHINGTON } ss.

County of KING }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13th day of April, 1966

Notary Public, residing at SEATTLE WASH

My commission expires MARCH 14 1967

(Seal)

Signed Elinor N. Rose

(Signature of Any Credible Person)

2324 N E 103rd St Seattle, Wash.

(Street Address, City, State)

FORM DH 60-155 CL 4-11-66. nm two copies pd. rec. #10847.

Father's Deat h Cert. on file: (*Idaho Birth) #132775 gives full name as Clem Gorsline, died Feb. 10, 1943 - viewed by V.S.

Another child's birth cert. on file: (Idaho Birth) #138825 gives full name of parents as Clem Gorsline and Helena Claire Whitaker - viewed by V.S.

Phto copies of pages from Family Geneology Book-gives full names as
Clem Gorsline, born March 11, 1889, married Clair Whittaker - gives one child's full name as Norma Jane Gorsline, born Dec. 1, 1915 at Sandpoint, Idaho - viewed by V.S.

on another page the full names are given as Clem Gorsline married Claire Whitaker and gives three children's full names - viewed by V.S.

Own Child's Birth Cert. on file: (Idaho Birth) #396497 gives full maiden name of mother as Norma Jane Gorsline - viewed by V.S.

691-202-009-433

PLACE OF BIRTH

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35741

County of Bonner

City of Sandpoint

No. 514 Second St.

Registration District No. 78

File No.

Primary Registration District No. 2133

Registered No. 887

Hospital City

FULL NAME OF CHILD Margaret Jessie Fraser.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female.			Yes.	Dec. 7. 1915

FATHER		MOTHER	
FULL NAME	Archabald Russell Fraser.	FULL MAIDEN NAME	Mila Elma McCreery.
RESIDENCE	Morton, Idaho.	RESIDENCE	Morton, Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	33.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	27.
BIRTHPLACE	Canada.	BIRTHPLACE	Wyoming.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth One.

Number of children of this mother now living, including present birth one.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive. (Born alive or stillborn) at 10:15 A. M. on the date above stated.

(Signature) O. F. Payne M.D.

(Physician or midwife)

Address Sandpoint Idaho.

Filed Jan 7 1916 M. McKinnon Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

.....19.....

.....
Registrar

5-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 26 1944

959-103-009-817

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Bonner

City of Sandpoint

No. ____, ____ St.

Hospital ____

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

35742

Registration District No. 78 File No. ____

Primary Registration District No. 213-5 Registered No. 888

FULL NAME OF CHILD Eugene A. Reichert

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	1	1	Yes	Dec 3 1915

FATHER		MOTHER	
FULL NAME	Alexander A. Reichert	FULL MAIDEN NAME	Magdeline Hagg-
RESIDENCE	Sandpoint	RESIDENCE	Magdaline Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Tiflis. Transcaucasia	BIRTHPLACE	Minn
OCCUPATION	Mear cutter	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or stillborn) at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. L. Jackson

(Physician or Midwife)

Address Sandpoint

Given names added from a supplemental report

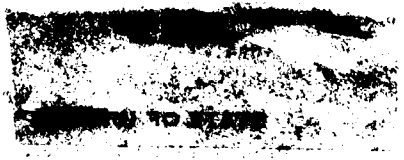
____, 19____

Filed Jan 7 1916 M McKinnon

Registrar

BYMS - YORK CO., PTRS. & BDRS. 17826

Registrar



IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 35742

Date Filed .....

12 00 PM '77

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Reichert (Male) (Name on Original Certificate) who was born (Was Born or Died) on Dec 3, 1915 (Date of Event) in Sandpoint, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Eugene A. Reichert

Subscribed and sworn to before me this 31st day of December, 1976

[signature]

Notary Public, residing at [illegible]

My commission expires [illegible]

(Seal)

Signed Magdalen P. Reichert

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

[illegible] Spokane, Spokane WA #200

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Multnomah }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7th day of February, 1977

[signature]

Notary Public, residing at Portland, Oregon

My commission expires March 20, 1980

(Seal)

Signed [signature]

(Signature of Any Credible Person)

9208 N. Tyndall, Portland, OR 97217

(Street Address, City, State)

FORM DH 60-155 CL 12/22/76

Insurance Policy issued by the Metropolitan Life Ins. Company gives name as Eugene A Reichart. Policy # 10158335 was issued Feb. 15, 1937.
Viewed by V.S.

U. S. Income Tax Return for the year of 1956 gives name as Eugene A. Reichert.
Income tax file April 15, 1957.
Viewed by V.S.

Employment record for Armour and Company, Chicageo 0, Illinois gives name as Eugene A. Reichart, and was issued 1956. Social Security # 533 03 1845
Viewed by V.S.

646-107-009-349

PLACE OF BIRTH

County of Bonner

City of

No. St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-9-8-15

CERTIFICATE OF BIRTH

Registration District No. 28 File No. 35743

Primary Registration District No. 2155 Registered No. 889

FULL NAME OF CHILD Kenneth Francis O'Donnell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Dec. 7, 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John F. O'Donnell	Cora Curnutt
RESIDENCE	Granite, Idaho	Granite Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	39	24
BIRTHPLACE	Washington	Oklohoma,
OCCUPATION	Merchant	Housewife

Number of child of this mother, including present birth Three. Number of children of this mother now living, including present birth Two.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 4:00 P. M. on the date above stated.

(Signature) E. F. Sage M D

(Physician or midwife)

Address Sandpoint Idaho.

Filed Jan 7 1916 M McKinnon Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

293-2051003218

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35744

County of Bonner

City of Sandpoint

Registration District No. 78 File No.

No. St.

Primary Registration District No. 2155 Registered No. 890

Hospital

FULL NAME OF CHILD Catherine Jane Kitchen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
f		yr	12-5-1915

FATHER		MOTHER	
FULL NAME	Fred Kitchen	FULL MAIDEN NAME	Alice Boylen
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint
COLOR	or AGE AT LAST BIRTHDAY 51 (Years)	COLOR	or AGE AT LAST BIRTHDAY 36 (Years)
BIRTHPLACE	Canada	BIRTHPLACE	Minn
OCCUPATION	Contractor	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Lone Alive (Born alive or stillborn) at 9 15 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. P. Patten

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed Jan 7 1916 M McKinnon Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 3 1972

386-115-009-556

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Bonner

City of Kootenai

No ____, ____ St.

Hospital ____

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 78 File No 35745

Primary Registration District No 2155 Registered No. 891

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	1		4	Yes	Dec 15 1915

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME: Frank Thomas	FULL MAIDEN NAME: Caroline Newton
RESIDENCE: Kootenai	RESIDENCE: Kootenai
COLOR: White	COLOR: white
AGE AT LAST BIRTHDAY: 31 (Years)	AGE AT LAST BIRTHDAY: 31 (Years)
BIRTHPLACE: England	BIRTHPLACE: England
OCCUPATION: Car Shop mechanic	OCCUPATION: Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn) at 2 a. M. on the date above stated.

(Signature) Mrs G. C. Himes

neighbor (Physician or Midwife)

Address Kootenai. Idaho

Filed Jan 7 1916 M McKinnon Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

____, 19____ Registrar

SYMS - YORK CO., PTRS. & BDRS. 17226

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

413-24-009-669

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 35746
Local Reg. No.
Reg. Dist. No. 78

Amended 11/21/75

1. PLACE OF BIRTH
a. COUNTY: Bonner
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Sandpoint
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Sandpoint
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Dorothy
b. (Middle):
c. (Last): Dale

4. SEX: female
5a. THIS BIRTH: SINGLE ____ TWIN ____ TRIPLET ____
5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____
6. DATE OF BIRTH (Month) Dec (Day) 24, (Year) 1915

FATHER OF CHILD

7. FULL NAME
a. (First): Elwin
b. (Middle):
c. (Last): Dale

8. AGE (At time of this birth) 25 YEARS
9. BIRTHPLACE (State or foreign country) (City or Town): Minn.
10. USUAL OCCUPATION: Clerk
11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Burnis
b. (Middle):
c. (Last): Forgy

13. AGE (At time of this birth) 27 YEARS
14. BIRTHPLACE (State or foreign country) (City or Town): Kansas
15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 1
b. How many OTHER children were born alive but are now dead?
c. How many children were stillborn (born dead after 20 wks. pregnancy?)
16. INFORMANT'S SIGNATURE OR NAME (Relationship)

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: M. McKinnon
18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____
19. ADDRESS: Sandpoint
20. DATE SIGNED:
21. DATE REC'D BY LOCAL REG.: Jan 7, 1916
22. REGISTRAR'S SIGNATURE: M. McKinnon
23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS
WEIGHT AT BIRTH ____ LBS ____ OZS.
RACE OR COLOR OF FATHER
RACE OR COLOR OF MOTHER
METHOD OF DELIVERY
Was 1% Silver Nitrate Used to prevent blindness? YES ____ NO ____

BIRTH INJURY TO INFANT
____ YES IF YES, DESCRIBE
____ NO

CONGENITAL MALFORMATIONS OF INFANT
____ YES IF YES, DESCRIBE
____ NO

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
NOV 13 2 00 PM '75

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of .....

Certificate No. 35746

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Bessie Dale (Name on Original Certificate) who was born (Was Born or Died) on Dec 24, 1915 (Date of Event)

in Sandpoint, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are (shown by Ins Policy, Birth Ann (Bible Record, Insurance Policy, Etc.) prepared on 3-30-69 12-24-15 (Give Date)) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Bessie Dale	Dorothy Dale

Subscribed and sworn to before me this 18 day of October, 1975

Mary Ellen Parsons

Notary Public, residing at Coeur d'Alene, Idaho

My commission expires 8-14-77

(Seal)

Signed Gladys Dale Irion

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

2023 No. 12th, Coeur d'Alene Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of .....

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

.....

(Street Address, City, State)

FORM DH 60-1 9/9/75

Hospital birth announcement gxx gives name as Dorothy Dale born Dec 24. to Mr. & Mrs. E. L. D_a_le. appeass to be quite old. viewed by V. S.

Insurance policy from Combined Insurance Co of American gives name as Dorothy D. Lyon of Midvale, Utah. Policy no. 18953314. Certif no. 3993857. dated 3-30-69. viewed by V. S.

294-125 1009-294

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sachele

No. ..... St.

Hospital .....

Registration District No. 78 File No. 35747

Primary Registration District No. 2155 Registered No. 893

FULL NAME OF CHILD Clarence Arthur Bruns

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes.	Dec 25 1915

FATHER		MOTHER	
FULL NAME	Henry Bruns.	FULL MAIDEN NAME	Kate R. Bruns.
RESIDENCE	Sdaleda	RESIDENCE	Sachele
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	50	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Wisconsin	BIRTHPLACE	Russia
OCCUPATION	Farmer,	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 10 a M
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. N. Williams.
(Physician or midwife)

Address Sachele Ida.

Given names added from a supplemental report.

..... 19.....

Filed Jan 7 1916 M McKinnon
Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 1 1942

MAR 27 1962

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

773-126-0003-241

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Hope

Registration District No. 73 File No. 35748

No. ..... St.

Primary Registration District No. 2133 Registered No. 894

Hospital .....

FULL NAME OF CHILD Harold Lee Pitts

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	12 26 1915

FATHER	MOTHER
FULL NAME Alan E Pitts	FULL MAIDEN NAME Cora E Small
RESIDENCE Hope	RESIDENCE Hope
COLOR White	AGE AT LAST BIRTHDAY 35 (Years)
COLOR White	AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE Carpenter Iowa	BIRTHPLACE Iowa
OCCUPATION Carpenter	OCCUPATION Housewife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (born alive or stillborn) at 7:10 A M. on the date above stated.

(Signature) Thos S Moody MD

(Physician or midwife)

Address .....

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Jan 7 1916 M McKinnon Registrar

S-Y-CO 38071

JUN 1974

SEP 14 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

795-26.009-165

PLACE OF BIRTH

County of Bonner

City of Colburn

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 78 File No. 35749

Primary Registration District No. 2155 Registered No. 893

FULL NAME OF CHILD Lydia Margaret Green

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	Dec 26 1915

FATHER		MOTHER	
FULL NAME	Cland Green	FULL MAIDEN NAME	Lillie Jones
RESIDENCE	Colburn	RESIDENCE	Colburn
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Neb
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 2.6 M on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M McKinnon

(Physician or midwife)

Address Sandpoint

Given names added from a supplemental report.

..... 19.....

Filed Jan 7 19.16 M McKinnon

..... Registrar

Registrar

8-Y CO. 24655

MAR 15 1961

766-229-009 9-753

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

Registration District No. 78

File No. 35750

No. ..... St.

Amended by attached

Primary Registration District No. 2135

Registered No. 896

Hospital affidavit 5-28-42

FULL NAME OF CHILD EUNICE ELSA GOOLSBEY

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		Yes	Dec 29 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Lewis Goolsby	FULL MAIDEN NAME	~~Elmira~~ Amelia Gehler
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Wis	BIRTHPLACE	Wis
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 9.45 P M on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M McKinnon

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Sandpoint Ida

Filed Jan 7 1916 M McKinnon

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bonner }

Certificate No. 38750
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (BIRTH OR DEATH)
for (NAME ON ORIGINAL CERTIFICATE) who (WAS BORN OR DIED) on (DATE OF EVENT)
in (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	unnamed	Eunice Elsa Goolsbey
mother's name	Elmira Gehler	Amelia Gehler

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(SEAL)

Signed
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD: OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bonner }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4th
day of May, 19 42

Notary Public, residing at

My commission expires
(SEAL)

Signed Amelia Gehler
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Route 1 Sandpoint Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on MAY 28 1942 By
(REGISTRAR'S SIGNATURE)

MAY 9 1942

MAR 9 1976

128-120-041-154

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Teton

City of

No. St.

Hospital

Registration District No. 77

File No. 35751

Primary Registration District No. 2176

Registered No.

FULL NAME OF CHILD (Died)

Sex of Child	Twin Triplet or other	Number in order of birth	Legitimate?	Date of Birth
Male	Single		Yes	Dec 20 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Clarence L. Ashley	FULL MAIDEN NAME	Alfield Anderson
RESIDENCE	Lamont, Ida	RESIDENCE	Lamont, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Illinois
OCCUPATION	Farming	OCCUPATION	Housework

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I did not attend ~~I hereby certify that I attended the~~ birth of this child, who was Born alive (Born alive or stillborn) at 6:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas J Martin

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Address Driggs, Ida

Registrar

Filed Dec 25 1915

E Cherrington
Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

D

[redacted]

414-18-041-331

PLACE OF BIRTH

County of Teton

City of Driggs

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 77 File No. 35752

Primary Registration District No. 2176 Registered No. .....

FULL NAME OF CHILD Ralph Woodrow Maughan

Sex of Child	Twin, Triplet or other (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	Single	4	Yes	Dec 18 1915

FATHER		MOTHER	
FULL NAME	John Raymond Maughan	FULL MAIDEN NAME	Lyra Clark
RESIDENCE	Driggs Ida	RESIDENCE	Driggs Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	School Teacher	OCCUPATION	Housework

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9:10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas J Martin
Physician
(Physician or midwife)

Address Driggs Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Dec 25 1915 C Cherrington Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

11-13-41

869-113-041-419

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Teton

City of Driggs

No. ..... St.

Hospital .....

Registration District No. 77 File No. 35753

Primary Registration District No. 2176 Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	Single	7	Yes	Dec 13 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	George H. Horne	FULL MAIDEN NAME	Rebecca J. Martin
RESIDENCE	Driggs Ida	RESIDENCE	Driggs Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION		OCCUPATION	

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 1:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas J. Martin

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Driggs, Ida

Filed Dec 25 1915 C. Cherrington
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

MAY 25 1972

362-205-041-843

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Teton

City of Driggs

No. ..... *St.*

Hospital .....

Registration District No. 77 **File No.** 35754

Primary Registration District No. 2176 **Registered No.** .....

FULL NAME OF CHILD Helen Coburn

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Female	Single	4th	Yes	Dec 5 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Fred A. Coburn	FULL MAIDEN NAME	Mary Hulett
RESIDENCE	Weston, Ida	RESIDENCE	Weston, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Arizona
OCCUPATION		OCCUPATION	

Number of child of this mother, including present birth 4th Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 12:05 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas J Martin

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Driggs, Ida

Filed Dec 10 1915 L. Cherrington
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

5-
K

IDAHO DEPARTMENT OF HEALTH 10 2 75

BUREAU OF VITAL STATISTICS

RECEIVED
BOISE
VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho } ss.
County of

OCT 2 1 47 PM '75

Certificate No. 35754

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Coburn (Name on Original Certificate) who was born (Was Born or Died) on Dec. 5, 1915 (Date of Event)

in Driggs, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Omitted	Helen Coburn

Subscribed and sworn to before me this day of Oct., 19 75

Susie Mae Lowe

Notary Public, residing at Boise, Idaho

My commission expires Sept. 18, 1978

(Seal)

Signed E. W. Boman

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1700 Promontory Rd. Boise ID 83702

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires

(Seal)

Signed

(Signature of Any Credible Person)

(Street Address, City, State)

Own childs birth certificate - Judith Ann Petterborg born August 24, 1940 at Preston, Idaho, State file # 299049 gives mothers name as Helen Coburn.
Viewed by VS

Marriage Certificate , State of Utah , County of Salt Lake Everett Conrad Petterborg and Helen Coburn married Aug. 21, 1939 by Stephen L. Chipman Elder of LDS Church.
Viewed by VS

OCT 3 1975

449-106-040-666

PLACE OF BIRTH

[redacted] STATE OF IDAHO
[redacted] DE VITAL STATISTICS

Form V. S. No. 11-C—20m-2-15-12

35756

County of Shoshone

City of Kellogg

Registration District No. 2201 File No. 133

No. ..... St.

Primary Registration District No. 123 Registered No. .....

Hospital .....

FULL NAME OF CHILD Frank Arthur Murray

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male	2	Yes	Dec (Month) 6 (Day) 19

FATHER		MOTHER	
FULL NAME	Frank A. Murray	FULL MAIDEN NAME	Mabel Wood
RESIDENCE	Kellogg	RESIDENCE	Kellogg
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Missouri	BIRTHPLACE	Idaho
OCCUPATION	Electrician	OCCUPATION	Housewife

Number of child of this mother, including present birth ✓ Number of children of this mother now living, including present birth ✓

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6 a on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. C. Lindsay

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Kellogg Ida.

Filed 12/14 1915 Geo. S. Lesher Registrar

Registrar

S-Y CO. 20174

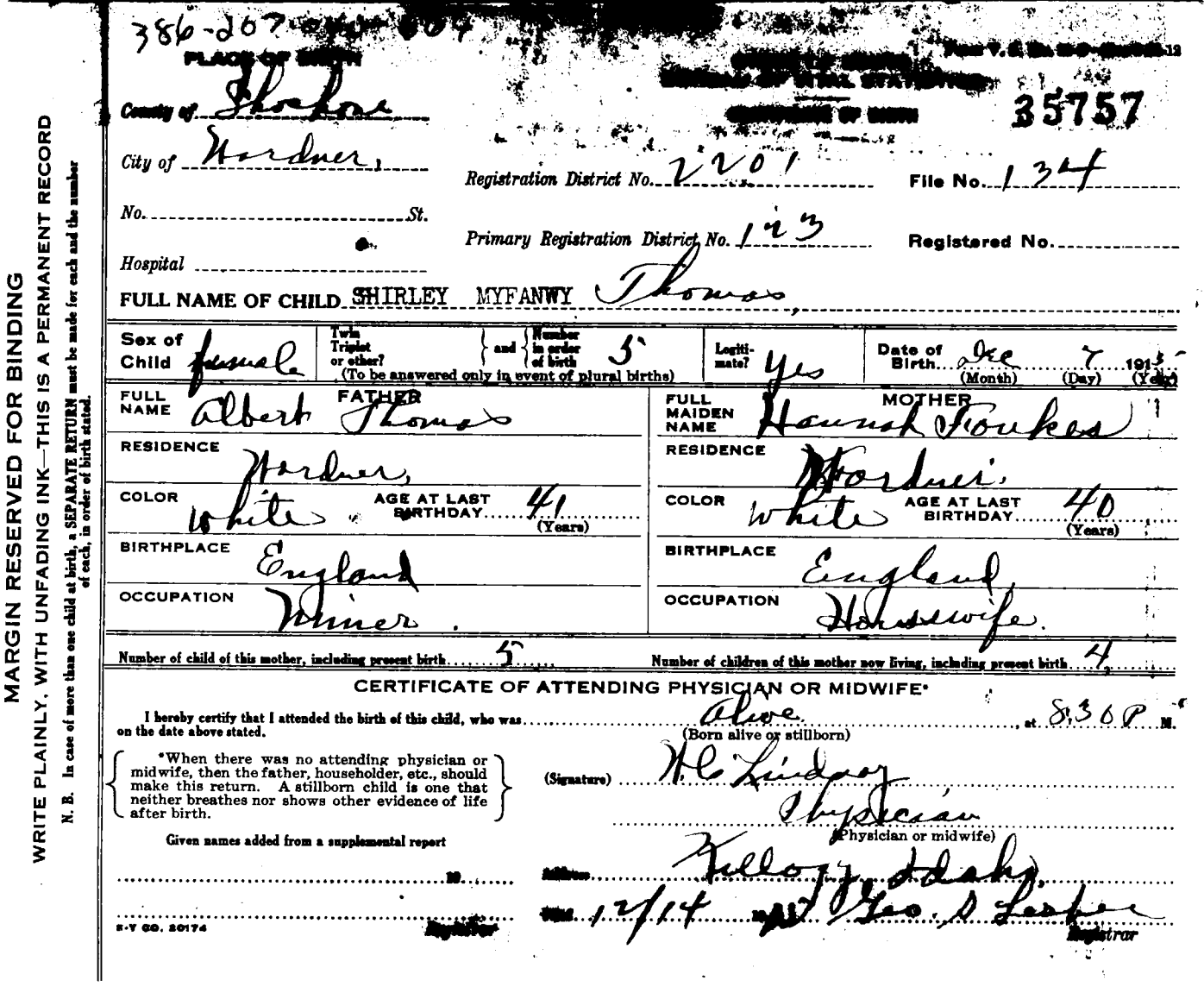
MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

[redacted]



386-207-[illegible]

PLACE OF BIRTH

County of Shoshone

City of Wardner,

No. ..... St.

Hospital .....

[illegible]

[illegible]

35757

Registration District No. 2201 File No. 134

Primary Registration District No. 123 Registered No. .....

FULL NAME OF CHILD SHIRLEY MYFANWY Thomas,

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female	5	Yes	Dec (Month) 7 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Albert Thomas	FULL MAIDEN NAME	Hannah Foukes
RESIDENCE	Wardner,	RESIDENCE	Wardner,
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	England	BIRTHPLACE	England
OCCUPATION	Miner.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 8:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. C. Lindsay

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Kellogg, Idaho

Date 12/14 1915 Geo. S. Leaper

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

CERTIFICATE NAMED FROM CARD 5/18/42.2.1

236-228-040-219

PLACE OF BIRTH

County of Shoshone

City of Kellogg

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35758

Registration District No. 2201 File No. 133

Primary Registration District No. 123 Registered No. .....

FULL NAME OF CHILD Arlene Lucille Blackwell

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female	1	yes	Nov (Month) 28 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Lionel E Blackwell	FULL MAIDEN NAME	Lillian Bartholomaw
RESIDENCE	Kellogg	RESIDENCE	Kellogg
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	England	BIRTHPLACE	England
OCCUPATION	Machinist	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 9 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H C Lindsay

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Kellogg Idaho

Filed 12/14 1915 Geo. J. Lesher Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

JUL 13 1964

b.g. 6/9/41. w.b.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

413-231-040-819

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

BUREAU OF VITAL STATISTICS

35759

County of Shoshone

City of Wardner

Registration District No. 2201 File No. 136

No. ..... St.

Primary Registration District No. 123 Registered No. .....

Hospital .....

FULL NAME OF CHILD Katherine Lucile Matthews

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	Yes	July 31 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Martin Richard Matthews	FULL MAIDEN NAME	Nellie Hart
RESIDENCE	Wardner - Idaho	RESIDENCE	Wardner, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Nevada
OCCUPATION	Miner	OCCUPATION	House-wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 5-30 P. M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alex D. McCrackin

M. D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Kellogg - Idaho

Filed 12/28 1915 Geo S Leshner

Registrar

Registrar

S-Y CO. 24655

JUN 2 1943

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

789-25-040-964

PLACE OF BIRTH

STATE OF I[redacted]
BUREAU OF VITAL [illegible]
CERTIFICATE OF BIRTH

35760

County of Shoshone

City of Kellogg Registration District No. 2201 File No. 137

No. ____ St. Primary Registration District No. 123 Registered No. ____

Hospital Hardmer

FULL NAME OF CHILD Roger Alfred Phillips

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	Dec 25 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Harry Phillips	Lula Rodgers
RESIDENCE	Kellogg Idaho	Kellogg Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	34	30
BIRTHPLACE	Wales	Missouri
OCCUPATION	Miner	House-wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Alex D. McCracken

M. D.

(Physician or midwife)

Address Kellogg Ida.

Filed 1/2 1916 Geo D Lasher Registrar

S-Y CO. 24655

3/24/41 L. P.

863119-040-119

PLACE OF BIRTH

STATE [redacted]
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35761

County of Shoshone

City of Wardner

Registration District No. 2201 File No. 138

No. _____ St.

Primary Registration District No. 123 Registered No. _____

Hospital _____

FULL NAME OF CHILD John Arvid Holm

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	Yes	Dec 19 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Isaac Holm	FULL MAIDEN NAME	Minnie Jarvi
RESIDENCE	Wardner, Ida	RESIDENCE	Wardner, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Finland
OCCUPATION	Miner	OCCUPATION	House wife

Number of child of this mother, including present birth One

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 9 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alex. D. McCrackin M.D.
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Kellogg, Idaho

Filed 1/2 1916 Geo S Leeber
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

State

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

3576

CE OF BIRTH

553-202-029-236

PLACE OF BIRTH

[redacted] IDAHO
BUR[redacted]AL STATISTICS
[redacted] OF BIRTH

35762

County of Latah

City of Kendrick RP #2

Registration District No. 2147

File No. 2

No. ..... St.

Primary Registration District No. 67

Registered No. 28

Hospital .....

FULL NAME OF CHILD Mary Nelson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F.	✓		✓	Yes	Dec 2 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Sam Nelson	FULL MAIDEN NAME	Zula Scott
RESIDENCE	Kendrick RP #2	RESIDENCE	Kendrick RP #2
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Ill.
OCCUPATION	farmer	OCCUPATION	H.W.

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 10 P. M. on the date above stated.

(Born alive or stillborn)

(Signature) P. C. Faust

physician

(Physician or midwife)

Address Deary

Filed 12/3 1915 P. C. Faust

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

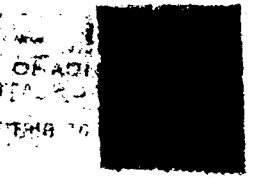
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Oklahoma } ss.
County of Kingfisher

Certificate No. 35762

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Nelson (Name on Original Certificate) who was born (Was Born or Died) on Dec. 2, 1915 (Date of Event)
in Deary Kendrick (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible record (Bible Record, Insurance Policy, Etc.) prepared on May 30, 1964 (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
childs name	omitted	Mary ~~Anna~~ Nelson

Subscribed and sworn to before me this 21st day of March, 1977

Notary Public, residing at Hennessey, Okla

My commission expires 3-18-79

(Seal)

Signed Edwin Nelson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Hennessey, Okla 73742
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oklahoma } ss.
County of Kingfisher

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21st day of March, 1977

Notary Public, residing at Hennessey, Okla.

My commission expires 3-18-79

(Seal)

Signed Margarita McKinney
(Signature of Any Credible Person)

R. R. 1
Hennessey, Okla
(Street Address, City, State)

FORM DH 60-155

Correction corresp. 2-25-77 1 copy pd (N) fe

Family Bible record gives nameas Mary Nelson Dec 2, 1915. viewed by V. S.

MAY 3 1977

Child;s birth certif on filein Oklahoma gives name as Larry Ray Swart born
Nov 11,1937. father's name as Elmer Swarp, Jr. and mother's name as Mary Nelson.
viewed by V. S.

652-209-029-815

Form V. S. No. 11-O—25m-1-1-13

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Latah

City of Deary

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35763

Registration District No. 2147 File No. 2

Primary Registration District No. 67 Registered No. 29

FULL NAME OF CHILD Eleanor Jeanette Westby

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
F.	✓	✓	Yes	Dec. 9 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Thos. B. Westby	FULL MAIDEN NAME	Johanna Hanson
RESIDENCE	Deary	RESIDENCE	Deary
COLOR	W. AGE AT LAST BIRTHDAY 38 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE	Norway	BIRTHPLACE	Minn
OCCUPATION	Painter	OCCUPATION	H.W.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 2 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. C. Faust

physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Deary

Filed 12/14 1915 P. C. Faust
Registrar

S-Y CO. 24555

9/13/40

319-220-029-212

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 35764

County of Latah

City of Deary R#1

Registration District No. 2147 File No. 2

No. ..... St.

Primary Registration District No. 67 Registered No. 30

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F.	2		2	yes.	Dec 20 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Charley O. Carlson	FULL MAIDEN NAME	Nettie Baker
RESIDENCE	Deary, Ida.	RESIDENCE	Deary
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Minn.
OCCUPATION	Farmer	OCCUPATION	H.W.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 11:30 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. V. A. Randall

midwife
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Deary R#1

Filed 12/24 1915 P. C. Faust
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

818-125-029-459

Form V. S. No. H [illegible] Rev-1-1-18

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Latah

City of Helmer

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35765

Registration District No. 2147 File No. 2

Primary Registration District No. ..... Registered No. 31

FULL NAME OF CHILD Harold Devere Hayes

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural birth)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			Yes	Dec. 25 1915

	FATHER	MOTHER
FULL NAME	Lowell A. Hayes	FULL MAIDEN NAME Stella Meikle
RESIDENCE	Helmer	RESIDENCE Helmer
COLOR	W.	COLOR W.
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE Iowa
OCCUPATION	common laborer	OCCUPATION H. W.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 2:9. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. C. Faust

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Deary

Filed 1/5 1916 P. C. Faust Registrar

B-Y CO. 24055

APR 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

534-203-005-619

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE [redacted] BUREAU OF [redacted] STICS

CERTIFIC[redacted]

35766

County of Benewah

City of Tensed

Registration District No. _____ File No. _____

No. _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Emma Elizabeth Eldridge

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	May 3 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	H. G. Eldridge	Orpha Fare
RESIDENCE	Tensed, Ida	Tensed, Ida
COLOR	White	White
AGE AT LAST BIRTHDAY	28 (Years)	26 (Years)
BIRTHPLACE	Illinois	Missouri
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Laccard

Physician (Physician or midwife)

Address Desmet, Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Dec 7 1915 John Post Asst. Registrar

S-Y CO. 24655

[redacted]

OCT 12 1943

155 128 004-469

PLACE OF BIRTH

County of Rio Salado

City of Fish Haven

No. ..... St.

Hospital .....

STATE OF ID[redacted]

BUREAU OF VITAL [redacted]

CERTIFICATE OF [redacted]

Form V. S. No. 11—10m-2-16-1[redacted]

35767

Registration District No. ..... File No. .....

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD WELDON HENRY JENSEN

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Nov. 28 1916 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John H Jensen	FULL MAIDEN NAME	Elsie Mortensen
RESIDENCE	Fish Haven	RESIDENCE	Fish Haven
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	St. Charles Ida ~~Fish Haven~~	BIRTHPLACE	St Charles
OCCUPATION	Merchant (groceries)	OCCUPATION	H.W.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 12:10 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C P Cooley

M D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Paris

Filed Jan 12 1916 John Mattson

Registrar

Registrar

S-Y CO. 20175

JAN 15 1942 [redacted]

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss. Certificate No. 35767
County of ..... } Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (BIRTH OR DEATH)
for unnamed Jensen (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Nov. 28, 1915 (DATE OF EVENT)
in Fish Haven, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by brother (BIBLE RECORD, INSURANCE POLICY, ETC.) ~~prepared on~~ ....., (GIVE DATE) are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed Jensen	Weldon Henry Jensen

Subscribed and sworn to before me this 19th
day of January 1942
Marion E. Doo
Notary Public, residing at Boise, Idaho
My commission expires 6-24-45
(SEAL)

Signed Frank L. Jensen
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
.....
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19 .....

Signed .....
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at .....
My commission expires .....
(SEAL)

.....
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

792-117-007-291

PLACE OF BIRTH

Form [redacted] 25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Blaine

City of Carral

No. _____ St.

Hospital _____

Registration District No. 58 File No. 35768

Primary Registration District No. 2138 Registered No. _____

FULL NAME OF CHILD ~~Carrow~~ JAMES CORWIN Gibbons

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	12 (Month) 17 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Edward Gibbons	FULL MAIDEN NAME	Mary Viola Bray
RESIDENCE	Carral Ida	RESIDENCE	Carral Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	57 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Ill	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) DeWitt B. Higgs M.D. (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Fairfield Ida

Filed 12-18 1941 D B Higgs Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. JAN 18 1943 Certificate No. 35768

County of Lamar } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH) for James Corwin Gibbons (NAME ON ORIGINAL CERTIFICATE) who Born (WAS BORN OR DIED) on Dec. 17, 1915 (DATE OF EVENT) in Corral (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Church Record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on 1916 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Corwin	James Corwin Gibbons

Subscribed and sworn to before me this 6th day of January, 1943

John L. Edwards

~~Notary Public~~, residing at Fairfield, Ida

My commission expires Jan. 11, 1943

(SEAL)

Signed Viola Gibbons

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Corral, Idaho

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.

County of Lamar }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th day of January, 1943

John L. Edwards

~~Notary Public~~, residing at Fairfield, Idaho

My commission expires Jan. 6th 1943

(SEAL)

Signed: Chas C Barron

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Corral, Idaho

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....

(REGISTRAR'S SIGNATURE)

JAN 18 1943

249-102-007-268

PLACE OF BIRTH

AMENDED JANUARY 3, 1950

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Blaine

City of Hill City

No. ____ St.

Registration District No. 58 File No. 35769

Hospital ____ Primary Registration District No. 2138 Registered No. ____

FULL NAME OF CHILD Charles James Burnett
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				Yes	Dec. 2 1915

What bactericidal solution was used in eyes? ____

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Charles H. Burnett	FULL MAIDEN NAME	Edna Boyer
RESIDENCE	Hill City, Idaho	RESIDENCE	Hill City, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	50 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Michigan	BIRTHPLACE	Nebraska
OCCUPATION	Blacksmith	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1:35 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

...., 192....

.... Registrar.

(Signature) O. E. Bloom, M.D.

(Physician or midwife)

Address Hill City, Idaho

Filed 12/27/ 1915 D. P. Higgs

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 35769

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Birthdate	Dec. 23, 1915	Dec. 2, 1915
Name	Franklin Lavern	Charles James

Subscribed and sworn to before me this 3 day of January, 19 24

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed Charles James Burnett
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

C/o The ARR Anchorage, Alaska
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of
....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

1 cp. pd.

JAN 3 1950

DEC 5 1954

497-230-007-796

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Blaine

City of Fairfield

No. ..... St.

Hospital .....

Registration District No. 58

File No. 35770

Primary Registration District No. 2138

Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	12 (Month) 30 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Harvey Dixon	FULL MAIDEN NAME	Emily S Prow
RESIDENCE	Fairfield Idaho	RESIDENCE	Fairfield Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 12

Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 3 A M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Del Witt B Higgs M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Fairfield Idaho

Filed 12-31 1915 D B Higgs

Registrar

Registrar

S-Y CO. 24685

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

255·113·029-962

Form V. S. No [redacted]

PLACE OF BIRTH

County of Latah

City of Juliaetta

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35771

Registration District No. 68 File No. _____

Primary Registration District No. 2148 Registered No. _____

FULL NAME OF CHILD Cecil Kennedy

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	Yes	Dec 13 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Wilbert Kennedy.	FULL MAIDEN NAME	Bessie Roberts,
RESIDENCE	Juliaetta, Ida.	RESIDENCE	same
COLOR	White. AGE AT LAST BIRTHDAY 42 (Years)	COLOR	White. AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE	Nova Scotia	BIRTHPLACE	Nor. Car.
OCCUPATION	Creamery man	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S A Roe

M D

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Juliaetta, Ida.

Filed Dec 14 1915 S A Roe

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 9 1946

694-219-018386

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Clearwater

City of near Cavendish

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 68 File No. 35772

Primary Registration District No. 2148 Registered No. .....

FULL NAME OF CHILD Anna Elizabeth Fruchtl

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem	—	—	yes	Dec 19 1915

FATHER		MOTHER	
FULL NAME	Joseph A Fruchtl	FULL MAIDEN NAME	Lillie Maud Thomas
RESIDENCE	Cavendish, Ida.	RESIDENCE	Cavendish, Ida.
COLOR	White.	COLOR	White.
AGE AT LAST BIRTHDAY	49 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Ills.	BIRTHPLACE	Mo.
OCCUPATION	Lumberman	OCCUPATION	Housewife.

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. at 10 30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S A Roe M D
(Physician or midwife)

Address Juliaetta, Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Dec 20, 1915 S A Roe Registrar

8-Y CO. 24688

[redacted]

455-130-029-854

PLACE OF BIRTH

[redacted] Latah

City of Juliaetta

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-2-15-12

CERTIFICATE OF BIRTH

Registration District No. 68 File No. 35773

Primary Registration District No. 2148 Registered No. _____

FULL NAME OF CHILD Martin Dessler

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—		—	yes	Nov. 30 1915

(To be answered only in event of plural births)

FATHER

FULL NAME David Dessler

RESIDENCE white born 24th Feb.

COLOR AGE AT LAST BIRTHDAY 38 (Years)

BIRTHPLACE Germany

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Kunigunda Hedtke

RESIDENCE white born 28 July 1884

COLOR AGE AT LAST BIRTHDAY 31 (Years)

BIRTHPLACE Germany

OCCUPATION _____

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was on the date above stated. alive (Born alive or stillborn), at _____ M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) _____

midwife (Physician or midwife)

Given names added from a supplemental report

_____ 19____

_____ Registrar

Address _____

Filed Dec 3. 1915 19____

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 29 1941

619-116-008-613

[redacted]E OF BIRTH

[redacted] Baire

Form V. S. No. 11—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

City of Horseshoe Bend

Registration District No. _____ File No. 35774

No. _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD ARTHUR ALLEN FAIRCHILD

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	12 (Month) 12-16-15 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Benjamin Roy Fairchild	FULL MAIDEN NAME	Anna May Watson
RESIDENCE	Horseshoe Bend	RESIDENCE	Horseshoe Bend
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Mt. Pleasant Iowa	BIRTHPLACE	Baker City Oregon
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 50 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R N Cummings

(Physician or midwife)

Given names added from a supplemental report.

Address Emmett.

_____ 19__

Filed 1-8 1916 J. L. Reynolds Registrar

Registrar

5-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 35774
Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or death)

for ..... (Name on original certificate) who ..... (Was born or died) on ..... (Date of event)

in ..... (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ..... (Bible record, insurance policy, etc.) prepared on ..... (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnam[illegible] Fairchild	Arthur Allen Fairchild
Date of birth	12/17/15	12/16/15

Subscribed and sworn to before me this .....
day of ....., 19....

Notary Public, residing at .....

My commission expires .....
[SEAL]

Signed Benj Roy Fairchild
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19....

Notary Public, residing at .....

My commission expires .....
[SEAL]

Signed .....
(Signature of any credible person other than the previous affiant.)

.....
(Street Address, City, State)

Received for filing on ..... By .....
(Registrar's signature)

FEB 21 1942

285 [redacted] 023-335

[redacted]RTH

Form V. S. No. 11—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35775

County of [redacted]

City of Emmett Registration District No. 6 File No.

No. St. Primary Registration District No. Registered No.

Hospital

FULL NAME OF CHILD Edna May Shelley

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	9 23 1915

FATHER	MOTHER
FULL NAME Earl Julian Shelley	FULL MAIDEN NAME Lizzie Ester Clevenger
RESIDENCE Horseshoe Bend	RESIDENCE Horseshoe Bend
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 27 (Years)	AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE ~~Horseshoe~~ Quartzburg	BIRTHPLACE Mercer Co. Ohio
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9 50a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) C. M. Cummings

(Physician or midwife)

Address Emmett

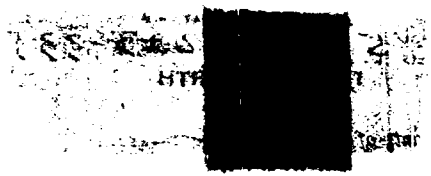
Filed 1-8 1916 J. L. Reynolds Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



942-21-023-255

PLACE OF BIRTH

Form V. S. No. 11—Rev-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gem

City of Emmett

No. ..... St.

Registration District No. 6

File No. 35776

Primary Registration District No. .....

Registered No. .....

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	yes	Dec 17 1915

FATHER	MOTHER
FULL NAME Seth Russell	FULL MAIDEN NAME Alla V. Beus
RESIDENCE Emmett	RESIDENCE same
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 26 (Years)	AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE Ruby	BIRTHPLACE Ida.
OCCUPATION Rancher	OCCUPATION HW

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 5 9 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. D. Clark M.D.

(Physician or midwife)

Address Emmett

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 1-7 1916 J. F. Reynolds Registrar

8-Y CO. 24636

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

238-226-023-843

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gem

City of Emmett

No. ..... County ..... St.

Registration District No. 6 File No. 35777

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Doris Anna Schrecengost

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	yes	Dec 26 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	George C Schrecengost	FULL MAIDEN NAME	Goldie M Hull
RESIDENCE	Emmett	RESIDENCE	same
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Ida	BIRTHPLACE	Okl.
OCCUPATION	Rancher	OCCUPATION	Hw

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 8 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B O Clark MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Emmett

Filed 1-7 1916 J. L. Reynolds Registrar

Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 9 1956

165·126·023-212

PLACE OF BIRTH

Form V. S. No. 11—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gem

City of Emmett

Registration District No. 6 File No. 35778

No. ____ St.

Primary Registration District No. ____ Registered No. ____

Hospital ____

FULL NAME OF CHILD Jesse Lynn Jones

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				yes	Sept 26 1915

FATHER		MOTHER	
FULL NAME	Alva Clinton Jones	FULL MAIDEN NAME	Ina Gerelde Baker
RESIDENCE	Shoshone Basin Idaho	RESIDENCE	Shoshone Basin Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Colorado	BIRTHPLACE	Emmett Idaho
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 4 45 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. R. Cummings
(Physician or midwife)

Address Emmett Idaho

Given names added from a supplemental report.

..... 19.....

Filed 1-8- 1916 J. A. Reynolds
Registrar

..... Registrar

8-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

11-12-41

533-131-023-814

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gem

City of Emmett

No. ..... County St.

Hospital .....

Registration District No. 6 File No. 35779

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Beryl Llewellyn Ellis

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Dec 31 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Gurney G. Ellis	FULL MAIDEN NAME	Mary Blanche Hampton
RESIDENCE	Emmett	RESIDENCE	Emmett
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Madison Co Iowa	BIRTHPLACE	Buena Vista Co Iowa
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 6.50 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R N Cummings

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Emmett

Filed 1-8-1916 J. L. Reynolds Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

CC issued Feb. 4, 1941 Z.J.

344-121-023 944

Form V. S. No. 11—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gem

City of Emmett County

No.

Hospital

Registration District No.

File No. 35780

Primary Registration District No.

Registered No.

FULL NAME OF CHILD CHARLES HARKNESS CUMMINGS

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	11 (Month) 21 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Chas. H Cummings	FULL MAIDEN NAME	Alice Rudolph
RESIDENCE	Middleton	RESIDENCE	Middleton
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	58 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	McHenry Co. Illinois	BIRTHPLACE	Oregon
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 1.15 a. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R H Cummings

(Physician or midwife)

Given names added from a supplemental report.

19

Address Emmett

Filed 1-8 1916 J L Reynolds Registrar

Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon } ss.
County of Jackson

Certificate No. 35780
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)

for Charles Harkness Cummings (Name on original certificate) who born (Was born or died) on November 21, 1915 (Date of event)

in Ada County, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by birth record (Bible record, insurance policy, etc.) prepared on November 21, 1915 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Cummings	Charles Harkness Cummings

Subscribed and sworn to before me this 26th day of January, 1942

Lydah Neil

Notary Public, residing at Medford

My commission expires Dec. 3, 1944

[SEAL]

Signed Alice M. Cummings
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Butte Falls, Oregon.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4th day of February, 1942

Rawson H. Chapin

Notary Public, residing at Perrydale, Ore.

My commission expires April 12, 1943

[SEAL]

Signed Elizabeth Cook
(Signature of any credible person other than the previous affiant.)

McCoy Oregon
(Street Address, City, State)

Received for filing on By
(Registrar's signature)

292-123-023-613

PLACE OF BIRTH

Form V. S. No. 11—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gem

City of Emmett County

Registration District No. 4

File No. 35781

No. ..... St.

Primary Registration District No. .....

Registered No. .....

Hospital .....

FULL NAME OF CHILD Clinton Theodore Bisom

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Oct 23 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	W. Theodore Bisom	FULL MAIDEN NAME	Marietta Walters
RESIDENCE	Emmett	RESIDENCE	Emmett
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Newton Iowa	BIRTHPLACE	Springdale Ark
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5 40 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. H. Cummings

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Emmett Idaho

Filed 1-8 1916 J L Reynolds Registrar

Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

[redacted] 6 1975

866-119.023-469

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gem

City of Emmett city

No. ..... St.

Hospital .....

Registration District No. 6 File No. 35782

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD DeForest Raymond Howard

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Oct (Month) 19 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Ben DeForest Howard	FULL MAIDEN NAME	Nellie Olive Morehouse
RESIDENCE	Emmett	RESIDENCE	Emmett
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Jamestown N Dakota	BIRTHPLACE	Loveland Iowa
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R N Cummings

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Emmett

Filed 1-8- 1916 J L Reynolds Registrar

Registrar

8-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 35782

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Howard (Name on Original Certificate) who was born (Was Born or Died) on Oct. 19, 1915 (Date of Event)
in Emmett, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Child's Birth Certificate prepared on #50-4885 (Give Date), are:
Insurance Policy (Bible Record, Insurance Policy, Etc.) 11-7-52

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Unnamed	DeForest Raymond Howard

Subscribed and sworn to before me this 18 day of January, 1957

Notary Public, residing at Eagle Idaho
My commission expires Sept 28, 1960
(Seal)

Signed Ben D. Howard
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18 day of January, 1957

Notary Public, residing at Eagle Ida
My commission expires Sept 28, 1960
(Seal)

Signed Nellie Olive Howard
(Signature of Any Credible Person)

Emmett RT 1 Ida
(Street Address, City, State)

FORM DPH 55-155

FEB 15 1957

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

351-112 [redacted] 263

PLACE OF

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35783

County of Id[redacted]

City of Kamiah, vicinity

No. ..... St.

Registration District No. 49 File No. .....

Primary Registration District No. 2128 Registered No. .....

Hospital .....

FULL NAME OF CHILD Cleo Cornelius Teats

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	twin (To be answered only in event of plural births)	1st.	yes	12 12 1915

FATHER	MOTHER
FULL NAME: G.H.Teats	FULL MAIDEN NAME: Anna Kole
RESIDENCE: Kamiah, Idaho	RESIDENCE: Kamiah, Idaho
COLOR: W	COLOR: white
AGE AT LAST BIRTHDAY: 40 (Years)	AGE AT LAST BIRTHDAY: 32 (Years)
BIRTHPLACE: Washington	BIRTHPLACE: Michigan
OCCUPATION: Dairyman	OCCUPATION: House Wife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) on the date above stated, at 4:15 A M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W.F. McMahan

M.D. (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Kamiah, Idaho.

Filed 1/7/16 19..... W.F. McMahan Registrar

..... Registrar

8-Y CO. 20174

[redacted]

PLACE OR

(Specify)

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35/.412.025263

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Kamiah, vicinity

Registration District No. 49

File No. 35784

No. ____ St.

Primary Registration District No. 2128

Registered No. ____

Hospital ____

FULL NAME OF CHILD Leo Philip Teats

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	twin	2nd.	yes	12 12 1915

FATHER	MOTHER
FULL NAME: G.H. Teats	FULL MAIDEN NAME: Anna Kole
RESIDENCE: Kamiah, Idaho.	RESIDENCE: Kamiah, Idaho.
COLOR: white	COLOR:
AGE AT LAST BIRTHDAY: 40 (Years)	AGE AT LAST BIRTHDAY: 32 (Years)
BIRTHPLACE: Washington	BIRTHPLACE: Michigan
OCCUPATION: Dairyman	OCCUPATION: House Wife.

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4:20 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. J. McMahan

M.D. (Physician or midwife)

Address Kamiah, Idaho.

Given names added from a supplemental report

....., 19.....

Filed 1/7/16 19..... W. J. McMahan

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of 14-110

691-106.031-

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of Kamiah

Registration District No. 49

File No. 35785

No. ..... St.

Primary Registration District No. 2128

Registered No. .....

Hospital .....

FULL NAME OF CHILD Darius Kenneth Frank

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		yes	12 6 1915

FATHER	MOTHER
FULL NAME: Willie B.Frank	FULL MAIDEN NAME: Rachel Mohteith
RESIDENCE: Kamiah, Idaho.	RESIDENCE: Kamiah, Idaho
COLOR: Indian	COLOR: Indian
AGE AT LAST BIRTHDAY: 40 (Years)	AGE AT LAST BIRTHDAY: 36 (Years)
BIRTHPLACE: Idaho	BIRTHPLACE: Idaho.
OCCUPATION: Farmer	OCCUPATION: House Wife

Number of child of this mother, including present birth 11

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7:00 A. M. on the date above stated.

(Signature) W. F. McMahan

M.D.

(Physician or midwife)

Address Kamiah, Idaho.

Filed 1/7/'16 19 W. F. McMahan

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 3
1943

281-213-231-693

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of Kamiah.

No. ..... St.

Hospital .....

Registration District No. 49

File No. 35786

Primary Registration District No. 2128

Registered No. .....

FULL NAME OF CHILD Malderine Shaw

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.		yes	12/13/'15 1915

FATHER	MOTHER
FULL NAME: Earl Shaw	FULL MAIDEN NAME: Eliza Wilson
RESIDENCE: Kamiah, Idaho.	RESIDENCE: Kamiah, Idaho
COLOR: White	COLOR: white
AGE AT LAST BIRTHDAY: 23 (Years)	AGE AT LAST BIRTHDAY: 25 (Years)
BIRTHPLACE: Idaho	BIRTHPLACE: Michigan
OCCUPATION: Farmer	OCCUPATION: House Wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 8:05 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. McMahan

M.D. (Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address Kamiah, Idaho.

Filed 1/7/'16 19..... W. F. McMahan Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 1 4 1974

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

451-217-020-239

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Elmore

City of Glenns Ferry

No. _____ St.

Hospital Res

Registration District No. 35

Primary Registration District No. 2021

File No. 35787

Registered No. _____

FULL NAME OF CHILD Marian Ester meador

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
girl		5th	Legitimate	Aug 17 1915

FATHER	MOTHER
FULL NAME: James William meador	FULL MAIDEN NAME: Cleopatra Bell Scrivner
RESIDENCE: Glenns Ferry	RESIDENCE: Glenn's Ferry
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 37 (Years)	AGE AT LAST BIRTHDAY: 28 (Years)
BIRTHPLACE: Caldwell Canyon Co. Ore	BIRTHPLACE: Arlington Gilliam Co. Ore
OCCUPATION: Car Inspector.	OCCUPATION: Home-maker.

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11.30 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) W Morrison MD

Physician

(Physician or midwife)

Address Glenns Ferry Ida

Filed Oct 10th 1915

J. W. Davis M. D.

Registrar

S-Y CO. 24655

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

MAR 23 1966

SEP 27 1972

OCT 13 1972

315-202020-291

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35788

County of Elmore

City of Glenn's Ferry Registration District No. 35

File No.

No. St.

Primary Registration District No. 2021 Registered No.

Hospital

FULL NAME OF CHILD Marie Calinda Canfield

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	Single	1	yes	Dec 2nd 1915

FATHER		MOTHER	
FULL NAME	Ray Canfield	FULL MAIDEN NAME	Maude Branscom
RESIDENCE	Glenn's Ferry	RESIDENCE	Glenn's Ferry
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	America	BIRTHPLACE	America
OCCUPATION	Car Inspector	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) Dec 2nd 1915 at 6:30 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Davis M. D.

Physician

(Physician or midwife)

Address Glenn's Ferry Idaho

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed Dec 6th 1915

J. W. Davis
Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DEC 8 1972

MAR 30 1951

381-1251020-797

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Elmore

City of Glenn's Ferry

Registration District No. 35

File No. 35789

No. ..... St.

Primary Registration District No. 2021

Registered No. .....

Hospital .....

FULL NAME OF CHILD Joy Paul Thacker

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	Single	2nd	yes	Dec 25th 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	William Price Thacker	FULL MAIDEN NAME	Effie Pigg
RESIDENCE	Glenn's Ferry Idaho	RESIDENCE	Glenn's Ferry Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	America	BIRTHPLACE	America
OCCUPATION	Tailor	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Dec. 25th 1915 at 7:50 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Davis M. D.

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Glenn's Ferry Idaho

Filed Dec. 26th 1915 J. W. Davis

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

255-106-020-291

PLACE OF BIRTH

Form V. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Elmore

City of Hammett

No. ..... St.

Hospital .....

Registration District No. 35

File No. 35790

Primary Registration District No. 2621

Registered No. .....

FULL NAME OF CHILD Julius Henry Sigmund

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	Single	1	Yes	Oct. 6th 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Julius Sigmund	FULL MAIDEN NAME	Mary Krauth
RESIDENCE	Hammett	RESIDENCE	
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	America	BIRTHPLACE	America
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Oct. 6th 1915 at 2:30 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Henry Krauth
Mother
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Hammett Idaho

Filed Jan. 4th 1915 J. W. Davis
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 2 2 1943

STATE OF IDAHO
DEPARTMENT OF VITAL STATISTICS

CERTIFICATE OF DEATH

SEP 8 1952

912-114-0020-797

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Elmore

City of Glenn's Ferry Registration District No. 35 File No. 35791

No. ____ St.

Primary Registration District No. 2021 Registered No. ____

Hospital ____

FULL NAME OF CHILD Henry Joseph Rasmar

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	Single	2nd	yes	Dec. 14th 1915

FATHER		MOTHER	
FULL NAME	George Rasmar	FULL MAIDEN NAME	Effie Pigg
RESIDENCE	Glenn's Ferry Idaho	RESIDENCE	Glenn's Ferry Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	American	BIRTHPLACE	American
OCCUPATION	Lumber & hardware merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive December 14 1915, at 5 a M on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) J. W. Davis M.
Physician
(Physician or midwife)

Address Glenn's Ferry Idaho

Filed Dec. 16th 1915 J. W. Davis Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

ROSEVEAR Z

Dup 06 1915-293448

816-120-020-168

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Elmore

City of King Hill

Registration District No. 35

File No. 35792

No. _____ St.

Primary Registration District No. 2021

Registered No. _____

Hospital _____

FULL NAME OF CHILD Vernon Johnson Hafer

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Male	Single (To be answered only in event of plural births)	2nd	yes	Dec. (Month) 20th (Day) 1915 (Year)

FATHER

FULL NAME: Henry Hafer

RESIDENCE: King Hill

COLOR: White — AGE AT LAST BIRTHDAY: 38 (Years)

BIRTHPLACE: Germany

OCCUPATION: Rancher

MOTHER

FULL MAIDEN NAME: Hilma Johnson.

RESIDENCE: King Hill

COLOR: White — AGE AT LAST BIRTHDAY: 27 (Years)

BIRTHPLACE: America

OCCUPATION: Housewife

Number of child of this mother, including present birth: _____

Number of children of this mother now living, including present birth: _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Dec. 20th 1915 at 3 a. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____ Registrar

(Signature) J. W. Davis M. D.

Physician
(Physician or midwife)

Address Glenns Ferry Idaho

Filed Dec. 24th 1915 J. W. Davis

Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

459-128-032-363

PLACE OF BIRTH

[redacted]

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-20-11

County of Lincoln

City of Shoshone

Registration District No. 16

File No. 35793

No. ....., ... St.

Primary Registration District No. 1016

Registered No. .....

Hospital Home

FULL NAME OF CHILD Edward Wesley Merrifield

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth
M	other		3rd	yes	Oct. 28, 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Edward G Merrifield	FULL MAIDEN NAME	Margaret Cochran
RESIDENCE	Shoshone	RESIDENCE	Shoshone
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Mo.	BIRTHPLACE	Oregon
OCCUPATION	Road Foreman	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. F. Zeller

M.D.

(Physician or Midwife)

Given name added from a supplemental report

....., 19.....

Address .....

Registrar

Filed Jan 6 1916 J L Fuller Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

12/12/40 L. E.

[redacted]

795-230-032-351

PLACE OF BIRTH

Form V. S. No. 11—10m-6-30-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lincoln

City of Shoshone

Registration District No. 16

File No. 35794

No. ....., ... St.

Primary Registration District No. 1016

Registered No. .....

Hospital .....

FULL NAME OF CHILD Dorothy Evelyn Pinkston

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth
F	other		2nd	yes	Nov. 30, 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John Pinkston	FULL MAIDEN NAME	Susie A Leach
RESIDENCE	Shoshone	RESIDENCE	Shoshone
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Mo	BIRTHPLACE	Mo
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2nd

Number of children, of this mother, now living, including present birth 2nd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. F. Zeller

Md.

(Physician or Midwife)

Given name added from a supplemental report

....., 19.....

Address .....

Registrar

Filed Jany 6 1916 J. L. Fuller Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

APR 29 1952

453-223-032-795

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lincoln

City of Shoshone

No. ..... St.

Hospital Home

Registration District No. 16 File No. 35795

Primary Registration District No. 1016 Registered No. .....

FULL NAME OF CHILD Dorothy Louise Millsap

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
F.	other	1	yes	Nov. 23 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Laverne Millsap	FULL MAIDEN NAME	Gladys Green
RESIDENCE	Shoshone	RESIDENCE	Shoshone
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Idaho.	BIRTHPLACE	Oregon
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 7 a. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. F. Zeller
M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed Jany 6 1916 J. L. Ferris Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 2 1 1941

263-114.032-719

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lincoln

City of Shoshone

Registration District No. _____ File No. 35796

No. _____, _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital Home

FULL NAME OF CHILD Ernest Aldrich Bowler

Sex of Child	Twin, Triplet, or other	and	Number in order of birth	Legitimate?	Date of birth
M	other		3rd	yes	Nov. (Month) 14 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Bert Bowler	FULL MAIDEN NAME	Martha B. Garlock
RESIDENCE	Shoshone	RESIDENCE	Shoshone
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Nebraska	BIRTHPLACE	Nebraska
OCCUPATION	Co Assessor	OCCUPATION	Housewife

Number of child of this mother, including present birth 3rd

Number of children, of this mother, now living, including present birth 3rd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. F. Zeller

M. D.

(Physician or Midwife)

Given name added from a supplemental report

_____, 19____

Address _____

Registrar

Filed Jany 6 1916 J. L. Furrer Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DUP 061915-352649

493-225-032-215

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lincoln

City of Shoshone

No. ....., ... St.

Hospital Dill's

Registration District No. 16

File No. 35797

Primary Registration District No. 1016

Registered No. .....

FULL NAME OF CHILD Mary Marguerette Miles

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth
Female			2	Yes	12 (Month), 25 (Day), 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Edward H. Miles	FULL MAIDEN NAME	Eva Barstow
RESIDENCE	Shoshone Ida	RESIDENCE	Shoshone Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Michigan	BIRTHPLACE	Kansas
OCCUPATION	Tailor	OCCUPATION	Wife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7 45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature] MD

Physician (Physician or Midwife)

Address Shoshone Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed Jany 6 1915 J. L. Fuller Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

P.E. 4/23/41

43-9221-032-653

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lincoln

City of Shoshone

No. _____ St.

Hospital _____

Registration District No. 16 File No. 35798

Primary Registration District No. 1016 Registered No. _____

FULL NAME OF CHILD Veola Joy McRoberts

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
F.	other	3rd	yes	Dec 21 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	T. M. McRoberts	FULL MAIDEN NAME	Bedie Welch
RESIDENCE	Shoshone	RESIDENCE	Shoshone
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Mo
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 1:25 a. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. F. Zeller

M. D.
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__ Address _____

_____ Registrar Filed Jany 6 1916 J. L. Farmer Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 18 1976

MAY

MAY 17 1951

595-110032-851

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lincoln

City of Shoshone

Registration District No. 16

File No. 35799

No. ....., ... St.

Primary Registration District No. 1016

Registered No. .....

Hospital ELDON DAVID

FULL NAME OF CHILD ~~Baby~~ Vredenburgh

Sex of Child	Twin, Triplet, or other	Number in order of birth	Legitimate?	Date of birth
M	other	4th	yes	Dec. 10, 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	William David Vredenburgh	FULL MAIDEN NAME	Janice Yeaden
RESIDENCE	Shoshone	RESIDENCE	Shoshone Ida
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Kentucky
OCCUPATION	Jeweler	OCCUPATION	Housewife

Number of child of this mother, including present birth 4th

Number of children, of this mother, now living, including present birth 3 24

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. F. Zeller

M.D.

(Physician or Midwife)

Given name added from a supplemental report

....., 19.....

Address .....

Filed Jany 6 1916 J. L. Fuller Registrar

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Lincoln

Certificate No. 35799

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Baby Vredenburgh (Name on Original Certificate) who Born (Was Born or Died) on December 10, 1915 (Date of Event)
in Shoshone, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on December 10, 1915 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Baby Vredenburgh	Eldon David Vredenburgh

Subscribed and sworn to before me this 30th
day of January, 1943.
Claude S. Harrington
Notary Public, residing at Seattle
My commission expires Feb. 15, 1946
(Seal)

Signed Mrs James Vredenburgh
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.) (mother)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of King

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30th
day of January, 1943.
Claude S. Harrington
Notary Public, residing at Seattle
My commission expires Feb. 15, 1943
(Seal)

Signed Hilly A. Haden
(Signature of Any Credible Person Other Than Previous Year) (Grandmother)
307 So 2nd St. Yakima, Wn.
(Street Address, City, State)

FEB 5 1943